Making the Case for Domestic Violence Prevention Through the Lens of Cost-Benefit

A Manual for Domestic Violence Prevention Practitioners

(and the State and Local Policy-Makers They Present to)

FY 2005/06 GRANT #FV05081181

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Notes and Acknowledgments

Transforming Communities Technical Assistance, Training and Resource Center, (TC-TAT), in San Rafael, California, is pleased to present this Manual, *Making the Case for Domestic Violence Prevention Through the Lens of Cost-Benefit*, as part of our ongoing development and provision of resources, training, and support to the domestic violence prevention field.

Founded and operated by Marin Abused Women's Services, TC-TAT opened its doors in 1997 and its resource center in 1998 (with support from the California State Office of Criminal Justice Planning, now the Office of Emergency Services). TC-TAT has served thousands and continues to contribute to the field by developing, teaching and testing new curricula; conducting trainings of trainers who will teach these new curricula; identifying and synthesizing existing and new approaches, tools and techniques; and training practitioners and policy-makers working to prevent domestic violence.

This Manual (2005-06 Grant # FV05081181) distills research supported by this current grant as well as by the previous 2003-04 Grant #FV3061181. Under the previous grant, a foundation paper, *Domestic Violence Prevention Through the Lens of Cost-Effectiveness*, was produced, discussing issues and concepts primarily from a theoretical and research standpoint. We have used this foundation paper as the basis for this Manual, and have included expanded descriptions of cost-benefit approaches and tools, a glossary, and additional resources.

Note on accessibility: TC-TAT is committed to making its website and printed materials accessible to all readers in compliance with Section 508 of the Rehabilitation Act of 1998. However, there are various URL links included in this Manual that will bring readers to sites that are not accessible. Because there is so little information available on the cost-benefit of domestic violence prevention, we felt it was important to include these links at this time. We hope that as our field evolves, more and more websites will become fully accessible.

We are very grateful to the many people who contributed suggestions and resources for this Manual, especially our National Advisory Committee. We also extend our heartfelt appreciation to the many domestic violence prevention practitioners who are working every day to address this important and complex social problem.

TC-TAT looks forward to the continuing evolution of the domestic violence prevention field, and to being a part of this great movement for change.

Transforming Communities Technical Assistance, Training and Resource Center
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NOTE:

Numerous directions found throughout this document, reading "insert graphics here" and similarly, and references to text box locations, as well as what are to serve as URL and within-document links in the Internet version, are directions for the persons who have adapted this material for Internet presentation. These graphics, directions and links are not intended for use in the final hard copy version of this document. Thank you.

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Why This Manual?

[Insert graphics and arrange text box layout along with graphics here.
Text boxes will include the following:]

About 6% of California's women (approximately 700,000) have been victims of domestic violence, or three times the national average. When considered over a lifetime, 31-34 percent of adult women in California reported experiencing domestic violence at some point in time.

The Prevalence of Domestic Violence in California,
Alicia Bugarin, California State Library,
California Research Bureau (CRB), November 2002, p. 5.

Total [national] costs of domestic violence were estimated at $67 billion in 1993, accounting for almost 15% of total crime costs. These very high estimates include out-of-pocket expenses such as medical bills and property losses ($1.8 billion), productivity losses at work, home and school ($7 billion), and non-monetary losses such as pain, suffering and lost quality of life ($58 billion).

Victim Costs and Consequences: A New Look,
National Institute of Justice Research Report,
U.S. Department of Justice, January 1996, p. 19.

Perhaps more compelling than the economic costs are data about the human costs. But how do you quantify pain, suffering, and decreased quality of life associated with intimate partner violence, both on survivors and on children exposed to such violence? Data are needed to assess the long-term, psychosocial effects of intimate partner violence (IPV) and to demonstrate more clearly the social burden of this problem. Researchers should explore methods for collecting data about indirect or intangible costs of IPV, such as using in-depth interviews with survivors and service providers.

Costs of Intimate Partner Violence Against Women in the United States,
Department of Health and Human Services, Centers for Disease Control and Prevention,
National Center for Injury Prevention and Control, 2003, p. 47.

Employers lose between $3 and $5 billion every year in absenteeism, lower productivity, higher turnover and health and safety costs associated with battered workers. Businesses lose an additional $100 million in lost wages, sick leave and absenteeism. Over 1,750,000 workdays are lost each year due to domestic violence.

The Corporate Cost of Domestic Violence,
American Institute on Domestic Violence,
www.aidv-usa.com.

[Insert graphics here.]

Overview Of This Chapter

This chapter introduces the basic concepts that we will explore in this Manual: domestic violence prevention and applying the cost-benefit approach to valuing prevention programs. It provides a rationale for the use of cost-benefit approaches by domestic violence prevention program practitioners. It also explains how the Manual is organized.

This Manual was created to help domestic violence practitioners make the case that their prevention programs are valuable and worthy of public and private investment.

Why This Manual?

Those who work in the domestic violence field – including shelter workers and other service providers -- know that the true costs of domestic violence[1] to its victims, children, families, and communities, can't be entirely expressed in words or dollars. Lives are lost and damaged; people are injured in visible and invisible ways. Most people who don't work in domestic violence field often don't even think about these costs to individuals and society.

> Intimate partner violence (IPV) – also called domestic violence, battering, or spouse abuse – is violence committed by a spouse, ex-spouse, or current or former boyfriend or girlfriend. It can occur among heterosexual or same-sex couples and is often a repeated offense.
>
> *Costs of Intimate Partner Violence Against Women in the United States,*
> Department of Health and Human Services, Centers for Disease Control and Prevention,
> National Center for Injury Prevention and Control, 2003.

Programs that attempt to *prevent* the domestic violence before it occurs face additional challenges. On the one hand, most people would agree that investment in preventing a problem will eliminate the far greater cost of responding to that problem if not prevented. A well-known example is public support for education campaigns to

[1] Throughout this Manual, we use the terms "domestic violence" and "intimate partner violence" (IPV) interchangeably.

encourage the use of seatbelts and laws mandating seatbelt use in order to prevent deaths and serious injuries due to automobile accidents.

On the other hand, justifying a prevention program is far from simple in that measuring what has been prevented as a direct result of a specific program is quite challenging – using the seatbelt example above, how can we prove that our education campaign contributed to a decrease in those deaths and injuries? Ultimately, looking at the costs of a problem and the benefits of the prevention activities – through careful documentation and analysis – will help us to demonstrate that our prevention efforts are worthwhile.

"We asked a cross-section of California adults about their willingness to pay for domestic violence prevention programming. Of the 522 respondents, 80% were in favor of the prevention work. We also asked about methods by which to raise funds for domestic violence prevention. Methods receiving the most support were humanitarian donations (e.g., check-offs on income tax returns) and "user fees" (e.g., increased fines for batterers).

Susan B. Sorenson, Ph.D., Professor, UCLA School of Public Health. March 25, 2004.

Funding Public Health: The Public's Willingness to Pay for Domestic Violence Prevention Programming.
The American Journal of Public Health, November 2003, Vol. 93, No. 11, 1934-1938.
Available at: http://www.ajph.org/cgi/content/full/93/11/1934.

"Surveys have shown that Californians want more money to go into prevention rather than prisons and other after-the-fact interventions."

Susan B. Sorenson, Ph.D., Professor, UCLA School of Public Health. March 25, 2004.

"I believe that mainstream acceptance around prevention in our community is shifting, and that's very positive. Our board has been doing results-based accountability for about eight years, but nobody's made the case for this analysis yet. So it's exciting to see tools and materials to help us make the case that prevention is cost-effective."

Devorah Levine, Special Projects Manager
Zero Tolerance for Domestic Violence Initiative
Contra Costa County, California. September 23, 2005.

"It's one thing to be excited about what we're doing, but how do we know it's making a difference?"

Donna Garske, Executive Director
Marin Abused Women's Services, San Rafael, California. September 23, 2005.

The Challenges Of Funding Prevention Programs

Most people would agree that direct services to victims of domestic violence are essential. But how can we make the argument that addressing the violence ***before*** it occurs is ultimately more beneficial to society?

Compared with other states, California is actually ahead of the curve with regard to funding domestic violence prevention activities, having invested over $40 million in domestic violence prevention since 1994.[2] Numerous prevention programs have been implemented around the state, with activities ranging from: classroom curricula to help prevent dating violence among school-age youth; to public education campaigns in general population and ethnic media; using theatre with Spanish speaking agricultural workers; and other projects.[3] Please see side boxes for some examples of prevention programs in California.

> "As a practitioner, what would be really helpful when I go to local policy-makers is to be able to show how much has been invested in the state and nationally for domestic violence prevention. To say, 'you're not alone – this is what you have backing up your investment.'"
>
> Devorah Levine, Special Projects Manager
> Zero Tolerance for Domestic Violence Initiative
> Contra Costa County, California. September 23, 2005.

Yet, in a series of community hearings across California, participants – including people working in health, education, social services, local and county government, faith communities, law enforcement, grassroots organizations, and other sectors – noted as distinct obstacles in their domestic violence prevention work:

- A lack of sustainable funding;
- Non-integrated data-reporting and operating systems;
- Difficulty in accessing locally relevant data;
- A lack of resources for evaluation; and,
- The fact that evaluation requirements are often unrelated to local measures.

[2] Estimate by Donna Garske, Executive Director, Marin Abused Women's Services, during an Office of Emergency Services Family Violence Prevention Project Advisory Committee meeting, March 25, 2004.
[3] California Department of Health Services, Battered Women Shelter Program Prevention Grants Summary, Fall 2004.

They also stressed the need for increased leadership to support and advance prevention, and a desire to increase prioritization of primary prevention.[4]

While prevention work is necessarily a long-term process – involving changing social norms, policies, and behaviors that indirectly and directly contribute to domestic violence – funding for prevention programs is often precarious and short-term. As people dedicated to doing prevention work, we must ask ourselves:

- How can we establish an ongoing funding stream for domestic violence prevention work?
- How can we demonstrate that our prevention strategies are measurably effective at substantially reducing the social and economic costs of domestic violence?
- How can we convince policy-makers making decisions about funding social programs that these prevention programs are worthy of their financial investment?

> "Prevention is a process of continuous improvements where you're getting constant feedback from different groups in the community and making changes. Where it is found that the work is not quite meeting the mark, we need to make it meaningful for people, hold ourselves accountable to outcomes, and be willing to adjust along the way. The cost-benefit piece is just one way to think about the value of the whole prevention effort."
>
> Susan Brutschy, President
> Applied Survey Research, Watsonville, California. September 23, 2005.

> "Getting the cost-effectiveness of prevention on the radar is really important. We really need to talk about how systemic and social change are the result of interconnected and coordinated efforts within communities."
>
> Larissa Griffin-Sponsler, Resource Coordinator
> Battered Women's Justice Project, Minneapolis, Minnesota. September 23, 2005.

[4] Baxi, S., Davis, R. (2001). *A Local Call to State Action: Findings from Community Hearings in California*. Prepared for the Shifting the Focus Initiative. Oakland, California: Prevention Institute.

Side boxes: Examples of Domestic Violence Prevention Programs in California

Berkeley High School Domestic Violence Prevention Program

Christell, a senior at Berkeley High School, has the entire classroom captivated as she recites from a poem she wrote last night. The poem starts with romance and ends with the young woman protagonist realizing, "He wasn't my everything – I was. But it was too late."

Christell is part of a team of peer educators who reach out to other teens and raise awareness about dating and other forms of violence through the Berkeley Public Health Department's Domestic Violence Prevention Program at Berkeley High School. Today, she is co-facilitating a series of classroom presentations with Jessica and Nilda, both juniors. The three young women are articulate and present information in a way that really grabs the attention of the other students. For example, in every presentation, they include dramatized skits that make the issue real for their teen audience. One student says at the end of class, "I thought this would just be another one of those presentations where we watch a video and adults try to relate to us. But you really know what you're talking about. The skits show what it's all about and how the violence progresses."

The teen activists know their material well. Having lived through personal experiences with domestic violence, each of them decided that she had to do something to help other young people affected by domestic violence – and to invite the community to act. With training and support from adult mentors, they designed the curriculum and continue to seek ways to get their message out into the community. "We're educated about the issue. We know why domestic violence happens, how it starts, local laws, and what people can do to prevent it. Our activism works because we speak to our peers on their level – we understand their experience." LaTisha, also a senior at Berkeley High School, is a part of this program because of incidents she has seen and friends who have needed her help. She says, "Before, I did not know what to do or say, but since I have been active with this program I have learned what to do, who to contact and how to help my peers prevent themselves from being in an abusive situation."

While the young women feel that their work with their peers is effective, they believe that adult attitudes and behaviors also need to be addressed. They would like to work more with adult groups – including batterers' intervention programs – to convey the message that what adults are doing is affecting their own children. They would also like to make more links with other political issues that portray youth as the problem instead of part of the solution.

Originally printed in *Catalyst: Strategies to Involve Youth in Preventing Domestic Violence,* Transforming Communities Technical Assistance Training and Resource Center (TC-TAT), Vol. 2, No. 2, Spring 2000.

Preventing Violence Against Women with Disabilities (PVAWD) Training Project

Although some strides have been made, the critical needs of women with disabilities who are abused or are potential targets of abuse have yet to be addressed in a comprehensive manner across California. This is a critical gap as research tells us that women with disabilities are more likely to experience abuse than women without disabilities and that these women are also at higher risk for abuse by multiple perpetrators for longer periods of time.

The PVAWD Project, funded by the California Department of Health Services, is a statewide training project designed to identify and enhance violence prevention programs and services to women with disabilities. This project trains disability service professionals to recognize and prevent violence among the populations they serve, and identify and increase referrals to violence prevention services. Through cross-training, this project also educates violence prevention advocates about disabilities, the barriers that exist to serving women with disabilities, and short- and long-term strategies to eliminate these barriers.

The increased communication and shared goals fostered by the PVAWD Project facilitates sustainable relationships between the disability and violence prevention communities. This collaborative effort will stimulate creative solutions, foster innovative change, and lay the foundation for additional efforts to prevent violence against women with disabilities in California.

For more information, please contact: pvawd@tranformcommunities.org.

Preventing Intimate Partner Violence in the Lesbian, Gay, Bisexual and Transgender (LGBT) Community

"STOP" Partner Abuse is a prevention program aimed at reducing violence in same-gender relationships in the Los Angeles area by providing anger management groups, oppression awareness education, networking opportunities, and community-based campaigns. Providing services, prevention-oriented messages, and policy changes that are specific to Lesbian, Gay, Bisexual, and Transgender (LGBT) people helps to break down denial that intimate partner violence (IPV) happens in the LGBT community, increases people's ability to recognize and avoid violent same-gender relationships, and creates community accountability for this problem.

This project is making a difference by:

1) Providing anger management educational support groups that give participants the tools they need to resolve conflicts without violence.
2) Helping participants to recognize internalized homophobia as well as external homophobia, giving both victim and perpetrator the ability to see red flags and not engage in violent relationships.
3) Offering resources (including a hotline number) and information at community events that are specific to LGBT people, thereby increasing visibility of IPV in same-gender relationships and breaking through individual and community denial.
4) Working with local police to implement systemic changes in the police training program, data collection and response to LGBT domestic violence calls.

For more information, please contact: Delena Couchman, Prevention Program Coordinator, Los Angeles Gay & Lesbian Center, dcouchman@laglc.org.

Preventing Domestic Violence Among Farmworker Women
Lideres Campesinas

Since 1992, Lideres Campesinas has worked to develop the capacity of and provide a unified voice for farmworker women in California. This statewide network of women activists focuses on social and health issues of farmworkers such as economic development, pesticide poisoning, HIV education, nutrition and domestic violence.

Lideres Campesinas began working in the domestic violence prevention arena after needs assessments in 1988 and 1993 indicated that intimate violence is one of the top five concerns among farmworker women. This is not to say that domestic violence is more of a problem in farmworker communities. Rather, factors such as isolation, language barriers, fears of deportation, and limited bilingual and bicultural services make it difficult for farmworker women to leave abusive situations.

The work of Lideres Campesinas is based on a peer education model. Lideres Campesinas trains women organizers in the causes of domestic violence, its symptoms and available resources. The domestic violence training program addresses how cultural and poverty issues affect the way that farmworker women deal with the violence in their lives. Organizers who go through the training return to their communities and share the information they have learned with other farmworkers.

Lideres Campesinas uses a variety of strategies to break the linguistic barriers and cultural reluctance that impede Hispanic farmworker women from being vocal about their abuse. One successful strategy has been to perform skits at forums and other community education activities. The skits are performed in Spanish and recreate scenarios of domestic abuse. The skits are followed by presentations on the cycle of domestic violence and information about community resources. Lideres Campesinas often partners with social service organizations, law enforcement, and others in the community in their efforts to prevent violence among farmworker women.

For more information, please contact: Mily Trevino-Sauceda, Founder and Director, Lideres Campesinas, 611 South Rebecca Street, Pomona, CA 91666. Phone: (909) 865-7776. Email: liderescampesinas@hotmail.com.

Why Look At Costs And Benefits?

In an environment of limited funds for social programs, prevention advocates need to be able to convince funders, policy-makers and the community at large that our prevention programs are ***effective and efficient*** – that these programs are improving people's lives in specific, measurable, and cost-effective ways.

More than ever, domestic violence prevention programs are being asked:

- Is this program a good investment of public and private funds?
- Can this program explain where its money goes and what the actual result of using its money this way is?
- Can this program's costs be justified?

> "Many policy-makers want to see the numbers. They say, 'tell me this works or doesn't work.' A program is often deemed effective by how many are served, rather than by what changes have occurred within individuals or in the community. Much of the important work of preventing violence and abuse will need to be evaluated through indicators that can measure changes over time, and how social norms have been impacted by our work."
>
> Nancy Bagnato, Coordinator
> Violence Against Women Statewide Prevention Project
> California Department of Health Services, EPIC Branch, September 23, 2005.

In the case of domestic violence prevention, cost-effectiveness means that the prevention program costs society less than it would cost to deal with the resulting consequences of domestic violence were there no prevention program.

Most of you who are reading this material already know that there are many advantages to being able to answer the above questions. Both public and private funders want serious and realistic reporting demonstrating that the programs they support have the best possible impact for the dollars being spent. Program practitioners must not only be able to account for all of the resources used by a program, they must also demonstrate the value or impact of their programs in ways that policy-makers and funders can understand. Why risk appearing to waste money or spend funding in illogical ways?

Who Can Use This Manual?

This Manual has been designed to help domestic violence prevention program staff recognize and be able to talk about some of the basic elements of ***cost-benefit approaches.*** No special knowledge of mathematics, accounting, bookkeeping or microeconomics is necessary. All that is needed is an appreciation for:

- Cost-benefit terms and frameworks;
- Ways to describe your prevention program using a cost-benefit lens; and,
- Tools that can be used to make the case for your prevention program.

Every action, decision or event has economic implications. Having some awareness of these costs and benefits will help you:

- Make your prevention program stronger;
- Describe your program and its impact more clearly;
- Gain funding and support for your program.

We believe that policy-makers and funders can also use this Manual to add to their understandings of the issues that domestic violence prevention programs face when making a case for their work.

How do we convince funders that our prevention efforts are worthwhile and worth the cost?

"Just knowing what cost-effectiveness is and being able to speak this language will help those who are managing domestic violence prevention programs communicate with policy-makers and funders."

Angela Browne-Miller, Program Manager, TC-TAT, September 23, 2005.

"This kind of cost-effectiveness analysis can help state and federal agencies to justify funding strategies and programs directed toward primary prevention, and not only toward programs providing critical direct services."

Nancy Bagnato, Coordinator, Violence Against Women Statewide Prevention Project
California Department of Health Services, EPIC Branch, September 23, 2005.

"This Manual will be useful for those who are developing programs because we know we have to market what we're developing and we have to have outcomes that we can prove. This gives us some basic language that we can talk to people who are used to getting value for their dollar."

Susan Thompson, Community Development Manager
Lake Family Resource Center, September 23, 2005.

How This Manual Is Organized

The Manual begins with a discussion of general issues and ways of seeing prevention and cost-benefit on societal levels and then moves into the finer levels of cost-benefit and cost-effectiveness approaches. Concepts, definitions, examples, statistics, and worksheets included throughout the Manual are in themselves tools for understanding and expressing the cost-benefit of prevention programs. The final chapter offers a comprehensive worksheet that guides readers through the process of making the case for a domestic violence prevention program from a cost-benefit perspective. Some readers may wish to read through the entire Manual from start to finish, while others will want to skip ahead to relevant sections.

Here is a chapter-by-chapter description of what this Manual offers:

Chapter One: Provides an overview of the manual and explores some of the challenges of funding prevention programs. This chapter also provides some examples of prevention programs taking place in California.

Chapter Two: Explores how cost-benefit thinking can be applied to domestic violence prevention and creating sustainable prevention programs.

Chapter Three: Defines terms related to domestic violence and prevention. This chapter also explores how primary prevention takes place within a system of community institutions and stresses the importance of collaboration.

Chapter Four: Introduces basic cost terms as tools for making your case.

Chapter Five: Provides a more in-depth look at cost estimation terms as tools.

Chapter Six: Explains why understanding the root causes of domestic violence is critical to designing an effective prevention program and introduces the concept of a "theory of change" that describes why a prevention program's efforts will lead to specific outcomes.

Chapter Seven: Provides an overview of some sources for national and California statistics that may be useful in making the case for domestic violence prevention. This chapter also explores some of the challenges in finding relevant data, and how to adapt data to fit your local context.

Chapter Eight: Provides a "Making the Case" worksheet with questions, examples, and space to fill in your own information for making the case.

Chapter Nine: Offers a conclusion.

Appendices: Provide a glossary, annotated list of resources, references, and other useful information.

Additional Resources
Readers wishing to delve into other aspects of making the case for domestic violence prevention, including ***media advocacy*** and ***prevention program evaluation***, may want to read through two companion publications published by Transforming Communities Technical Assistance, Training and Resource Center:

Media Advocacy Planning Guide

The Media Advocacy Planning Guide gives you tools to expand your use of the media in advocating for policies against domestic violence and eliminating the social norms that support it. The guide will give you techniques you can use in your local community to influence public opinion through the media; attract and shape news coverage; and use the media to mobilize your community. You'll also find tips and techniques for using the media overall, whether your purpose is to foster individual behavior change or shifts in the social environment. Throughout, you will find worksheets, exercises, examples, and tips to help you develop a media advocacy campaign.

An Evaluation Handbook for Community Mobilization:
Evaluating Domestic Violence Activism

This handbook offers clear, practical steps for charting the course of a community action campaign from early planning stages through final results reporting. Ideas for linking evaluation with prevention theory, campaign planning exercises, tips for collecting and analyzing data, and sample surveys and assessment tools are laid out in easy-to-read chapters.

Both publications are available at www.transformcommunities.org.

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Why Look at Cost-Benefit?

Overview Of This Chapter

This chapter explores how cost-benefit thinking can be applied to domestic violence prevention and creating sustainable prevention programs.

How Is Cost-Benefit Thinking Relevant To Domestic Violence Prevention?

There is striking evidence for the cost-effectiveness of prevention programs…….

Cost-benefit thinking is being broadly and usefully applied in numerous violence prevention arenas. Bringing the cost-benefit and cost-effectiveness approaches to thinking about domestic violence prevention is a natural step in this larger process. After all, preventing any form of socially undesirable violence is not only good for people and society, but it is also economically worthwhile. First, we must build a picture of the extent of the problem that we seek to prevent.

The 2004 report *The Economic Dimensions of Interpersonal Violence* released by the World Health Organization (WHO) emphasizes three key messages:

1) The consequences of interpersonal violence are extremely costly;
2) Programs to prevent violence are cost beneficial and cost-effective;
3) We have insufficient descriptive information on the direct costs of treating the consequences of interpersonal violence.[5]

[5]*The Economic Dimensions of Interpersonal Violence*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

Estimating the costs of domestic or intimate partner violence is a wise approach to explaining the importance of funding the prevention of this violence. Estimating the *economic costs* of this violence can assist policy-makers and funders in the efficient allocation of resources. But does violence really have an economic cost? ***Can you really place a dollar value on preventing domestic violence? Yes!*** And, this dollar value language is what is spoken quite often at the policy-making and funding level. It is important to understand the power of this economic cost language -- a tool that opens doors, minds and wallets.

The "allocating of resources," such as public funds, "EFFECTIVELY AND EFFICIENTLY" is policy-makers' decision making language….

Economic costs of domestic violence can include, among many other elements, ***estimated annual costs of intervention services*** – first responders, medical care, and mental health care – as well as ***lost productivity.*** Lost productivity means that anyone experiencing domestic violence is at risk of working under par while on the job, missing work, and even losing a job. At the same time, that person's employer is feeling the effects of this lost productivity. Domestic violence thus has costs for individuals, communities that strive to respond to the needs of victims of domestic violence, and employers of these victims.

"It's important to address the costs of domestic violence to the business community – what are the costs in decreased worker productivity, time away from work, and others? Being battered doesn't affect a woman's chance of getting a job but it appears to reduce her chance of keeping a job – this translates into increased costs for businesses in terms of recruitment, hiring, training, and retention. Business leaders have a vested interest in reducing domestic violence."

Susan B. Sorenson, Ph.D., Professor
UCLA School of Public Health, March 25, 2004.

The costs of domestic violence do not necessarily end when the violence ends, if it can be stopped. Many victims of domestic violence (including children who witness such violence whether or not they experience it directly) require medical, mental health and/or other social services for years after the violence ends.

Advocates of domestic violence prevention programming recognize that this *economic cost thinking* is relevant. *The costs of domestic violence prevention efforts WILL BE weighed, either formally or informally, against the reduction (if any) of the costs of the violence these efforts seek to prevent.* Clearly, calculating the costs of domestic or intimate partner violence in terms of numbers such as dollars, lost work days, and so on, is a challenge. Yet, a significant amount of headway has been made in this area. Here is an example of this sort of economic cost of domestic violence thinking, in this case conducted by the U.S. Department of Defense (yes, intimate partner violence also affects productivity and well-being in the military!):

Costs of Domestic Violence for the U.S. Department of Defense

The U.S. Department of Defense (DoD) has identified four "cost areas" regarding its response to domestic violence within military ranks and departments:
(1) Diminished readiness [for their military service] of abusers ($49 million annually);
(2) Intervention, including law enforcement, command, and medical services to victims and treatment services to abusers;
(3) Retention/replacement for those separated from active duty ($14 million annually); and
(4) Transitional compensation ($10 million annually and rising).

An unofficial conservative estimate of these total costs is $273 million annually. These estimates do not include additional secondary cost areas to DoD, other governmental agencies, and the private sector. The cost areas include the costs of victimization: depression, substance abuse, unemployment, and lost tax revenue.

The DoD makes another important point: as an employer, it draws nearly half of its recruits from adults who were raised in military families. Therefore, domestic violence prevention expenses can have both short- and long-term benefits for the DoD. The DoD makes it clear that one of its primary concerns is to base its policy and programs on an empirical basis – something that all of us in the domestic violence prevention and public policy arenas are also concerned about.
[brackets ours]

Symposium on Domestic Violence Prevention, Opening Remarks, May 13, 2002.
Department of Defense (DoD).

Measuring The Cost Of Domestic Violence Is Challenging

> The challenge for violence prevention to address in the years ahead is to *systematically establish a solid base of evidence about the costs of interpersonal violence* in all societies, and then to feed this evidence into policy making and advocacy where it can complement and strengthen the moral arguments for the prevention of interpersonal violence. [italics ours]
>
> *The Economic Dimensions of Interpersonal Violence.*
> Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

While there is increasing evidence that demonstrates the health consequences of intimate partner violence against women, *the precise economic costs* of this violence remain largely unknown, especially at the local level. Most programs that seek to make the case for the cost-benefit value of their programs need to have available national and statewide figures to help them explain the reality and profound costs of domestic violence. There are many valuable sources of this information that domestic violence prevention advocates will want to seek out, study and quote when presenting data, while keeping in mind that accurate data (especially local data) are difficult to find. We encourage all readers of this Manual to freely use the various data and quotations we include here along with their sources, and to contact these sources for updates. Please see Chapter 7 for more information on the use of statistics while making your case.

We Have A Common Goal: To Increase The Public Good

Policy-makers and domestic violence prevention practitioners tend to share the same basic goal:
To increase the public good.

While policy-makers and practitioners may hold the same goal – to increase the public good – they often have different ways of speaking about the issue and are, of course, making their decisions in vastly different contexts. Practitioners know first hand that efficient, low-cost, effective prevention work happens quite consistently at the community level and that it is highly valuable. Yet, they are often too overworked and/or otherwise unable to collect and organize their data, let alone summarize and convey these data to policy-

makers in a way that sells the real front line prevention work. Accounting for costs takes time that many practitioners believe could be better spent on providing services or conducting presentations about domestic violence in the community. Moreover, local level prevention-oriented practitioners have neither been asked, nor encouraged, nor trained, to speak – to use as a tool – a language that resonates so deeply with policy-makers: *outcome over dollars and cents*.

How does the cost of the violence compare to the cost of the programs responding to the violence?

At the same time, policy-makers are inundated with proposals requesting funding and support for a wide range of health and social issues. Their task is to make the best decisions possible, given limited resources in a tight economy (and varying capacities of lobbyists to influence them). Because they have only a small amount of time or energy to devote to any particular issue, they want to hear or read the most important points in no more than five to ten minutes. ***After reading through this Manual and completing the worksheet in Chapter 8, you will have a concise case to present.***

"When giving testimony to the legislature to try and get funding for a program, you have only a few minutes to tell them what the problem is, how this is an effective program for rural areas (for example), and how much it's going to cost per unit. It's important to have examples. Your case must be short, easily read and understood, shown to be effective, and supported by studies."

John Isaacson, Office of Emergency Services, Chief of Domestic Violence Section
Family Violence Prevention Program, March 25, 2004.

Creating Sustainable Prevention Efforts

> ***Some prevention strategies are apparently more effective than others. How do we know which ones?***

How we talk and write about the cost and impact of our domestic violence prevention work will determine the ***long-term sustainability*** of these programs. We know from other prevention movements that some strategies are more effective than others. Viewing domestic violence prevention strategies through the lenses of cost-benefit and, where possible the more incisive perspective of cost-effectiveness itself, can help us fuel and fund what is proving most beneficial and effective and evaluate and change what is not.

Effectiveness and sustainability also have to do with making sure that our prevention programs are appropriate for the communities we are serving. We are seeing throughout California that community and cultural context must determine how prevention programs are designed and delivered – and that what works in one community may not be equally effective in another. Documenting our work and our impact can help other communities to gain resources as they adapt and develop their own approach to collaborative prevention work.

> "How can we make sure that all communities are effectively reached, especially those that aren't able or willing to access more traditional domestic violence services, and those that aren't even aware of prevention efforts?"
>
> Susan Holt, Manager, Domestic Violence Program
> Los Angeles Gay & Lesbian Community Services Center, March 25, 2004.

> "How are we going to sustain prevention work without compromising victims' services?"
>
> Alyssa Pomernacki, DELTA Project Coordinator
> California Alliance Against Domestic Violence, Sacramento, California, March 25, 2004.

> "We need models for rural areas to replicate with limited county and school funding."
>
> Joyce Scroggs, Director of Domestic Violence Services
> Plumas Rural Services, Quincy, California, March 25, 2004.

"Sustainability is tied to how we talk about the difference we're making. We know that prevention funding has gone into various issues over time, such as drunk driving and others, and that some strategies have been ineffective. We need to look at what prevention means for this particular issue, and at sustainability regarding resources, methodology and effectiveness."

Donna Garske, Executive Director
Marin Abused Women's Services, San Rafael, California, March 25, 2004.

3

Getting Clear on Our Terms: What is Domestic Violence Prevention?

[Insert graphics and arrange text box layout along with graphics here.]

"To reduce both the economic and human costs of Intimate Partner Violence (IPV) against women, we must focus on primary prevention – finding ways to stop such violence before it ever occurs – rather than only treating victims and rehabilitating perpetrators."

Costs of Intimate Partner Violence Against Women in the United States.
Department of Health and Human Services, Centers for Disease Control and Prevention (CDC),

Overview Of This Chapter

Before we can start talking about the cost-effectiveness of our prevention programs, we need to be clear on our terms. This chapter will explore domestic violence prevention terms, their definitions, and how we can use them to support our case. This chapter also explores how primary prevention takes place within a system of community institutions and stresses the importance of collaboration.

Click here for a concise definition of the following terms:
- **Domestic Violence / Intimate Partner Violence (IPV)**
- **Prevention of Violence**
- **Primary Prevention**
- **Secondary Prevention**
- **Tertiary Prevention**
- **Collaboration**

Readers may wish to look through the glossary in Appendix A for additional relevant terms.

What Are Domestic Violence And Intimate Partner Violence?

Throughout this Manual, we use the terms "domestic violence" and "intimate partner violence" (IPV) interchangeably. According to the Centers for Disease Control (CDC), "intimate partner violence (IPV) – also called domestic violence, battering, or spouse abuse – is violence committed by a spouse, ex-spouse, or current or former boyfriend or girlfriend. It can occur among heterosexual or same-sex couples and is often a repeated offense."[6]

Violence can take several forms and exists along a continuum from emotional abuse to verbal abuse to physical abuse, with other forms of abuse, including financial, spiritual and sexual abuse, being frequently linked. Non-physical forms of abuse often accompany and even set the stage for physical abuse. This ***continuum of abuse*** also is indicative of the social and cultural norms that allow the abuse of power and control in domestic and intimate partner behaviors.

For more information on types of domestic violence, please see **Appendix B: Abuse and Violence.**

At this time in the evolution of cost-benefit and cost-effectiveness approaches as applied to domestic violence prevention, placing an economic cost onto non-physical abuse is even more challenging than placing an economic cost onto physical abuse. However, as a better understanding of the valuation of domestic violence prevention programs emerges, recognition of the cost-benefit and cost-effectiveness of violence prevention programs such as violence prevention education – whether a program addresses only physical abuse or chooses to also address its precursor, non-physical violence – will be further clarified.

[Insert graphic here.]

[6] *Costs of Intimate Partner Violence Against Women in the United States.* Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control (NCIPC). Atlanta, Georgia, 2003.

What Is Domestic Violence Prevention?

Because most readers of this Manual are already familiar with the term "domestic violence ***prevention***," we will only briefly describe it here.

For a more in-depth look at domestic violence prevention, please see the following links:

- http://www.cdc.gov/ncipc/dvp/dvp.htm
- http://www.who.int/violenceprevention
- http://www.transformcommunities.org

The public health field uses a model, (commonly known as the "public health model"), that describes *primary, secondary* and *tertiary* prevention efforts or interventions. This model proposes that early or primary prevention costs society far less than the secondary and tertiary interventions that are necessary when primary prevention is not widespread or powerful enough to stop the violence *before* it occurs.

Primary prevention activities are those that take place before the violence occurs. The Prevention Institute defines primary prevention as "taking action to build resilience and to prevent problems before they occur."[7] Primary prevention policies and programs help prevent violent behavior through interventions designed to eliminate the underlying causes and risk factors and strengthen protective factors.[8]

Primary prevention stops the violence before it occurs.

Primary prevention seeks to prevent even the *initial* perpetration or victimization – this means any first or new acts of violence, any first or new episodes of violence, any first or new victims of violence, or any first or new perpetrators of violence. Forms of primary prevention of domestic violence include public education leading to changes in social norms, policy changes, public service announcements, other media-based means of information dissemination, pre-marital counseling, counseling and support groups for young parents, and more.

[7] Prevention Institute, 2004. www.preventioninstitute.org.
[8] *Milestones of a Global Campaign for Violence Prevention*, World Health Organization, 2005, p. 8.

Schools are an important setting for primary prevention activities. For example, high school violence prevention programs that explore relationships, gender roles, coercion, and control, help young men and women to have more responsible and healthy relationships in high school, college and beyond into adulthood.

"It's important to include training around cultural beliefs and traditions or we can create a negative impact; if we don't talk about that, it doesn't make any sense for us to talk about domestic violence. For example, in the Latino culture as well as other cultures, the man may be the head of the household. In our culture, we respect that, but that does not mean that he has the right to be abusive. We know that he cannot or should not abuse his authority. We need to make sure that service providers (community-based organizations and shelters) are really responding to the issues of our community. Working within the cultural context of our community means working holistically and respecting how our community lives. All that is not just intervention but also prevention at the same time."

Mily Trevino-Sauceda, Executive Director
Lideres Campesinas, Pomona, California, March 25, 2004.

EXAMPLE: Integrating violence against women prevention messages into every local community in Michigan

When thinking of ways to prevent violence against women, we must look to ways of creating a culture that does not condone or support the oppression of women. Considering that the average child is exposed to many images of violence against women, we must think of ways to counteract these images with more positive images and messages of women. It is also important to include positive images of men and boys supporting women and being non-violent. Our strategies include:

- Placing pro-woman messages in many different venues, including grocery store bags, health clubs, mail coupon inserts, anti-violence license plates or weekly anti-violence columns in local newspapers.
- Publicizing local data about the occurrence and prevention of violence against women in school and local newspapers.
- Working with the Governor and legislators to make regular announcements of issues and statistics related to violence against women.
- Conducting social norms media campaigns to correct misperceptions that affect individual and community responses to violence against women, which in turn helps strengthen anti-violence norms. Find out more information about changing social norms by visiting the National Social Norms Resource Center at http://www.socialnorm.org.

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan,
Michigan Coalition Against Domestic and Sexual Violence, p. 13.

Secondary prevention stops further harm and violence.

Secondary prevention activities happen immediately after the violent event occurs and include steps that decrease the likelihood that the event will recur. Some examples of secondary prevention activities are shelter services for victims of domestic violence, as well as services provided by crisis responders, police and fire department officials, ambulance drivers, city/county social workers, and child protective services. This form of prevention might also include short-term help for the victim to find new living quarters, sources of income, ways of caring for the children as the family copes with domestic violence, and more. These activities may be considered intervention as well.

Having an abused partner become safe by going to a shelter after a violent event is an example of secondary prevention.

Tertiary prevention occurs over time and includes rehabilitation efforts, such as batterers' intervention programs or working with survivors in an ongoing way. With tertiary prevention, the violence is not responded to after-the-fact in a way that fully resolves the negative impacts of that violence; this non-response or ineffective response has a far-reaching impact. Tertiary prevention addresses the long-term effects of violence, including but not limited to deep costs to individuals and society on all levels – health, productivity, economic, safety, well-being, and more.

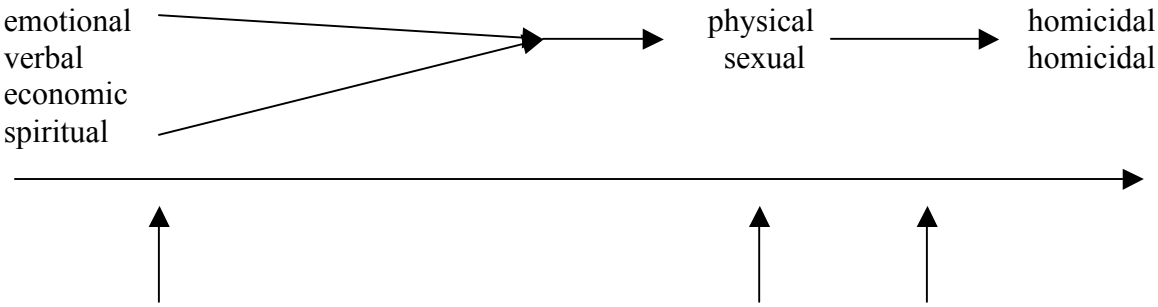
Tertiary prevention addresses the long-term effects of the violence.

An example of tertiary prevention are batterers' intervention programs that seek to reeducate and reform abusers.

Pre-Physical Violence Prevention

In the domestic violence field, there is another understanding of secondary prevention (and therefore of primary prevention as well) that moves primary and therefore also secondary prevention to an earlier point on the prevention spectrum. Here physical violence typically follows (either immediately or over time) emotional, verbal, economic, or other non-physical forms of abuse and violence. **Pre-physical violence prevention** efforts are highly likely to reduce physical violence in both the long-term and the near-term.

from non-physical violence …….……..…….to physical violence



primary violence prevention
intervenes here
to stop the physical violence
before it occurs

secondary and tertiary
violence prevention
intervene where they can
to stop the progression of
existing violence

WORK TO STOP THE VIOLENCE
BEFORE IT EVER OCCURS
the further to the left
along this continuum
the more primary the prevention

once at
the far right
along this continuum
THE VIOLENCE HAS KILLED

For more information and training at these levels of prevention, please contact Transforming Communities: Technical Assistance, Training and Resource Center, operated by Marin Abused Women's Services, (MAWS) at: info@transformcommnities.org or telephone: (415) 457-2464.

“Going Upstream”

Many people are familiar with the classic public health story explaining prevention:

A fisherman noticed a drowning person floating downstream and leapt into the water to rescue the person. Every time the fisherman started to fish again, another person in trouble came floating down the river. After several rescues, the fisherman decided to go upstream to see why these people were ending up in the river in the first place. Going further and further “upstream” to look for the root causes of people drowning represents increasing levels of prevention. The following drawing illustrates this concept:

[insert river prevention drawing here]

Example: EPIC Faith Initiative

By Kathleen Chamberlin, Project Consultant for the Violence Prevention Unit of the California Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, first published in the *Catalyst Newsletter*, Vol. 3, No. 2, Spring/Summer 2005, Marin Abused Women's Services.

The EPIC Faith Initiative focuses on educating faith leaders on domestic violence, primary and secondary prevention, and on strengthening the relationship between faith leaders and domestic violence advocates.

We know that many individuals affected by domestic violence seek guidance and assistance from faith leaders. Faith leaders are also in an ideal position to implement primary prevention activities within their own faith and surrounding communities. Practical guidance on developing a spiritual community that is safe for women and does not tolerate or unintentionally encourage domestic violence is an important part of this project. Information on implementing this concept is provided through easily implemented activities, such as model sermons, educating youth about healthy relationships, and being aware of potentially abusive situations when doing pre-marital counseling. The next step up on the prevention pyramid is to encourage faith leaders to become involved in activities that support a community where domestic violence is not tolerated. Developing regional teams of faith leaders and advocates that take this message and information back to their own neighborhoods has enhanced these activities.

We also learned that very few faith leaders are taught secondary prevention of partner violence – how to prevent domestic violence from re-occurring. Some of the project activities that focus on secondary prevention include: how to identify abusive relationships, how to intervene in a safe way after abuse has occurred, and how to provide support for those who have been victimized. Those of us who have been in the domestic violence field realize that intervention occurs not with a single agency but with a collaborative approach. Faith leaders have been amazed to discover the wide range of assistance that is available to those affected by domestic violence and that they can, in turn, help their local advocacy organizations. We also found that mistrust sometimes exists between the faith and domestic violence advocacy communities. Our vision is for faith leaders and domestic violence advocates to work together to assist not only individuals and families but also to positively affect the community. The potential for profound change along the prevention continuum is exhilarating.

It is very gratifying to see faith leaders literally absorb the information being presented and to realize that they can be a part of preventing domestic violence and that there are many community agencies that can help them protect and assist their members. On the other hand, domestic violence advocates have realized that faith leaders can e powerful allies in their work with individuals and in their prevention work within communities.

This work is one more step in changing society's norm from a tolerance of domestic violence to no tolerance of domestic violence.

Why Is Primary Prevention A "Systemic" Process?

> To reduce violence, it is necessary first to understand the underlying causes and major risk factors that contribute to violence. Violence emerges from multiple and complex personal, social, and economic causes, and violence reduction therefore necessitates multifaceted efforts. An effective response requires the marshalling of resources at both national and local levels. The health of a community is a composite of physical, psychological, social, and economic variables. Consequently, the responsibility for overall community health resides in a number of systems, including the family, education, health, work, criminal justice, and social services. As a health crisis, violence requires the continuity of a public health approach, that is to say, a comprehensive, community-oriented approach that attacks underlying causes and risk factors with leadership facilitated by public health practitioners.
>
> Larry Cohen and Susan Swift,
> A Public Health Approach to the Violence Epidemic in the United States,
> *Environment and Urbanization.* Vol. 5, No.2, pp. 50-66. London, United Kingdom, 1993.

When making the case for domestic violence prevention programs, a systemic perspective can be quite useful. How is a program part of a larger, general, community effort to prevent violence? How does this prevention program work with other efforts to prevent domestic violence? These questions are in themselves tools to better understanding the effectiveness of single programs in the context of surrounding, wider, community and societal efforts and influences.

Although the basis of primary prevention is relatively straightforward – stop the violence before it takes place whenever possible – primary prevention is actually a complex process. While many domestic violence prevention efforts focus on the individual – educating, informing, and protecting the individual at risk of either being victimized or being a victimizer -- it is important to remember that all prevention work deals with the larger picture, which includes families, community organizations, and society as a whole. No one act of violence is either caused or prevented in isolation.

The *World Report on Violence and Health* offers an ecological model to help understand the root causes and risk factors of violence that need to be identified and addressed by prevention strategies (see side box):

The Ecological Model for Understanding Risk Factors for Violence

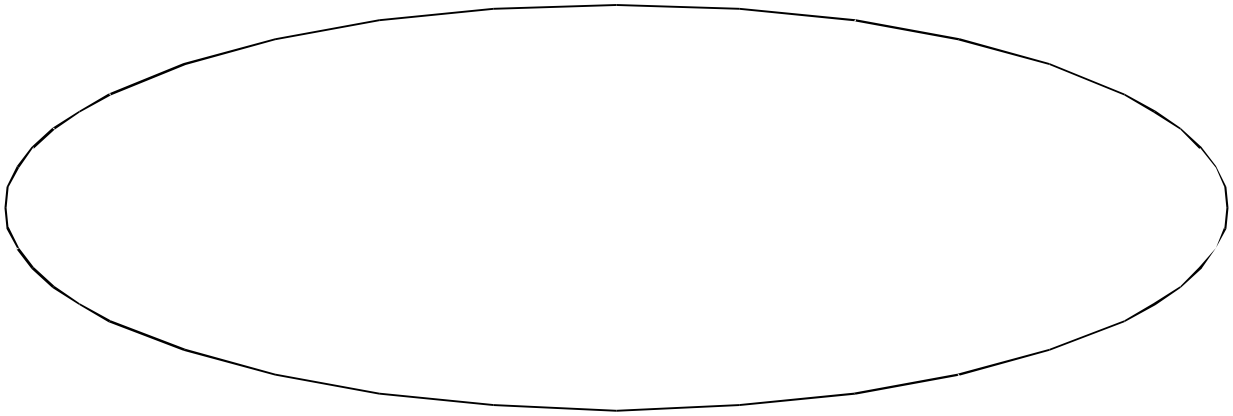
Violence is the outcome of a complex interaction among many factors that must be examined at various levels. The *World Report on Violence and Health* offers an ecological model to help understand the root causes and risk factors of violence that need to be identified and addressed by prevention strategies. The model identifies risk factors at four levels: individual, relationship, community, and societal.

At the **individual level**, personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. These include early developmental experiences, demographic characteristics (age, education, income), psychological or personality disorders, substance abuse, and a history of behaving aggressively or having experienced abuse.

Personal **relationships** such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

Community contexts in which social relationships occur, such as schools, neighborhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility, and the existence of a local drug or gun trade.

Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children, and cultural norms that endorse violence as a normal method to resolve conflicts.



The Social Ecology Model was originally developed by Bronfenbrenner. The above description comes from: *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*, by D. Sethi, S. Marai, M. Seedat, J. Nurse, and A. Butchart, World Health Organization, Geneva, 2004, p. 11.

"Creating dialogue and collaboration involves building relationships – and that takes time and effort. A one-day *Enhancing Collaboration* workshop is an important step in starting a long-term process of mutual exploration of theological concepts, beliefs around domestic violence, and community resources. What we have observed is that people are putting in that time and effort and are building community along the way. The workshops may start the dialogue, but participants continue it through their action plans and ongoing community networking and service. Many domestic violence advocates and faith leaders are now seeing each other as resources and support."

Transforming Communities Technical Assistance Training and Resource Center (TC-TAT)
Catalyst: Profile of Epic Faith Initiative, Vol. 3, No. 2, Spring/Summer 2005*,* San Rafael, CA.

"Designing a prevention program in the Lesbian, Gay, Bisexual and Transgender (LGBT) community involves measuring changes and outcomes on many different levels. On a *personal* level, recognizing internalized homophobia gives both the victim and the perpetrator the opportunity to see the red flag and to not engage in that kind of relationship, and the ability to understand what domestic violence is – to name it and get out sooner. On a *community* level, we are looking for changes in how community institutions such as the police and hospitals deal with same-sex domestic violence cases. On a *societal* level, offering resources and support at community events gives people an overall awareness and chance to break through denial. Our hope is to see a change in the LGBT community's norms around same-sex domestic violence."

Delena Couchman, Prevention Program Coordinator
Los Angeles Gay & Lesbian Center, September 23, 2005.

Domestic violence is *systemic* – meaning it takes place in a system that allows and even contributes to this violence. This system includes virtually all of our society's sectors, such as education, health, government, law enforcement, religion, family, media, and other institutions. It thus makes sense that effective responses to this violence will have systemic, cross-sector characteristics as well. Meet the problem where it lives – virtually everywhere!

So what does prevention from a systemic perspective look like? And how can people making the case for domestic violence prevention use this global vision of prevention?

First and foremost, what is emerging in all social and medical sector prevention efforts – whether these be related to violence prevention, accident prevention or disease prevention – is the understanding that whatever we single out to prevent is part of the larger picture, a piece of a larger condition, situation or problem.

A second and also very important understanding is that the value of a single, isolated prevention effort may not be as great as an effort conducted in concert with other efforts. The sum of the whole is greater than the sum of its parts.

And third, the outcome of a single prevention effort may be linked to other prevention efforts. This linkage makes the valuation of a single effort quite challenging. And, this same linkage makes the valuation of a single prevention effort – in the absence of the valuation of other efforts affecting the outcome of this effort, rather limited.

> "As a funder, I have had to help programs justify that they are using their state funds specifically for domestic violence prevention. Some of the prevention measures that people choose to do – such as getting people a job, reducing poverty, addressing substance abuse, and others – don't necessarily directly link to domestic violence, but we know that they are protective factors and that in a holistic approach, that positive foundation of support systems is often necessary to help someone avoid getting into a domestic violence situation. You have to make that link so that funders and policy-makers understand the whole picture."
>
> Nancy Bagnato, Coordinator, Violence Against Women Statewide Prevention Project
> California Department of Health Services, September 23, 2005.

> "Coordinating prevention efforts within one community will help keep prevention messages consistent, build relationships across service providers that may streamline response, and keep the values of the advocacy movement at the center of all prevention efforts undertaken across such a diverse set of groups. An important principle in relationship building is the mutual support individuals and organizations can offer to each other's "issues." For example, members of a women's advocacy organization may want to show their support for policies and programs promoted by a youth runaway home, and vice versa."
>
> *A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan*,
> Michigan Coalition Against Domestic and Sexual Violence, p. 13.

Levels Of Prevention

Let's look at the thinking of the Prevention Institute, based in Oakland, California. The Prevention Institute seeks to move beyond approaches that target individuals *to create systematic, comprehensive strategies that change conditions*…." [9]

Because the work of the Prevention Institute is so essential to our understanding of the power and value of coordinating comprehensive prevention, we have included here a few excerpts from the Prevention Institute website. Note that this model can be applied in many different fields and is not limited to domestic violence prevention. We want to highlight two key points:

1) Complex problems cannot be solved with simplistic solutions.
2) Injury and disease are not inevitable; they have root causes that can be addressed.

OUR PREVENTION APPROACH

No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the individual.

Dr. G. Albee, Editor
Journal of Primary Prevention

Primary prevention is a proven, effective strategy that can address a range of health and social issues, including widespread youth violence, skyrocketing medical costs, epidemic chronic illnesses, and the ever-expanding gap between rich and poor. These widespread and complex issues demand *comprehensive strategies* that maximize the benefits of prevention, and have the greatest chance for success.

Because complex problems cannot be solved with simplistic solutions, we must move beyond the notion of prevention as just an educational message, to the implementation of a multifaceted approach that incorporates both individual behavior and social norms. The emphasis in prevention should not be placed on a message, but on a strategy.

Prevention has a demonstrated track record and can be even more effective, but its practice must be central, not tangential. We need a systematic approach to prevention that synthesizes and strengthens knowledge from multiple disciplines, and emphasizes *primary prevention as key in addressing major societal concerns*.

Prevention Institute is fostering the development and application of this emerging approach. Prevention Institute believes that:

- Health is more than healthcare or the absence of injury or disease;
- The environment in which we live profoundly shapes our health and well-being;
- Injury and disease are not inevitable; they have root causes that can be addressed;
- Prevention requires commitment and dedication;
- Prevention offers hope by saving lives, money, and misery.

[Italics ours.] Excerpted from
The Prevention Institute
http://www.preventioninstitute.org/tools

[9] Ibid.

Recognizing the ***interconnectedness of root causes of social conditions*** such as violence, the Prevention Institute has generated a framework called the "Spectrum of Prevention" that identifies multiple levels on which prevention efforts take place.[10] The Prevention Institute notes that "these levels are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity."[11] At Transforming Communities, we have expanded the spectrum of prevention into a "Spectrum of Community Change" (see following page). This includes two new levels: Cross-Sector Collaboration and Mobilizing Communities and Neighborhoods.

Domestic violence prevention program practitioners can locate their program activities at one or more places on the Spectrum of Community Change. These spectrum levels are places where the domestic violence prevention practitioner works, or where the effects of her or his work are felt. Explaining how one's prevention program works along this spectrum helps to express that program's VALUE in systemic terms. Following the Spectrum of Community Change, we have included a worksheet for your prevention program staff and volunteers to identify where your prevention program activities fit on this spectrum.

EXAMPLE
The Lake County Faith to End Domestic Violence Prevention Program contributes to a coordinated prevention effort by training clergy to provide information and respond appropriately to congregants who are in a domestic violence situation, and by facilitating a quarterly county-wide forum for faith leaders to learn about domestic violence and other key issues facing our community. By focusing on the bottom four levels of the Spectrum of Prevention – strengthening individual knowledge and skills; promoting community education; educating providers; and fostering coalitions and networks – our program is laying the groundwork for sustainable changes in our community.

For more information, please contact Rae Eby-Carl, Deputy Director, Lake Family Resource Center (formerly Sutter Lakeside Community Services) at: EbyCarR@sutterhealth.org.

[10] Originally developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program, the *Spectrum* is based on the work of Dr. Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness.
[11] Ibid.

Spectrum of Community Change

Adapted from www.preventioninstitute.org, Contra Costa County Health Services and Transforming Communities Technical Assistance, Training and Resource Center.

Level of Spectrum	Definition of Level	Example: DV Prevention in the Faith Community
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's ability to prevent injury and promote safety	○ Meeting one-on-one with faith leaders to educate them about domestic violence
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety	○ Sermons that address DV ○ Support groups at places of worship
3. Educating Providers	Informing providers who will transmit skills and knowledge to others	○ Holding a special workshop on DV for local faith leaders
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact	○ Creating a "Faith Leaders and DV Prevention Advocates" Forum that meets regularly ○ Sponsoring inter-faith "prayer breakfasts" on DV
5. Mobilizing Communities and Neighborhoods	Creating opportunities for community members to become agents of change – to plan and take action to transform their community	○ Conducting a sermon outreach campaign where every place of worship will deliver a sermon on DV during the same week/month.
6. Cross-Sector Collaboration	Working collectively with law enforcement, education, medical, religion, media, social services, and other sectors to advance a common agenda	○ Inviting faith leaders and other sectors' representatives to serve on DV council and create a coordinated community response to DV
7. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety	○ Creating abuse prevention and response protocols within local congregations ○ Creating mandatory premarital counseling programs that address DV
8. Influencing Policy and Legislation	Developing strategies to change laws and policies on local, state, or national levels	○ Getting local congregations to lobby for passage of DV legislation

Worksheet: Spectrum of Community Change

Adapted from www.preventioninstitute.org, Contra Costa County Health Services and Transforming Communities Technical Assistance, Training and Resource Center

Level of Spectrum	Your Prevention Program: **a) What you do now.** **b) Activities you could do in the future.**
1. Strengthening Individual Knowledge and Skills	a) b)
2. Promoting Community Education	a) b)
3. Educating Providers	a) b)
4. Fostering Coalitions and Networks	a) b)
5. Mobilizing Communities and Neighborhoods	a) b)
6. Cross-Sector Collaboration	a) b)
7. Changing Organizational Practices	a) b)
8. Influencing Policy and Legislation	a) b)

The Value Of A Collaborative Model

An integrated community response to domestic violence is more powerful than any one single community response . . .

Showing that your prevention program participates in or touches several parts of the community and social system in a collaborative way creates a greater understanding of the *direct and indirect value* of that program. ***The greater the value of a program in the overall effort to prevent domestic violence, the greater its cost-benefit.*** Many of California's Domestic Violence Coordinating Councils (DVCCs) have shown this understanding: an ***integrated community response*** to domestic violence is more powerful than any one single community response.

> Coordinating councils or interagency forums are an increasingly popular means of monitoring and improving responses toward intimate partner violence at the community level. Their aim is to exchange information, identify and address problems in the provision of services and promote good practice and awareness.
>
> *Fact Sheet on Intimate Partner Violence*, World Health Organization, 2002.

> "We need to find a way to demonstrate that the collaborative effort of the high school program and the movie being shown and the media campaign all together have reduced domestic violence in a particular community or target group."
>
> Angela Browne-Miller, Program Manager, TC-TAT, September 23, 2005.

In many counties throughout the state of California, DVCCs are making great strides in this area. An estimated twenty nine California counties[12] have developed some degree of integrated community response to domestic violence, including DVCCs or other groups consisting of one or more lead agencies in cooperation with other organizations.[13] Some counties do not have any formal coordinating body but rather have

[12]Bugarin, Alicia and Marcus, Nieto. *California County Approaches to Domestic Violence*, California Research Bureau, California State Library, Sacramento, November 2003, p. 5.

[13] Santa Clara and San Francisco Counties have been participants in a five year national study evaluating the effectiveness of a collaborative model. These results are included in *Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice,* available at: http://www.vaw.umn.edu/documents/executvi/executvi.html. Ibid., p. 7.

a number of agencies acting independently. From the cost-effectiveness perspective, it can be said that acting independently may render a program, no matter how valuable, less valuable than it would be acting along with other programs.

> The California Research Bureau (CRB) conducted a survey to assess county policies that address domestic violence. In general, findings indicate that many counties have a "fragmented programmatic approach that is less effective than it could be." However, several counties have developed an integrated community response to domestic violence. These counties have created a domestic violence coordinating council (DVCC), a domestic violence task force, or a domestic violence commission that work actively with advocacy groups and county agencies to coordinate an effective system wide response to domestic violence issues.
>
> For more information about the CRB survey and California's Domestic Violence Coordinating Councils, please see: http://www.library.ca.gov/crb/03/13/03-013.pdf.

At this stage of development, California's DVCCs are still learning the best – and therefore most cost-beneficial -- means of responding to, let alone preventing, domestic violence. Most counties have thus far quite naturally focused on responding to existing violence and crises rather than developing efforts to prevent new violence. As prevention practitioners, we must acknowledge that direct services are absolutely critical – while still making the case for the investment of funds in prevention to begin to lessen the crises requiring so much attention.

For a more technical look at evaluating and measuring the effectiveness of cross-sector collaboration, please see **Appendix D: Multi-Sector Collaboration.**

Organizations and individuals working together to help address and prevent domestic violence must relate to each other, know how to access each other, understand each other's roles, and actually communicate with each other.

Coordinating councils need to be representative of the entire community by working to include non-traditional participants such as youth, survivors, and representatives outside of the criminal justice system and violence against women advocacy community. For example, coordinating councils with a heavy criminal justice representation and focus may not be seen as welcoming to some people of color who have traditionally not viewed the criminal justice system as a safe option for response.

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan,
Michigan Coalition Against Domestic and Sexual Violence, p. 17.

Zero Tolerance for Domestic Violence Initiative
Established in 2000, this initiative is a multi-jurisdictional partnership created to help eliminate domestic and family violence and elder abuse in Contra Costa County, California. County staff, local law enforcement, the Courts and community service providers have banded together under the leadership of the Board of Supervisors to offer a comprehensive, coordinated, community-wide response to break the progressive cycle of domestic and family violence. "Zero Tolerance" activities are showing early indications of improved safety for victims and children, increased accountability for offenders, and streamlined, coordinated service structures that better serve the public. For more information:
http://www.co.contra-costa.ca.us/depart/cao/DomViol/ztdv%20overview%20for%20website%202%2002.htm.

Building Bridges Between Domestic Violence Organizations and Child Protective Services by Linda Spears (February 2000) is a resource for advocates seeking to strengthen efforts to help battered women with abused and neglected children. The paper reviews what is known about the effects of domestic violence on children, and provides a comprehensive overview of the child protection system and how it works. Finally, it provides a framework for collaboration with child protection agencies that will support the work of domestic violence advocates as they try to improve safety for women and their children.

Available at: http://www.vawnet.org/NRCDVPublications/BCSDV/Papers/BCS7_cps.php.

Example: Domestic Violence Prevention and Intervention with People with Disabilities

When a person with a disability experiences abuse it is imperative that there be a community response to providing services.

- In addition to domestic violence and sexual assault services and counseling, many people with disabilities require services such as Regional Centers, Independent Living Centers, Transportation Services, personal care attendant services, and medical-based services.
- Additional services such as sign language interpreters, meal services, and schooling services may also be necessary.
- Based on the consumers' requests, many of these services can combine together to help the consumer with recovery.

Collaboration

The best services that can be provided for individuals with disabilities who are experiencing abuse are community-based collaborative actions and services, often crossing into other sectors or service areas – which is why we call this cross-sector collaboration.

- Disability service providers need to be able to assess for abuse and provide basic crisis intervention counseling and then referrals to appropriate services within their communities.
- Domestic violence programs will help by undergoing a paradigm-shift from one of no access to one of serving women with disabilities and making their programs usable and accessible for women with disabilities.
- This can only happen through initial cooperation, cross training, and understanding of the fundamental issues of abuse in the disability community.
- Across the country, many programs have collaborated to ensure that a continuum of services, including prevention programs, are provided for women with disabilities who experience domestic violence, abuse or assault.

Preventing Violence Against Women with Disabilities Trainer's Guide, created by Transforming Communities Technical Assistance, Training and Resource Center (TC-TAT) under a grant from the California Department of Health Services.

Model Protocol on Screening Practices for Domestic Violence Victims with Disabilities, by the Washington State Coalition Against Domestic Violence, is a good example of "Changing Organizational Practices and Policies" (Level 7 on the Spectrum of Community Change). Available at: http://www.wscadv.org/Resources/protocol_disability_screening.pdf.

Mapping Community Efforts

Among the work to be done by most counties is a clear and public mapping of each county's various domestic violence response and prevention efforts – whether single efforts, isolated efforts, referral efforts, collaborative efforts, cross-sector collaborative efforts, or otherwise. Knowing all that is going on in one's own county or community and integrating those efforts into a cohesive approach will likely increase the value of any given program.

We have included here examples of statewide mapping and strategic planning processes in Michigan and California (see side boxes). While these collaborative processes took place on the state level, they provide valuable information and could be adapted for use on a community or regional level.

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan.

The recommendations in this report were developed over a year-long process that included the following activities:

1. Convened a leadership team made up of state-level partners.
2. Conducted an in-depth literature review of best practices for preventing violence against women.
3. Conducted a statewide survey of local program efforts to prevent violence against women.
4. Completed a nationwide survey of experts about best practices for preventing violence against women.
5. Formed a statewide violence against women prevention advisory group made up of both state-level partners and local prevention educators.
6. Created recommendations for the primary prevention of violence against women in Michigan.

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan,
Michigan Coalition Against Domestic and Sexual Violence, 2003.
http://www.mcadsv.org/products/sa/MCADSV%20VFP%20booklet.pdf.

Violence Against Women Statewide Prevention Project (VAWSPP)

Coordinated by the Epidemiology and Prevention for Injury Control Branch (EPIC) of the California Department of Health Services, this statewide planning project worked with a multidisciplinary group of stakeholders as partners to identify changes in policy and institutional practice that would prevent all forms of violence against women. EPIC facilitated regional forums, analyzed policy documents, conducted interviews, and developed recommendations for the prevention of violence against women. The results were published in April 2004 in a report, *Statewide Policy Recommendations for the Prevention of Violence Against Women.*

These recommendations currently guide the work of EPIC's Violence Prevention Unit (VPU). VAWSPP has contributed significantly to several new policy initiatives in the past year, including: proposed policies supporting the adoption of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in California; passage of two anti-trafficking bills that contain prevention strategies; a new Violence Against Women with Disabilities prevention initiative within EPIC; and the creation of a new California Violence Against Women Primary Prevention Partnership that is dedicated to establishing new funding sources and program initiatives for primary prevention.

For more information, please contact: Nancy Bagnato, Coordinator, Violence Against Women Statewide Prevention Project, NBagnato@dhs.ca.gov.

Following is a sample questionnaire you could use or adapt when surveying domestic violence-related programs and services within your community.

COUNTY-WIDE MAPPING QUESTIONNAIRE

Instructions: Distribute this form and collect it from any and all organizations and professionals who in some way address the issues of domestic violence response and prevention in your area. Alternatively, you could call each organization and ask these questions over the phone, filling in the form as you go. Once these forms are collected, tabulate and summarize the responses. This will "map" all that is being done to address domestic violence prevention and response in your community. It will allow you to look at what is being done at what levels of prevention (with response being at the secondary and tertiary levels of prevention), and to have an overall picture of your community's approach to domestic violence.

1. ORGANIZATION NAME AND CONTACT INFORMATION

2. IS YOUR ORGANIZATION:
- o Public -- specify a) county or b) city
- o Non-profit
- o Private
- o Other -- explain

3. DO YOU VIEW YOUR ORGANIZATION'S WORK AS DOMESTIC VIOLENCE PREVENTION OR RESPONSE OR BOTH?
- o Prevention of domestic violence
- o Response to domestic violence
- o Both prevention of and response to domestic violence

4. IF YOUR REPLY TO QUESTION #3 IMMEDIATELY ABOVE INCLUDES PREVENTION AND OR PREVENTION AND RESPONSE, PLEASE INDICATE WHAT FORMS OF PREVENTION YOUR ORGANIZATION IS INVOLVED IN:

Efforts to stop the violence before it occurs:
- o Public information (use of media in)
- o Education in the schools
- o Education of adults
- o Other efforst to stop the violence before it occurs (please describe)

Efforts to stop the violence from reoccurring:
- o Shelter programs
- o Rehabilitation programs

- Education for persons who have survived domestic violence
- Programs for persons who have been violent
- Educational programs for persons who have been violent
- Other efforts to prevent further violence (please describe)

5. GENERAL POPULATION SERVED BY YOUR ORGANIZATION

Individuals Served:

- Particular ethnic groups (list)
- Particular age groups (list)
- Particular gender groups (list)
- Homeless
- Other characteristics

Agencies Served:

- Public (list)
- Private (list)
- Other (list)

Other Populations Served:

6. DOMESTIC VIOLENCE POPULATION SERVED BY YOUR ORGANIZATION

Victims of violence

- Women
- Men
- Teens
- Children

Perpetrators of violence

- Women
- Men
- Teens
- Children

Witnesses

- Women
- Men
- Teens
- Children

7. METHODS OF REFERRAL TO YOU

Referrals of individuals to you:

- Direct by individual client
  - Hotline (list number/s)
  - Call-ins (list number/s)
  - Family
  - Other
- Indirect referral of client by agency
  - Law enforcement
  - Court
  - Social services
  - Employer
  - Other (list)

Referrals of agencies to you:

- Agencies contact us
- We are informed of agencies to contact
- Other (explain)

8. HOW DO INDIVIDUALS AND AGENCIES KNOW ABOUT YOU?

- Advertisement in media
  - If yes, specify who arranges and pays for advertisement:
- Mailings
- Other means of letting community know what you do (list)

9. DO YOU HAVE WRITTEN PROCEDURES FOR DEALING WITH DOMESTIC VIOLENCE VICTIMS?

- Yes, our organization wrote these procedures
- Yes, these procedures were given to us by (specify):
- No, we are in the process of developing written procedures
- No, there is not a need for written procedures
- Informal procedures are used

10. TO WHOM/WHAT AGENCIES IF ANY DO YOU REFER DOMESTIC VIOLENCE VICTIMS?

11. TO WHOM/WHAT AGENCIES IF ANY DO YOU REFER CHILDREN OF DOMESTIC VIOLENCE VICTIMS?

12. TO WHOM/WHAT AGENCIES IF ANY DO YOU REFER PERPETRATORS OF DOMESTIC VIOLENCE?

13. DO YOU HAVE WRITTEN PROCEDURES FOR DEALING WITH CHILDREN OF DOMESTIC VIOLENCE VICTIMS?

- o Yes, these procedures were given to us by (specify):
- o No, we are in the process of developing written procedures
- o No, there is not a need for written procedures
- o Informal procedures are used

14. DO YOU HAVE WRITTEN PROCEDURES FOR DEALING WITH PERPETRATORS OF DOMESTIC VIOLENCE?

- o Yes, these procedures were given to us by (specify):
- o No, we are in the process of developing written procedures
- o No, there is not a need for written procedures
- o Informal procedures are used

15. OTHER THAN REFERRAL, WHAT DOES YOUR AGENCY DO TO ASSIST DOMESTIC VIOLENCE VICTIMS?

- o Reporting of victims to (list):
- o Counseling of victims
- o Education of victims
- o Sheltering of victims

16. DO YOU HAVE:

- o Domestic violence screening tools
- o Safety guidelines
- o Lethality assessments

17. IS YOUR AGENCY GOVERNED BY DOMESTIC VIOLENCE REGULATIONS OR POLICIES? IF SO, WHICH ONES? (PLEASE LIST):

4
Basic Cost Terms As Tools

Overview Of This Chapter

Why learn cost terms? In our world of competition for limited resources, simply knowing the names and general uses of cost terms will be helpful for anyone making the case for domestic violence prevention to funders, policy-makers, or other supporters. This chapter introduces basic cost terms as tools for making your case.

Click here for a concise definition of the following terms:

Cost
Cost Estimates
Cost Analysis
Cost-Benefit
Cost-Effectiveness
Cost-Benefit Analysis (CBA)
Cost-Effectiveness Analysis (CEA)

This chapter begins with basic definitions and works into some of the more complex definitions. None of these terms is presented to exclude readers without backgrounds in accounting or finance. On the contrary, we offer these definitions and examples as a form of protection for those seeking support for domestic violence prevention in a dollar-driven world.

You can leave the precise calculations of costs and any dollar-measured benefits to a program evaluator and an accountant; however, these concepts, including their shortcomings and questions, can be key in making a case for a prevention program.

cost ◊ cost estimates ◊ cost analysis ◊ cost-benefit ◊ cost-effectiveness

What Is Cost?

"Cost" is typically the spending (expenditure) of money, energy, resources, or time required to make something happen. The *cost of a prevention program* is usually described in dollars that pay for employee salaries, office rent, supplies, and other things required to make the program happen. These are also called ***inputs.***

A cost is the expenditure of something….

Comparing Direct and Indirect Costs

Ignoring the non-monetary benefits of crime reduction can lead to a misallocation of resources. For example, suppose that an additional year of incarceration for a rape offender would prevent one additional rape incident. Considering only tangible, out-of-pocket costs, the average rape (or attempted rape) costs $5,100 – less than the $15,000 - $20,000 annual cost of a prison cell. The bulk of these expenses are medical and mental health care costs to victims. However, if rape's effect on the victim's quality of life is quantified, the average rape costs $87,000 – many times greater than the cost of prison.

Victim Costs and Consequences: A New Look, by Miller, Cohen, and Wiersema. U.S. Department of Justice, Washington, D.C.: 1996, p. 1.

What Are Direct And Indirect Costs?

However, costs are not so easily defined. Above, we define "cost" as the money and other resources spent on a program. A "cost" can also be the cost of a problem, such as the effect of domestic violence.

Accurately measuring the cost of ALL the numerous and diverse consequences of domestic violence is challenging, if not impossible. On the one hand, there are ***direct costs***. These costs are the actual dollar expenditures that result from acts of domestic violence, such as medical care for victims (emergency department visits, hospitalizations, outpatient clinic visits, services of physicians, dentists, physical therapists, ambulance transport, and paramedic assistance); the actual dollar costs

of involving law enforcement in domestic violence cases; legal costs; and the costs of sheltering victims and incarcerating perpetrators.

On the other hand, there are also ***indirect costs.*** These costs represent the value of something lost as a result of the violence. Lost productivity is an indirect cost, as is lost quality of life.

For example, victims of domestic violence may lose days, months, or years of income. This is lost productivity or loss of some or all of the victim's lifetime earnings.

When the victim of domestic violence is disabled physically, cognitively, and/or emotionally by that violence, there may be long-term losses of income. When the victim of domestic violence is killed by that violence, this loss can be described in economic terms, such as lost lifetime earnings.

> The cost of domestic violence is nearly $67 billion per year, roughly 15% of total U.S. crime costs. Rape is a further $127 billion.
>
> *Victim Costs and Consequences: A New Look,* by Miller, Cohen, and Wiersema. U.S. Department of Justice, Washington, D.C.: 1996.
>
> A Cost-Benefit Analysis of the Violence Against Women Act of 1994, by Clark, Biddle, and Martin
>
> Without measurement of social costs, any cost estimate of domestic violence will be underestimated.
>
> *Measuring the Costs of Domestic Violence Against Women and the Cost-Effectiveness of Interventions,* by Laurence and Spalter-Roth. Washington: Institute for Women's Policy Research. 1996, pp. 29-30.

There are also more subtle forms of indirect costs such as *lost hours* of household chores including caring for one's family, home and well-being. Many indirect costs are difficult to measure and many have not yet been defined.

After all, how can we know TODAY the cost of all of the long range effects of domestic violence? How can we see unforeseen consequences NOW? What will be the indirect costs that surface later? Policy-makers struggle with the demand for funding programs that seek to prevent severe problems whose symptoms are only somewhat

evident and measurable at the present time. *Those making the case for domestic violence prevention programs do well to make this point clear.*

> It is impossible to assess the economic toll of sexual violence. Public and private funds are spent on crisis services, medical treatment, and the criminal justice responses. Work days are lost because of injury and illness. Businesses lose money through employee absences and sexual harassment suits. Victims pay for sexual violence out of their own pockets, and the public pays through provision of services to victims and their significant others. The cost for offenders' incarceration, probation, treatment and other offender services adds to the total cost of sexual assault.
>
> *The Economic Costs of Sexual Assault Fact Sheet*
> Published by the Illinois Coalition Against Sexual Assault and available at:
> http://www.icasa.org/uploads/economic_costs.pdf.

Finally, among the many indirect costs of domestic violence are the ***intangible costs*** to the individual victim and the children of that victim, in terms of long-term mental, physical, and emotional trauma; later loss of life; and reduced or deteriorating quality of life. There are also forms of indirect, intangible, costs to the community and society in general.

For example, businesses have to pay for strengthened security in the workplace; our health care systems become burdened by increasing numbers of victims seeking help; our children are not able to focus in school; our law enforcement system is taxed; our prisons become over-crowded; and there are many other costs.

Costs of Domestic Violence and Intimate Partner Violence (IPV)

An estimated 5.3 million intimate partner violence victimizations occur among U.S. women ages 18 and older each year. This violence results in nearly two million injuries, more than 550,000 of which require medical attention. In addition, IPV victims lose a total of nearly eight million days of paid work – the equivalent of more than 32,000 full-time jobs – and nearly 5.6 million days of household productivity as a result of the violence.

The Prevalence of Domestic Violence in California by Alicia Bugarin, California Research Bureau, California State Library, November 2002, p. 1.

The health-related costs of rape, physical assault, stalking and homicide committed by intimate partners exceed $5.8 billion each year. Of that amount, nearly $4.1 billion are for direct medical and mental health care services, and nearly $1.8 billion are for the indirect costs of lost productivity or wages. The estimated total days lost from employment and household chores is $858.6 million. The value of lost productivity from employment is $727.8 million. The value of lost productivity from household chores is $130.8 million.

Costs of Intimate Partner Violence Against Women in the United States, Centers for Disease Control and Prevention, April 2003.

Costs of Sexual Assault

Rape is most costly of all crimes to its victims. Total costs are estimated to be $127 billion a year in the United States, excluding the costs of child sexual abuse (Miller & Wiersema, 1996).

The cost for each sexual assault is $110,000; because many rape victims are subjected to more than one sexual assault, the cost per rape is estimated to be $87,000. The cost per sexual assault is broken down as follows:

ϖ Short-term medical care	$ 500
ϖ Mental health services	2,400
ϖ Lost productivity	2,200
ϖ Pain and suffering	104,900

The pain and suffering cost is based on these facts:

- ϖ Up to half of all victims suffer from at least one symptom of rape trauma syndrome;
- ϖ Rape victims are four times more likely to have an emotional breakdown than are non victims;
- ϖ 25% to 50% of sexual assault victims are likely to seek mental health services and victims often suffer from lifelong physical manifestations of sexual trauma.
- ϖ Rape and sexual assault account for 9% of the 16 million violent crimes in the U.S.

Economic Costs of Sexual Assault Fact Sheet, by the Illinois Coalition Against Sexual Assault http://www.icasa.org/uploads/economic_costs.pdf.

Certainly, seeing things only in economic terms is not the way we take to heart and truly respond to the effects of a domestic violence-related injury or death. Indeed, one might argue that things like safety and freedom cannot be given a monetary value. There are also dangers in assuming that economic efficiency is the goal, at the expense of other socially desirable goals such as equity or fairness.[14] However, the economic loss is *one* way the effects of domestic violence can be measured and expressed to policy-makers who are explaining their decisions based on dollar costs and benefits to society. For a detailed list of the costs of domestic violence, the costs of society's response to this violence, and who pays for these costs, see **Appendix C: Costs of Domestic Violence.**

The Cost of Domestic Violence

Services

- Criminal justice system (police, prosecution, courts, probation, legal aid);
- Health care (general practitioners, hospitals. Includes physical injuries and mental health care);
- Social services;
- Housing;
- Civil legal (specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentangling of marriages and relationships such as divorce and child custody). About half of civil legal services costs are borne by the public sector and half by the individual.

Economic output loss cost

- This is the cost of time off work due to injuries. It is estimated that around half of the costs of such absences is borne by the employer and half by the individual in lost wages.

Human and emotional cost

- Domestic violence leads to pain and suffering that is not counted in the cost of services. It has become usual to include an estimate for human and emotional costs so that this impact is not ignored in public policy.

Service use cost

- The level of service use is higher among those who are more heavily abused, that is, those who suffer more frequent acts, more severe acts and more serious injuries. This is an important part of the gender asymmetry in service use and costs, since on each dimension of severity of abuse, women are more heavily abused than men.

From *The Cost of Domestic Violence*, by S. Walby. Women and Equality Unit, London, September 2004.

[14] Cohen, Mark A. Measuring the Costs and Benefits of Crime and Justice. *Criminal Justice 2000*, Vol. 4, p. 280.

cost ◊ **cost estimates** ◊ cost analysis ◊ cost-benefit ◊ cost-effectiveness

What Are Cost Estimates?

While it is undeniably challenging to measure the costs of domestic violence, we can nevertheless make educated estimates that can help us make the case for programs working toward its prevention. ***Cost estimates*** can help to a) demonstrate the impact a problem has on society; b) shape the attitudes of people who develop public policy and allocate limited funds; and c) serve as a baseline for the assessment of the benefit or the effectiveness of a violence prevention program, which may, in turn, lead to resource allocation to specific programs.

How to Cost Domestic Violence

There are three main ways to cost domestic violence:

- Surveys that obtain information about prevalence and incidence of domestic violence, often a national random sample survey of violence against women (e.g., Miller et al, 1996);
- Data from service providers as to the overall costs of these services;
- Information as to how many women access which services how frequently as a consequence of domestic violence. This can be obtained through surveys of victims that ask about service use; requesting information from service providers; and/or case study interviews with victims of domestic violence to ascertain how many times they accessed which services.

The Cost of Domestic Violence by S. Walby, Women and Equality Unit, London, September 2004, p. 21.

Domestic violence is often a repeat offense… a pattern of coercive control, and incidents may have a cumulative effect beyond that of individual incidents. Nevertheless, each incident is of consequence. Some of the ways in which costs are identified focus on the number of victims, while others focus on the number of incidents. The prevalence rate is concerned with the percentage of people who have suffered domestic violence, while incidence concerns the number of incidents. This means that the number of incidents will be greater than the number of victims.

The Cost of Domestic Violence by S. Walby, Women and Equality Unit, London, September 2004, p. 27.

For example, it has been estimated that the Violence Against Women Act of 1994 (VAWA-I) saved $14.8 billion in *net averted social costs* (see box below). These costs are cost estimates.

In response to public concern about violence against women in the United States, Congress passed the Violence Against Women Act of 1994 (VAWA-I), which provided $1.6 billion for programs over five years. A cost-benefit analysis estimated the net benefit, using a societal perspective, of VAWA-I in reducing violent criminal victimization of women. Costs included direct property losses, medical and mental health care, police response, victim services, lost productivity, reduced quality of life, and death. Benefits were calculated as averted costs. This analysis found that VAWA-I saved $14.8 billion in net averted social costs, suggesting that VAWA-I is an affordable and beneficial social program. On the individual level, VAWA-I is estimated to cost $15.50 per U.S. woman and would be expected to save $159 per U.S. woman in averted costs of criminal victimization. This suggests that VAWA-I is a fiscally efficient social program.

Tangible and Non-tangible Costs by Type/Category of Criminal Victimization

Description	Fatal Crime	Rape and Sexual Assault	Nonfatal Assault
Tangible costs per U.S. woman (in 1998 $)			
*Productivity	$1,128,809	2,483	3,499
*Medical Care	19,615	602	1,769
*Mental Health Care	5,776	2,647	117
*Police/Fire Services	1,467	42	95
*Social/Victim Services	0	30	52
*Property Loss/Damage	135	113	44
Non-tangible costs per U.S. woman (in 1998 $)			
*Quality of life	$2,156,025	91,885	21,786
Total costs per U.S. woman (in 1998 $)			
	$4,474,501	103,560	32,780

A Cost-Benefit Analysis of the Violence Against Women Act of 1994, Clark, K. et al, *Violence Against Women*, Vol. 8, No. 4, Sage Publications, 2002.

Using a prevalence-based approach, Laurence and Spalter-Roth (1996) outline a formula for determining the annual aggregate costs of domestic violence. For an explanation of this formula, please see: *Economic Costs of Domestic Violence* by L. Laing and N. Bobic, Australian Domestic and Family Violence Clearinghouse UNSW, pp. 36-37. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Economic_costs_of_DV.pdf.

cost ◊ cost estimates ◊ cost analysis ◊ cost-benefit ◊ cost-effectiveness

What Is Cost Analysis?

Most programs and projects have more than one program cost associated with them. There may be the cost of building rental, supplies, staffing, and other costs. The overall cost of a program can be analyzed in terms of the various costs required to implement that program. *This is a cost analysis.*

For example, one might produce a thorough description of the type and amount of resources used to produce a service such as violence prevention education in the local schools. Cost analyses are quite useful when deciding how to allocate (or shift) funds among budget categories within a program, and also for understanding the relationships between costs and outcomes.

Many programs use bookkeeping and accounting services that provide regular – quarterly or monthly – reports. These reports are cost analyses in that they report on the costs at various levels of program operation, from the total cost of the program for the entire time period to the cost of each part of the program each month, week or day. Some cost analysis accountings go into another type of detail, figuring the cost per person served during each time period being analyzed.

This form of analysis allows a program to say something like this:

- For $85,000, we have served 1,000 students in this county with our program's violence prevention education this year, at an average cost of $85 dollars per student served; or
- For $100,000, we have trained 1,000 doctors this year, who together see a total of 400,000 patients a year, to recognize the signs of domestic violence and to know community domestic violence prevention and response resources, at a cost of $100 per doctor trained or $4 per patient; or
- This year, we have produced, tested and distributed a domestic violence prevention video at a cost of $20,000:

    a) We first showed this video to 800 college students. Were we to stop there, this video project would have cost $25 per college student (of the initial 800) shown this video.

    b) However, this showing resulted in these 800 students placing orders for another 368 copies of this video.

    c) We estimate that these 368 copies will be viewed by a minimum of four more students per video ordered this year, totaling 1,472 students.

    d) Adding the first 800 students to the additional 1,472 students, we have a minimum of 2,272 students viewing this video this year.

    e) Dividing the original $20,000 by the total number of students, we find that the (estimated) cost per student viewing this video has dropped from $25 to just under $9!

cost ◊ cost estimates ◊ cost analysis ◊ <u>cost-benefit</u> ◊ cost-effectiveness

What Is Cost-Benefit?

Once a cost analysis profile of a prevention program has been generated, then the cost-benefit and likely even the cost-effectiveness of that program begins to make itself apparent. Again, cost-benefit points to the relationship between program costs and program benefits. To say that a program is generally cost-beneficial is to say that a program has both accomplished its goals (it is an ***effective*** program) and that accomplishing these goals is a good use of that money.

The difference between "effective" and "efficient" is…

"Effective" answers the question: Did you accomplish your goals?
"Efficient" answers the question: Did you use your resources in the best way?

To say that one prevention program is more cost-beneficial than another is to say that for the same cost the general benefits of the program are greater than those of the other program.

cost ◊ cost estimates ◊ cost analysis ◊ cost-benefit ◊ cost-effectiveness

What Is Cost-Effectiveness?

Reducing violence can result in financial savings for communities. According to a 1990 study, there is an estimated savings to society of $67,989 for treating a child molester rather than not. Similarly, the National Research Council reported on a study showing that a sports and recreation program located in a housing project was far less expensive than the previous cost of juvenile criminal behavior. Likewise, community-based juvenile corrections programs were found to be quite effective in reducing recidivism and considerably cost-effective compared to the costs of imprisonment.

What Works in Preventing Rural Violence: Strategies, Risk Factors, and Assessment Tools, Amherst H. Wilder Foundation, 1995, p. 4.

In the case of domestic violence prevention, cost-effectiveness means that the cost of the prevention program to society is less than the cost of the domestic violence to society when that prevention program does not take place.

Cost-effectiveness is basically a more technical form of cost-benefit, although these terms are frequently used interchangeably.

To say that a program is specifically cost-effective is to say that:

a) the program is cost-beneficial;
b) the program has used its resources wisely; **and** also that
c) the specific cost of the program – per unit of service provided -- to a community is less than the specific cost to a community – per capita (per person in that community) -- of the domestic violence that program prevents.

Clearly, the terms cost-benefit and cost-effectiveness overlap. To say that one prevention program is more cost-effective than another is to say that one program produces certain results for less cost than another model, or that Program A produces the desired results at a higher (number served) rate than Program B at the same or lower cost.

We must probe quite deeply to determine the true impact of our programs. For example, simply showing a video about intimate partner violence to over 2,000 college students does not necessarily mean that there has been a change in the students' behavior. We must ask ourselves:

- Does this video project become more cost-beneficial or more cost-effective simply because more students have seen it?
- What if seeing this video made absolutely NO difference in the understanding of – and consequent prevention of – intimate partner violence among these students?
- What if, years later, the rates of intimate partner violence in their partnerships/marriages were the same as these rates for others who had not seen this video?
- What are the *effects* of 2,000 students seeing this video?
- Does viewing this video cause the viewer to change her/his behavior in intimate partner relationships?
- At a rate of nine dollars per student who viewed this video, how much change in current and future behaviors do we want to see to conclude that this project was at least somewhat if not enormously cost-effective?

Again, to say that a prevention program is cost-effective means that that program is **measurably** efficient and effective in accomplishing its prevention-related goals. **These goals must be clear for their outcomes to be measurable.** Because overarching goals such as the prevention – elimination or reduction – of further and/or first time violence are noble but difficult to measure in small program result increments, more specific sub-goals must be named. We cannot emphasize enough that **prevention outcomes need to be specific and measurable** in order to generate useful data to make your case.

For example, we might say that we are showing a certain number of college community members a video about intimate partner violence with the goals of:

1. Changing a majority of the viewers' knowledge/awareness about intimate partner violence; and,
2. Finding that a certain percent of those who watched the video actually "put the information acquired to work" or did something different as a result of seeing the video.

One Way of Putting the Information Acquired to Work

Various methods of measuring the effects or "outcomes" of prevention education have been designed. The following is an example of the way a prevention education program can measure its impact. This example, using the hypothetical location of Oaktown, California, is based on the work of Transforming Communities in San Rafael, California.

"Healthy Partnerships" is a Violence Prevention Education Program in Oaktown, California. The program's goal is to build the community's capacity to prevent violence by replacing attitudes, beliefs and behaviors that perpetuate violence with those that promote safety, justice and equality. One component involves working with middle and high school students:

- Staff and trained volunteers show students skills to identify, prevent, and stop abuse, harassment, and assaults.
- Students are shown the impact of their behaviors on other people.
- Presentations include interactive scenarios and role plays.
- Student participants are asked to begin changing their behaviors from the first presentation.
- Students complete surveys that help them to notice and document the ways in which they responsibly help prevent, avoid and stop abuse.

The degree to which people are "mobilized" to take action is an indication of the value or benefit of a violence prevention education program. Measuring this "putting the information to work" outcome must be done so that data show not only a change in knowledge/awareness but also the use of that new knowledge/awareness. Once this change in knowledge plus this use of new knowledge can be demonstrated, then the program will have measurable benefits to report.

In addition to increasing awareness about relationship violence, Healthy Partnerships has been able to demonstrate that at least 78% of all participants in the prevention education program were "mobilized" – which means that this 78% did something to respond to and/or prevent emotional, verbal and/or physical abuse as a result of the information provided by the prevention education program.

On the following pages, you will find a "Mobilization Analysis Template" that this prevention program used to come up with the conclusion that "at least 78% of all

participants were mobilized." This template can be adapted to your prevention education program and used to measure learning and mobilization outcomes.

Prevention Education Program
Mobilization Analysis Template[15]

One of the most effective forms of prevention is education. Exposure to information and training can result in learning (increases in awareness) that leads to the use of the learning (mobilization) by the participants in the prevention education program. To determine the effectiveness of a prevention education program, the elements of this "mobilization" can be measured according to the following questions:

PREVENTION EDUCATION PROGRAM MOBILIZATION ANALYSIS: Summary Information	
SUBJECTS (SPECIFY TYPE BY AGE OR OTHER CHARACTERISTICS) For example, subjects can be middle and high school aged students who attended program presentations. All subjects who attended this program between (date) and (date) Total = _____	
RANDOM SAMPLE SUBJECTS: Total number of response forms from which this randomly selected sample data of ____ subjects was drawn: ____ Notes: *Respondents are "subjects" here. *A count of "one" here represents at least one instance of a listed response/event after attendance at one or more programs (it is understood that subjects in sample may have a) listed more than one response or b) had responses they chose not to report here. *Suggest use of this pretest data as general baseline for further mobilization analysis.	
RANDOM SAMPLE DATA SUMMARY From among those who attended ___ subjects were randomly selected ___ subjects in sample	

[15] Adapted with permission from *Public Health Education: Mobilization Outcome Analysis and Template*, monograph written by A. Browne-Miller for U.S. Department of Public Health, 1990.

MOBILIZATION ANALYSIS (Check all that apply)	**# SUBJECTS REPORTING THIS TYPE OF MOBILIZATION RESPONSE**
IF NO RESPONSES REPORTED, WRITE "NONE" HERE. IF RESPONSES ARE REPORTED, RECORD THEM BELOW.	
MOBILIZATION LEVEL ONE: SUBJECT'S ATTENDANCE AND EXPOSURE TO INFORMATION IN PROGRAM COURSES	
SUBJECT REPORTS THAT SHE/HE:	
Recognizes this is important information.	
* finds this information is new to him/her.	
* intends to learn more about abuse.	
* has learned a lot.	
* will join the Healthy Partnerships team.	
Intends to share this information on abuse:	
* with peers and youth.	
* with parents.	
* with others (who unspecified).	
Has shared this information:	
* with peers and youth.	
* with parents.	
* with others (who unspecified).	
Other notes/subject states:	
* not important topic.	
* he/she does not need this information.	
* no action taken; does not see why this training is provided.	
* was already acting on this issue before this training.	

MOBILIZATION LEVEL TWO: SUBJECT'S PREVENTION OF ABUSE TO SELF	# SUBJECTS REPORTING THIS TYPE OF MOBILIZATION RESPONSE
Will now respect self more:	
* in general.	
* to prevent abuse by others to self.	
* to prevent abuse by self to self.	
Now intends to take action to protect self.	
Since this training, has stopped abuse of self by others:	
* by peers and youth.	
(emotional).	
(verbal).	
(physical).	
(general – unspecified as to type).	
* parent's abuse of subject	
(emotional).	
(verbal).	
(physical).	
(general – unspecified as to type).	
MOBILIZATION LEVEL THREE: SUBJECT'S PREVENTION OF ABUSE TO OTHERS	
Now intends to take action to protect others.	
Since this training, has stopped abuse of others by others:	
* emotional.	
* verbal.	
* physical.	
* in general.	
* parent's abuse of	
(parent).	
(sibling).	
* sibling's abuse of sibling	
(physical).	
(verbal).	
Since this training, has stopped own abuse of others:	
* emotional.	
* verbal.	

* physical.	
* in general.	
* subject's abuse of parent.	
* subject's abuse of sibling.	
MOBILIZATION LEVEL FOUR: **SUBJECT SEES OTHERS PREVENT ABUSE OR STOP ABUSE** (implied secondary effect of this training being the spread of information)	**# SUBJECTS REPORTING THIS TYPE OF MOBILIZATION RESPONSE**
Now sees others who attended this training prevent or stop abuse:	
* emotional.	
* verbal.	
* physical.	
* abuse between parents.	
* abuse between siblings.	
NOTES ON ALL DATA IN LEVELS 1-4: * Further breakdowns of emotional, verbal and physical abuse into question-response subsets of criticism, harsh words, racism, genderism, homophobia, intimidation, harassment, threats of violence and types of violence has not yet been done but can be.	

Cost-Benefit Analysis and Cost-Effectiveness Analysis:
More Technical Explanations

"If we embrace the cost-effectiveness point of view, we need to also be open to telling the truth about what we're doing that's not cost-effective. We have to be willing to say, 'this wasn't worth it, but we believe these improvements will be worth it.'"

Donna Garske, Executive Director, Marin Abused Women's Services
San Rafael, California, September 23, 2005.

For more information on conducting a technical cost-benefit analysis of a social program, please see: *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual*, by the National Institute on Drug Abuse, available at: http://www.nida.nih.gov/IMPCOST/IMPCOST13.html.

Note: The following section on cost-benefit analysis and cost-effectiveness analysis is for readers seeking more technical information. Readers who are not seeking this technical level may wish to skip to "A Closer Look at Cost Estimation Terms as Tools" (Chapter 5) or to "Why Knowing a Program's Underlying Theory Matters" (Chapter 6).

In this section, we will briefly define and describe Cost-Benefit Analysis (CBA) and Cost-Effectiveness Analysis (CEA) and how they can be applied in the domestic violence prevention field. The CBA and CEA are overlapping yet distinct processes. Honest discussion of cost, cost-effectiveness, and cost-benefit relationships can provide valuable insights into how a program operates and how its operations can be improved to serve more people better for less, with benefits occurring now and in the future. Having an understanding of these terms can also show funders that program managers are **aware of the importance of accountability** – accountability for the way funds are used, what they are used to achieve, and whether these achievements last.

What Is Technical Cost-Benefit Analysis (CBA)?

A technical cost-benefit *analysis* measures both costs and outcomes in monetary terms. Costs and benefits can be compared between programs or contrasted within a single program. Cost-benefit analysis can also discover whether program expenditures are less than, similar to, or greater than program benefits. The time it takes for program benefits to exceed program costs is also measured in some cost-benefit analyses.[16]

Cost-benefit findings can often stand alone. For example, as noted previously in the section on cost estimates, consider the inherent value of finding that VAWA-I is estimated to cost $15.50 per U.S. woman and would be expected to save $159 per U.S. woman in averted costs of criminal victimization.[17]

Some domestic violence prevention programs produce measurable monetary outcomes, such as decreased job absences, decreased health care costs, and decreased costs of apprehending, trying, and incarcerating perpetrators. These cost savings may not occur right away. In fact, some costs may increase in the short-term as more victims of domestic violence seek help. With time, however, social service costs may decrease, whereas victims' income and taxes paid by victims may increase.[18] All of these income increments, tax payments, and cost savings can add up to a considerable total benefit that exceeds the cost of the prevention program several times over.

When both the *dollar* cost of the program and the *dollar* value of the outcome of the program are quantified, this is usually called a *true* cost-benefit analysis. Now the program cost and its effectiveness are both being measured in dollars!!! Yes, a

[16] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual*, National Institute on Drug Abuse, 1999.
[17] A Cost-Benefit Analysis of the Violence Against Women Act of 1994, by Clark, K. et al, *Violence Against Women*, Vol. 8, No. 4, Sage Publications, 2002.
[18] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual*, National Institute on Drug Abuse, 1999.

common metric!!!

What Is Cost-Effectiveness Analysis (CEA)?

The cost-effectiveness analysis compares the costs and outcomes of a program to specific alternatives …

Cost-effectiveness analysis[19] (CEA) still more precisely compares the costs to the effectiveness of a program or intervention to assess whether it is worth doing from the economic perspective. Costs are measured as dollars spent, whereas effectiveness or outcome is measured in other terms such as changes in prevention program participants' knowledge, beliefs, or behaviors.

There is no single standard for "cost-effective." Generally, the term is used loosely as a way of saying that something probably costs less, or is more effective, than something else.[20] Cost-effectiveness indicators vary show variation over time attributable to many factors, not all of which are affected by the program being analyzed. It is easy to find an apparent difference in the cost-effectiveness of different program components or different programs. It is harder to show that the difference is real – for example, that it occurs reliably over months and for most participants in a prevention program and therefore should be used in program management or funding decisions.[21] We explore some of these factors below.

One approach of the CEA is to compare the cost of a program to the cost of a problem it seeks to prevent. Let's look at a hypothetical example, County A's only prevention program, which is centralized, county-wide, and publicly funded:

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[19] The discussion of cost-effectiveness that follows is based upon standard microeconomic theory as applied by a number – far too many to credit here -- of researchers in business and health-related fields including Schoenbaum of the Rand Corporation. The infusion of microeconomic approaches to health policy has been encouraged by a number of federal and state agencies over the past two decades, including the National Institute of Mental Health (NIMH), for whom one of the TC-TAT staff served as a Post Doctoral Fellow in health economics. Such fellows have made a commitment to bring health microeconomic thinking into all their work. We thus also wish to credit the NIMH here.

[20] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual*, National Institute on Drug Abuse, 1999.

[21] Ibid.

COUNTY A's

Estimated Costs of Domestic Violence (DV) to Community the Year Before This DV Prevention Program Was in Operation Include:

Police Department Services	$180,000/year
Hospital Emergency Room	$360,000/year
Court Time	$430,000/year
Jail Time	$650,000/year
Social Services	$490,000/year
TOTAL THIS LIST OF COSTS OF DV TO COMMUNITY = $2,110,000/year	

Average Costs of This Domestic Violence Prevention Program Per Year For First Three Years of Its Operation:

Public Service Announcements	$120,000/year
Public Town-Hall Type Hearings	$180,000/year
Educational Video Production and Distribution	$20,000/year
Other General Program Operation Costs	$230,000/year
TOTAL THIS LIST OF EXPENSES =	$550,000/year

Estimated Costs of DV to Community Two Years After This Program Went Into Operation Include:

Police Department Services	$100,000/year
Hospital Emergency Room	$300,000/year
Court Time	$350,000/year
Jail Time	$550,000/year
Social Services	$340,000/year
TOTAL THIS LIST OF COSTS OF DV TO COMMUNITY = $1,640,000/year	
Estimated Decrease of $ 470,000 in cost to community after one year	

Estimated Costs of DV to Community Three Years After This Program Went Into Operation Include:

Police Department Services	$80,000/year
Hospital Emergency Room	$200,000/year
Court Time	$200,000/year
Jail Time	$350,000/year
Social Services	$240,000/year
TOTAL THIS LIST OF COSTS OF DV TO COMMUNITY = $1,070,000/year	
Estimated Decrease of $ 1,040,000 in cost to community after two years	

Note: Estimated Costs of DV to Community One Year After This Program Went Into Operation are not included here, as there was no significant change from the year before the program went into operation.

At first glance, we see that the estimated costs of domestic violence to this community have *decreased markedly* over the three year period since this program went into operation. We also see that the decrease in this cost was greater after three years. There was little, if any, decrease in cost after only one year of the program's operation. If this program had an effect on the cost of domestic violence to the community, it was a *cumulative effect*, beginning to register only after this program had been in operation for two years, and showing an *increase in effect per year* after it had been in operation for three years. Of course, questions can be asked, such as:

- Was the decline in domestic violence rates in this community actually, all or in part, the result of this prevention program?
- What other programs or incidents happened during this time that may have contributed positively or negatively to these statistics?

Adjusting Program Components For Cost-Effectiveness

The cost- effectiveness analysis can be improved by looking at cost-effectiveness of segments of the overall program…

The overall cost-effectiveness of a program can be adjusted and improved by looking at cost-effectiveness in segments or program components. This means first finding which parts of the program contribute most to effectiveness and then discovering which of those program components have the lowest cost. Sometimes it is possible to ***improve cost-effectiveness by enhancing use of these more effective and less expensive components while decreasing use of less effective and more expensive components.***

For example, let's look at County A's Prevention Program again. Perhaps moving funds from one budget category would be valuable. Perhaps increasing the distribution of the video, reaching more people this way, would increase the effectiveness of this program. Of course, without being certain that the video had the desired (mobilization or other outcome) effect on its viewers, this would not necessarily be more cost-effective.

How can we tell which of our prevention program activities are the most beneficial to the community?

COMPARING TO ALTERNATIVES

The cost-effectiveness analysis (CEA) frequently compares the costs and outcomes of a program to specific alternatives. The use of *comparative CEA* has been well established in some fields. For example, in health care, CEA is "a method used to evaluate the outcomes and costs of interventions designed to improve health."[22] Cost-effectiveness methodologies are being used to help physicians choose which procedure or medication to use, help insurers decide which services to cover, and help employers decide which benefits (and carriers) to offer.

Similar approaches can be used to assist policy-makers to choose which social programs to support, with the approach being to estimate a particular social program's effect on the problem it addresses – and then to compare this estimate to another program's or intervention's effect on the same problem. The risk of using this type of comparison is that proponents of a particular program might use the technique to justify a program they want funded and manipulate the numbers until a positive benefit-cost ratio is achieved. Opponents of a proposal can do the same. It is thus critical that analysts

[22] Schoenbaum, M. et al. *Cost-Effectiveness Analysis: Overview and Methods.* Rand Corporation, 2004.

explicitly characterize their assumptions so that the analysis is transparent. This lends itself to an open process where the issues can be debated on an informed basis.[23]

> "policy-makers – the consumers of benefit-cost analyses – often have little understanding of the methodology and assumptions underlying the analysis. Like any statistical tool, benefit-cost analysis is vulnerable to misapplication through carelessness, inexperience, or deception. The technique is sometimes criticized because it presents an aura of precision and objectivity that might not be justified. The results can be no more precise than the assumptions and valuations that are employed. Thus, it is important that the analyst carefully spell out the assumptions, the basis for those assumptions, the projected benefits, how those benefits are valued, and how alternative assumptions might affect the results."
>
> Measuring the Costs and Benefits of Crime and Justice, by Mark A. Cohen, *Criminal Justice 2000*, Vol. 4, p. 303.

> "When used properly, cost-effectiveness and benefit-cost analyses can be valuable tools that help inform the public policy debate. However, when used improperly, they can become nothing but rhetorical ammunition in an ideological debate."
>
> Measuring the Costs and Benefits of Crime and Justice, by Mark A. Cohen, *Criminal Justice 2000*, Vol. 4, p. 266.

> "We have to be good stewards of the limited resources and funds that are available for violence against women prevention programs. It is critical that we ensure these resources are used in the most effective way to create the impact we want over the long-term."
>
> Nancy Bagnato, Coordinator
> Violence Against Women Statewide Prevention Project
> California Department of Health Services, EPIC Branch, September 23, 2005.

RANKING THE COST-EFFECTIVENESS OF OPTIONS

Ranking the cost-effectiveness of various options requires a *standardization of measures of costs and outcomes*, a process we have yet to develop and implement to a functional level in the domestic violence prevention field. This is because the *measures of the effects of domestic violence, and of the effects of domestic violence prevention, are in many ways far more subtle than more straightforward outcomes* – such as medical or crime prevention outcomes – for example.

[23] Cohen, Mark A. Measuring the Costs and Benefits of Crime and Justice. *Criminal Justice 2000*, Vol. 4, p. 303.

NEED FOR A COMMON METRIC

As Michael Schoenbaum, of the Rand Corporation, in his findings regarding cost-effectiveness writes, "When the same measure of health outcome is used for all interventions, they can be ranked on the basis of their cost-effectiveness ratios. Those with the lowest cost per unit (outcome) are the most efficient ways of improving."[24] Or as the National Institute of Justice has emphasized, a *common metric* is required to make cost comparisons. (See box immediately below.)

> Without a common metric to compare various crimes, it is difficult to assess the merits of criminal justice or victim assistance programs. For example, the aggregate out-of-pocket costs of rape are about **$7.5 billion**, roughly equal to the out-of-pocket costs to burglary victims and less than the approximately **$9 billion** cost to larceny victims. Yet the crimes of burglary and larceny have much less severe psychological effects on victims. When pain, suffering, and lost quality of life are quantified, the cost of rape -- **$127 billion** – dwarfs the estimated costs of either burglary or larceny.
>
> *Victim Costs and Consequences: A New Look*, National Institute of Justice Research Report, U.S. Department of Justice, January 1996, p. 1.

PERSPECTIVE IS RELEVANT

Comparing alternatives according to their cost-effectiveness depends upon perspective….

Comparing alternatives according to their cost-effectiveness depends upon *perspective*. For example, the societal perspective counts *all* costs and outcomes, no matter to whom they accrue. Other more narrow perspectives *ignore* some costs and outcomes, if they are not viewed as being relevant to a particular decision-maker. Narrower approaches to cost-effectiveness analysis (CEA) present the problem of selecting which outcomes are to be measured. (*Note the illustration of the narrow versus general approach below).*

[24] Ibid.

COST RATIOS

Ultimately, in most cost-benefit or cost-effectiveness analysis, there is a cost ***ratio*** calculated, such as in the earlier example which found that the prevention video was viewed by a certain number of students at a cost of $9 per student viewing it. In this case, COSTS ARE DIVIDED BY OUTCOMES this way:

[(total costs/total outcomes)] =
cost/unit outcome

[($20,000/2,272 students view video)] =
$8.80/pre student viewing video
or round the $8.80 to
$9 per student viewing video

Or, when ***dollar-basing*** the benefits as well as the program costs is possible (and this is not always possible), the formula looks like this:

[(total costs/total outcomes)] =
$ cost/unit outcome *in $*

This second formula is desirable because:

Simply stating that a prevention video program achieved student video viewing at $9 per student viewing it says nothing about the value of the viewing. Were there a way to say that for each student who viewed the video, the community was saved an average of $100 in intimate partner violence response costs over the next five years, this would establish a dollar-based cost-benefit ratio.

NOTE:

To calculate the unit outcome in dollars, means to change the "$9 per student viewing video" to the dollar value of having the student view the video . . .Can we prove or even estimate what this will be? Some say yes, and some say no!

Perhaps we can show that for every 100 students who watch this video, the incidence of intimate partner violence is reduced 50% during the five years following the viewing of this video – and that this reduces the cost of this violence from $200,000 to $100,000.

If we reduce this back down to one student, the cost is reduced to 1/100th of that $100,000, or from $2,000 to $1,000.

Therefore in this case we can say that

[($20,000/2,272 students view video)] =
$9/saves $100 in cost of IPV over next five years

Spending $9 to save $100 in essence saves $91.
Cost-effective? Yes.

Of course, these statistics are hypothetical. Also, even were these not hypothetical numbers, there is no absolute guarantee that a finding of a high degree of cost-effectiveness guarantees value, let alone long term value.

VALUE IS SUBJECTIVE

In the end, value is, by nature, at its core, (including the value of a prevention program which may be quite difficult to measure), relatively subjective, and each person making the case for domestic violence prevention will necessarily attach value to her or his prevention program.

> If a strategy is dubbed "cost-effective," it means that the new strategy is a good value. Note that being cost-effective does not mean that the strategy saves money, and just because a strategy saves money doesn't mean that it is cost-effective. Also note that the very notion of cost-effective requires a value judgment – what you think is a good price for an additional outcome, someone else may not.
>
> Primer on Cost-Effectiveness Analysis,
> *Effective Clinical Practice*, American College of Physicians,
> September/October 2000, p. 1.

CHALLENGES IN COMPARING PROGRAMS USING COST-BENEFIT

The general versus the narrow perspective makes a big difference in cost-benefit analysis…

There are various challenges to cost-benefit analysis (CBA). The choices when doing such analysis are complex, and errors in terms of *focus* can easily be made. Comparing alternative programs according to their cost-benefits depends upon the comparative *or evaluative* perspective chosen:

Which benefit outcomes should be measured and compared in order to compare competing programs, and why?

At one end of the cost-benefit approach is a very *general perspective*, and at the other is a very *narrow perspective*. While a general perspective may be more reality-based in terms of its being more reflective of the "larger picture," a *narrower perspective* is more focused and may allow more precisely applicable information to be generated by a cost-benefit analysis:

⇓ narrow cost-benefit approach	⇓◊ general cost-benefit approach
◊	
number of persons in a county who moved out of a domestic violence situation after being educated as to warning signs of domestic violence-related danger at a cost of $104 per person educated by this program this year	change in number of incidents of domestic violence in a state after a state-wide media campaign serving as public education regarding warning signs of domestic violence-related danger at an average cost of $54 per state citizen in one year

There is no best perspective in seeking to know the clearest cost-benefit of a prevention program. However, it is helpful to recognize the risks of looking at the issue too far from one or the other extreme.

GENERAL COST-BENEFIT APPROACHES

The general CBA frequently assumes a very broad, overall, societal perspective, and perhaps rather over ambitiously tries to count *all* measurable costs and *all* measurable outcomes, no matter to what or whom they accrue:

The thinking driving this evaluative approach is: "Society is affected, so measure this – all of it -- no matter what it indicates and no matter how the effect being measured occurred!"

Of course what drives this broad analytic approach is the desire to understand what indeed works for the common good; however, it is easy to get lost looking at the forest and not recognize the trees which compose it.

NARROW COST-BENEFIT APPROACHES

On the other hand, some evaluative approaches are too narrow – overly specific. Hence, some of the more narrow perspectives purposefully ignore -- simply choose not to evaluate, and sometimes just omit -- some costs and outcomes, when these are not seen as

relevant to a particular analysis or decision-maker. The risk is that sometimes what is relevant is not understood to be relevant, and therefore not measured.

Narrower approaches to CBA present the problem of selecting which outcomes are to be measured. On the other hand, narrower approaches to CBA can render a more useful cost-effectiveness analysis in that the focus is upon a perhaps more precisely measurable linkage between program activities and program outcomes.

COMPARING PROGRAMS BY COST-BENEFIT

> It's important to note that if two options have identical effects but differing costs, the choice is simple. Unfortunately, few policy alternatives are so easily compared. In a more realistic case where a new policy reduces crime at some additional expense (or increases crime at a savings), one of the key questions is whether the reduced (increased) crime is worth its cost. Only by monetizing the cost of criminal victimization can one begin to answer that question.
>
> Measuring the Costs and Benefits of Crime and Justice, by Mark A. Cohen, *Criminal Justice 2000*, Vol. 4, p. 271.

Basically, all CEA, and its subset, CBA, intends to look at the cost of a program, and of its components, and then at the program's outcomes in terms of benefits or lack of benefits. Reviewing a single program in this way is already conducting a cost-effectiveness analysis, *while comparing two programs is a comparative CEA/CBA,* as seen in the following illustration:

Cost of Program #1	**Benefit of Program #1**
$250,000 that year	**the domestic violence rate among families served reduces by 20% that year which can be given an economic value ($12,500 for each 1% reduction)**
Cost of Program #2	**Benefit of Program #2**
$350,000 that year	**the domestic violence rate among families served reduces by 50% that year which can be given an economic value ($7,000 for each 1% reduction)**

Two or more programs which intend to have the same outcomes can be compared, looking at the difference in costs of these programs and the differences in their outcomes.

Which of the above two programs is more cost-effective according to these measures? **PROGRAM #2.***

***Each dollar spent relates to the cost of 1% reduction in domestic violence.**

Please see the *Making the Case* Worksheet in Chapter 8 for a step-by-step process to determine the benefit of your prevention program.

RECOMMENDING PROGRAMS OR PROGRAM COMPONENTS BASED ON COSTS AND OUTCOMES

The following chart and description are excerpted from Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual*, National Institute on Drug Abuse, 1999, available at: www.drugabuse.gov/IMPCOST/IMPCOSTIndex.html.

Sometimes cost-outcome analysis is simple. If the question is "Which of these two programs should be funded?" a quick decision may be possible. If, for example, Program A has much better outcomes than Program B, and Program A clearly costs much less than Program B, the decision is clear-cut. Program A is more effective or more beneficial (or both) and is less costly. The following table presents (a) the ways in which two programs can differ or be similar to each other in outcomes and costs and (b) the cost-outcome decisions that result.

This table is called a Fishman table in honor of the researcher who first applied this table to cost-outcome analysis.

Cost	Outcomes		
	A has better outcomes than B	**A and B have similar outcomes**	**A has worse outcomes than B**
A has lower costs than B	Choose A	Choose A	Uncertain
A and B have similar costs	Choose A	Choose either	Choose B
A has higher costs than B	Uncertain	Choose B	Choose B

However, the simple phrases "Program A costs less than Program B" and "Program A has better outcomes than Program B" hide a dilemma: How does one decide when one program costs less than another, or when one program has better outcomes than another? Once adjustments have been made for differences in the number of people reached in competing programs, statistical analyses can answer the question of whether a difference in costs or outcomes is real and not just due to chance variations in the cost or outcome numbers that were generated by the competing programs. Statistical tests do not, however, answer how big or how important a difference is. Statistical tests tell whether an apparent difference is not just due to chance. The size of a difference can be described with average costs and other numbers. The importance of a difference is a judgment that can be made by surveying community and patient representatives. The Fishman table also illustrates another problem with simple comparisons of outcomes and costs. Even if there are only two programs, a Fishman table does not indicate which decision is correct if Program A has better outcomes than Program B.

TIME IS A FACTOR

Time is also a factor in this analysis: how long into the future, how much time after the program being evaluated for its effectiveness concludes is allowed into the calculation of its cost-benefit or cost-effectiveness? How short are short-term outcomes and how long are long-term outcomes?

Does an outcome far into the future have the same value as the same outcome would in the present, now? Is something good happening NOW better NOW than something good happening much later?

Or in other words: Does an outcome far into the future have the same value as the same outcome would in the present time? And if we do find the future benefits of a current prevention program worth measuring, who will fund the measurement of the long-term outcome and who will take these measurements?

For example, a prevention education program is spending $300,000 to directly reach at least 10,000 persons. Each of these people is in a position to reach several hundred other people, who will each reach other people, and so on in a "ripple effect" of information-sharing. Measuring the number of people reached the first year, or during the three years this program is funded, does not measure the long-range impact of this program, and therefore does not provide the full information for totally accurate cost-benefit analysis. Without the capacity to do long-range outcome measuring, and without being able to isolate the effects of a prevention program from other effects which may also have similar outcomes, we cannot measure the full outcome.

IDENTIFICATION OF CAUSALITY

All sound CEA and CBA involves the identification of what is called "causality." Causality is the linking of a cause and its effect, or in the case of cost-effectiveness and benefit analysis, the program and its cost-effectiveness or benefit. When speaking in terms of the cost-effectiveness of a program, causality is always involved. (See Chapter 6 on the importance of understanding a program's underlying theory of cause when making the case for that program's cost-benefit.)

Unless the specific effects being measured are **clearly the result** of the specific program being analyzed for its cost-effectiveness, then the effects may not be seen as relevant to the evaluation of that program. **The effects or benefits may even be mistaken for or confused with the effects or benefits of another program.**

Say for example that a media program to prevent new cases of domestic violence begins at the same time another new program is initiated in the same community, this one requiring all people who are seeking a marriage license to take a domestic violence information class. If the rate of new cases of domestic violence drops, it may be difficult to attribute this wonderful development to one specific program. Funders may thus decide that one or the other of these programs is no longer necessary. Refer again to Chapter 3 on the definition of prevention as being systemic. Here is where the case for both programs, as part of an "integrated community effort" to prevent domestic violence, may be made.

5
A Closer Look at Cost Estimation Terms as Tools

With an estimated economic cost of $5.8 billion, and the untold intangible costs, intimate partner violence against women is a substantial public health problem that must be addressed.

Costs of Intimate Partner Violence Against Women in the United States.
Department of Health and Human Services,
Centers for Disease Control and Prevention (CDC),
National Center for Injury Prevention and Control (NCIPC). Atlanta, Georgia, 2003. p. 48.

Overview Of This Chapter

This chapter provides a more in-depth look at terms and methods for estimating the cost-effectiveness and cost-benefit of prevention programs. While some cost estimation terms may appear obvious (such as "initial investment"), others may sound somewhat counterintuitive (such as the "decreasing value of the delayed benefit"). This chapter will continue to explore these concepts. Being well-versed in these terms will demonstrate that you understand the importance of costs and benefits – and may even help you educate policy-makers or funders who are not familiar with the cost-benefit or cost-effectiveness approach.

INITIAL INVESTMENT

The cost of a program, in this case a prevention program, is described as the initial program cost or what is also called the *initial investment*.

NET BENEFIT

The difference between the initial cost of a program and its benefit is the *net* benefit. To calculate the net benefit of a program, subtract the costs of a program from its benefits, both being measured in dollars.

EXAMPLE:

- A new premarital domestic violence education program for people who have just applied for a marriage license costs $150,000 its first year.
- The domestic violence rate among people married one year or less who participated in this premarital education now drops, thereby saving the community $300,000 in costs of services responding to domestic violence among that newlywed population.
- The apparent benefit of that program is $300,000 for that year.
- Subtract program cost of $150,000 from benefit of $300,000.
- Now we can say that the net benefit of that prevention program is $150,000 that year.

On the other hand, when program costs exceed program benefits, the net benefit of the program would be a negative number. Using the above example, if program costs had been $400,000 and the benefit had still been $300,000, then the costs would have exceeded the benefits by $100,000.

RATIO OF BENEFITS TO COSTS

When we divide the benefit of that program by the cost of that program, we get a ratio of benefits to costs.

Using the example above, when we divide the $300,000 benefit by the $150,000 costs, we get a cost-benefit ratio of two to one (2:1). ($300,000 divided by $150,000 = 2.) This ratio indicates the benefit of the costs of the prevention program.

DIFFERENCES IN INITIAL INVESTMENT

The benefit of the costs of the prevention program may be increased by a change in the initial investment.

For example, if the initial investment in certain essential aspects of the prevention program were increased, then the benefits could also increase. On the other hand, were the prevention program inefficient in certain areas of its program expenses, and this inefficiency were corrected, thereby allowing for a reduction in the initial investment, the benefits would also increase.

It is important to keep in mind that putting more money into a program, making a higher initial investment, is not always a guarantee of a greater cost-benefit.

The Value of a Collaborative Model

The *No Way!* Curriculum (cost $2,730) from Lake County, California, is provided through partners as an integrated community response. Using a Training of Trainers models is more cost-effective than training organizations individually. For instance, the domestic violence service provider (SLCS) will provide two 2-hour sessions monthly for a total of twenty-four participants. This equals 48 hours of received instruction monthly with a yield of 576 hours of instruction annually and a cost of $4.74 per hour.

Currently, the Lake County Domestic Violence Prevention Council is preparing to have seven other agencies join our facilitating agency. Each is committed to one 2-hour session monthly; seven sessions to twelve participants for a total of 168 hours of instruction per month x 12 = 2,106 hours annually. But by using the collaborative model, the *No Way!* Curriculum will provide 2,592 hours of instruction at a cost of $1.05 per hour versus the cost of $4.74 per hour for the single (SLCS) community response of 576 hours. The adjusted offset cost-effectiveness ratio for the curriculum use is $1:00:$4.51.

Now, if we also factor in the benefit of having seven facilitators also volunteer their locations, we would have an increased value to space due to collaboration of 7 x $50 per location = $350 for all sites x 12 months = $4,200 versus $600 ($50 x 12 months) for just one agency. The adjusted cost-effectiveness ratio for space is $1:$14.

Finally, if we also factor in the benefit of having seven additional presenters providing two hours plus preparation and travel time = 4 hours x $15 per hour x 7 per month = $420 per month x 12 months = $5,040 versus $720. The adjusted cost-effectiveness ratio for presenters is $1:$14 as well.

Overall, this is a cost-effectiveness of $1:$6.17. That is truly leveraging cost and benefit of collaboration with eight collaborators.

For more information, contact Rae Eby-Carl, Deputy Director, Lake Family Resource Center (formerly Sutter Lakeside Community Services) at: EbyCarR@sutterhealth.org.

TIME AS A FACTOR IN THE REALIZATION OF BENEFITS

There is another important concept relevant here. This is the concept that some of a program's effects are seen immediately, while other effects of that program appear over time. Time becomes an important factor in measuring the benefit of any social program, especially a prevention program. Short-term effects can be measured almost immediately, while mid and long-term effects cannot. Indeed, it takes time to realize many of the key effects of a prevention program.

A public education program provided the first quarter of one year may show some effects immediately, however those effects may increase or decrease over the next several months.

DECREASING VALUE OF BENEFITS

Sometimes program benefits actually equal program costs, rendering what those focused on dollars might call *a net benefit of zero*. This zero benefit may be actual or may be the result of measuring a program's effects in the short-term only.

Quite often there are long-term benefits to a prevention program, some taking place well into the future. *But saving a dollar today means more today than saving a dollar in ten years means today.*

Let's say that the cost of that program will occur in its early stages, even in its first year, while its benefits could be taking place over a period of years including years past the termination of that particular program. These long, long-term benefits, appearing well after the program's costs generating them have taken place, are described as "delayed benefits" or "decreasing value of benefits."

When cost-benefit analysis estimates these delayed benefits, the value of these delayed benefits is decreased to adjust for the delay. Again, saving a dollar today means more today than saving a dollar in ten years means today.

PRESENT VALUE OF BENEFITS

We again emphasize this concept: When cost-benefit analysis estimates these delayed benefits, the value of these delayed benefits is decreased to adjust for the delay. This unusual perspective is actually quite typical in microeconomic analysis and is, more and more, being applied to the cost-benefit analysis of social programs, including prevention programs.

The "decreasing value" of the benefits appearing in the future can be given a "present value" of those benefits, a value which is reduced or diminished because *the value of something far into the future is not a value being experienced in the now*.

The so-called present value of a benefit, or positive outcome, realized well into the future, is today's value of a long-term, future, outcome.

Does this mean that a short-term outcome is truly worth more today than a long-term outcome or simply that the short-term outcome is more measurable today, and more measurable in today's values?

Of course, the answer is:

the short-term outcome is more measurable today, and more measurable in today's values.

This is an important issue, one which we must keep in mind while making the case for programs and projects. Note that:

1. Any program that shows a short term positive outcome is likely to be viewed as better than something which does not.
2. A program that shows a positive short term outcome, but can also be expected to have positive long term effects, is viewed as yet more effective. Demonstrating positive long term outcome expectations can be done by providing research findings, as well data from other older and similar programs.

Yet, keep in mind:

3. Certainly, while short term outcomes, when positive, can be demonstrated, and long term outcomes may be far enough into the future that they may not be measured at all, the case for programs with desirable short term outcomes is not the only case to be made.
4. Long term outcomes are difficult to measure or prove, especially as being the direct result of any one particular program.
5. Also, funding for long term, or longitudinal, studies is often not available.

6. Additionally, evaluation technologies are not at their best in effectively proving the long term outcome of a particular program or project.

Valuing Outcome Is A Challenge

The cost tools in this Manual help place value on a prevention program, yet prevention of violence against intimate partners is a long-term process that deals with multiple factors at every point in the process. We always want to keep in mind and make clear: the results of a prevention program are difficult to measure, as the outcomes are complex and they occur in both the near- and the long-terms.

> It is predicted that domestic violence could be reduced by as much as 75% if identification and intervention were offered routinely in medical settings.
>
> McFarlane J, Soeken K. Campbell J, Parker B, Reel S,, Silva C. Severity of Abuse to Pregnant Women and Associated Gun Access of the Perpetrator. *Public Health Nursing*. 1998; 15:201-206. Cited in: Help Network: Mobilizing the Health Community to Prevent Gun Death and Injury. *Guns and Domestic Violence Fact Sheet*, 2006.

> "If I'm getting consistent answers on surveys or in interviews that show me that the people who have attended the training either see the red flags earlier, get out earlier, are not tolerant of violent relationships or don't get involved at all in violent relationships, I'm able to show that participants have the knowledge and skills to know what to do in their own relationships and act as role models in the community. On a very concrete level, the police recently added a checkbox to track incidences of same-sex IPV and that was really exciting because of the specific target populations. These data will give us an opportunity to check back to see if there was any change in incidents of same-sex IPV reported to the police. Still, it's difficult to measure the impact that we're having on an overall societal level since there are so many factors involved."
>
> Delena Couchman, Prevention Program Coordinator
> Los Angeles Gay & Lesbian Center, Los Angeles, California. September 23, 2005.

This makes it all the more important for us to have baseline measures of the knowledge, behaviors or policies we are attempting to change, and to use unchanging mechanisms (such as surveys) to track changes. To emphasize this, we have charted a comparison between simple and complex outcomes in both the short-term and long-term:

Prevention Outcome in County "A"	**Short-term Outcome**	**Long-term Outcome**
Measurability Simple	Annual Incidence (in # per capita in the area where the program is operating) of injury resulting from domestic violence drops. For example: In 2002, there were 4,783 incidences of domestic violence injury reported at the three county hospitals. With a population of 100,000, this represents 4.8% of the population. In 2003, there were 1310 incidences, representing 1.3% of the population. This is a decrease of 3.5%	Decade Long Incidence (in # per capita in the area where the program has operated) of injury resulting from domestic violence drops. For example: From 1993 to 2003, domestic injury incidences resulting from domestic violence decreased from 5.9% to 1.3%
Measurability Complex	In the year following the start of a prevention program, people's (in the area where the program is operating) understandings of Domestic Violence improve. For example: A community survey conducted in 2002 in County A showed that 36% of respondents could identify domestic violence characteristics. The same survey in 2003 showed that 52% of respondents could identify domestic violence characteristics.	In the decade following a prevention program, people's (in the area where the program operated) understandings of Domestic Violence improve. For example: A community survey conducted in 1993 in County A showed that only 12% of respondents could identify domestic violence characteristics. The same survey in 2003 showed that 52% of respondents could identify domestic violence characteristics, representing an increase of 40%.

In the end, we must acknowledge that most outcome and benefit measures, no matter how refined, only estimate the whole picture. This is where understanding the theory

which drives your prevention program is quite important – a subject we will explore in the next chapter.

6
Why Knowing A Program's Underlying Theory Matters

"Too often, evaluation is an afterthought or completed only as a funding requirement. The results of evaluation, however, are most important for those involved in the work—community members and staff working on the campaign. We have found in our program that when we take the time to evaluate the results of different aspect of our program together that it provides us with direction and encourages innovation. Furthermore, we are more informed and can speak confidently with policy-makers, have real input into how local programs and services are developed and can actually make a difference in reducing domestic and dating violence in our community."

Debbie Arthur, City of Berkeley Public Health Department,
Domestic Violence Prevention Program
Quoted in *Evaluation Handbook for Community Mobilization: Evaluating Domestic Violence Activism*.
Marin Abused Women's Services. San Rafael, CA, 2000.

How do you measure the impact of planting or watering a seed?

"In prevention work, we are planting and watering seeds of change – we are trying to change people's knowledge and behaviors related to the acceptability of domestic violence. Every action we take has an impact. When making the case for our prevention work, we need to demonstrate that all of these prevention-oriented actions, including those of our program as well as other events in the community, when seen as a whole, combine to create the desired outcome – a reduction in the number and severity of domestic violence incidents. While we can't always take credit for directly reducing domestic violence, we can show through our explanation of underlying causes and theories that our prevention work contributed to these reductions."

Lisa Hoffman, Domestic Violence Prevention Advocate
Oakland, California.

Overview Of This Chapter

This chapter explains why understanding the root causes of domestic violence is critical to designing an effective prevention program and introduces the concept of a "theory of change" that describes why a prevention program's efforts will lead to specific outcomes. At the end of the chapter, there are worksheets to help you think through your prevention program's theory or approach.

What Is "Theory" And Why Is It Important?

Why is having a theory critical to measuring and communicating the benefit of your prevention program?

In order to be able to show the value of a prevention program in a measurable way, most domestic violence programs engage in (or contract with an evaluator to engage in) some form of evaluation – often because it is required by funders or other stakeholders.

Most people familiar with the domestic violence prevention field understand the basic evaluation of direct services such as domestic violence shelters, where evaluation might count the number served by the number of beds used, assess resident satisfaction, or compare service accessibility to that of other shelters. By contrast, evaluation of an effort to *prevent* the recurrence of domestic violence, or even better, to prevent it before it even occurs, is more complicated. Measuring changes in a community's knowledge regarding domestic violence, its changed social norms, and changed standards of acceptable behaviors as a result of prevention is a challenge. After all, how can we say for certain that A has led to B? How can we know that a prevention program (or any program for that matter) is the cause of a specific change? A multitude of unrelated factors may be affecting what may be seen as the outcome.[25]

[25] Browne-Miller and Wildavsky, *Implementation*, op. cit.

Theory allows a local community-based prevention program to show its contribution to the larger effort.

A "theory" is a structured understanding of the causes, the chains of causes, and the effects of a problem, with some evidence that this understanding is a correct one. Theory can also provide a way to demonstrate more effectively how a program contributes to a specific outcome. Our "theory" is a statement of our well-thought-through ideas and concepts related to our prevention work. Having a clear theory will create both a stronger program design and more effective outcome measurement.

The following example provides an illustration of why having a theory of cause (the problem) as well as a theory of change (the solution) is important both to program design and program outcome measures:

A 15-year-old girl was raped at a post-prom party by three 18-year-old males. The victim knew her assailants, and both the victim and the perpetrators had been drinking. Here are three examples of how different theories (or analyses) of why rape occurs among teens can lead to different actions, all aimed toward the same desired change, preventing rape:

> ***Theory of Cause:*** Girls are raped at parties because boys and men can't control themselves, especially if they are drunk.
> ***Solution:*** Keep the sexes separated, by force if necessary, to protect girls from rape. Keep kids away from alcohol. Help girls understand that it is *their* responsibility to stay away from parties where there is alcohol.
>
> ***Theory of Cause:*** Boys rape because they believe they can get away with it, as long as they can justify it or blame her (e.g., she's drunk, she's a flirt).
> ***Solution:*** Public condemnation and punishment to hold boys accountable, regardless of the circumstances. Educate young boys that "no means no," and that girls' behavior is not an invitation to rape them.
>
> ***Theory of Cause:*** Neither boys nor girls call it "rape" if alcohol or a dating relationship is present in the situation. If they recognized it as rape, that alone would deter most boys. It would also encourage girls to help protect one another and boys to challenge their male peers' behaviors.
> ***Solution:*** Awareness campaign for youth to change perceptions of relationship violence, acquaintance rape, and what boys and girls can do to prevent them.

While one would certainly want to obtain more information about this and other rape cases before articulating a theory, this example highlights the direct correlation between *why* we believe something happens and *what* we will do to prevent it.

Excerpted from: *Evaluation Handbook for Community Mobilization: Evaluating Domestic Violence Activism*. Transforming Communities: Technical Assistance, Training and Resource Center (TC-TAT). San Rafael, CA. 2000. Available at: www.transformcommunities.org.

Demonstrating The Impact of A Prevention Program

How can we show that our small prevention program contributes to a reduction in the huge problem of domestic violence?

"A theory of change shows the pathway of an initiative by making explicit both the outcomes of an initiative (early, intermediate and longer term) and the action strategies that will lead to the achievement of these outcomes. The quality of a theory of change is judged by four explicit criteria: how plausible, doable, testable, and meaningful the theory of change is."

Connell and Klem, *Journal of Educational and Psychological Consultation*, 11(1), 93-120, Lawrence Erlbaum Associates, Inc., 2000.

All too often, we are unable to show the impact of a prevention program or effort on the overall problem of domestic violence. What is possible, however, is to show the impact of a prevention program or effort on a specific piece of the overall picture or larger problem.

Any one domestic violence prevention program can contribute to the prevention of all domestic violence by focusing on one piece of the job in one specific location. A prevention program seeking to show it is effective must link its specific work to the theory that drives the overall approach – in other words: what impact you are trying to have here and why you think that what you are doing will lead to that desired change here. This requires some research and thinking.

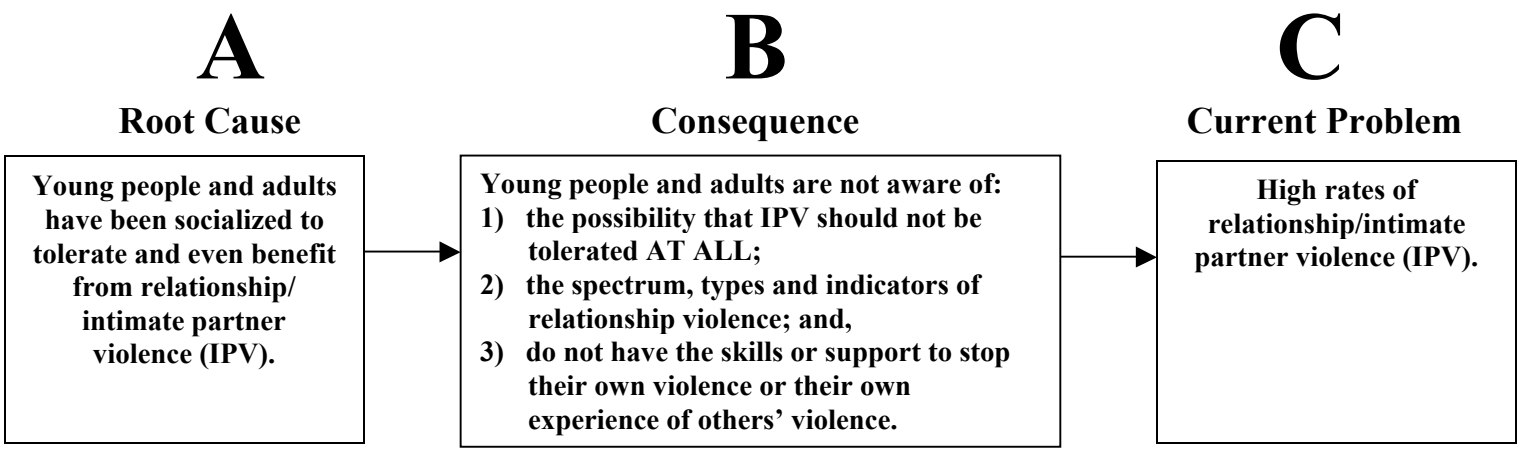
"We often forget to include short-term or intermediate outcomes. People say, well it's really great what you're doing, but you said you were going to reduce teen pregnancy by 50%. You didn't say you were going to build and sustain a group of dedicated individuals that understands your theory of change and the different roles of partners in the community and is committed to a long-term process. So it's important to get consensus on what the steps are that need to take place at each stage of the process, then really own and value those short and intermediate outcomes."

Susan Thompson
Community Development Manager
Lake Family Resource Center
September 23, 2005.

Below is an outline of this thinking and worksheets to develop a basic theory of cause and basic theory of change. This thinking can be applied to any prevention program.

First, Describe Your Theory of Cause

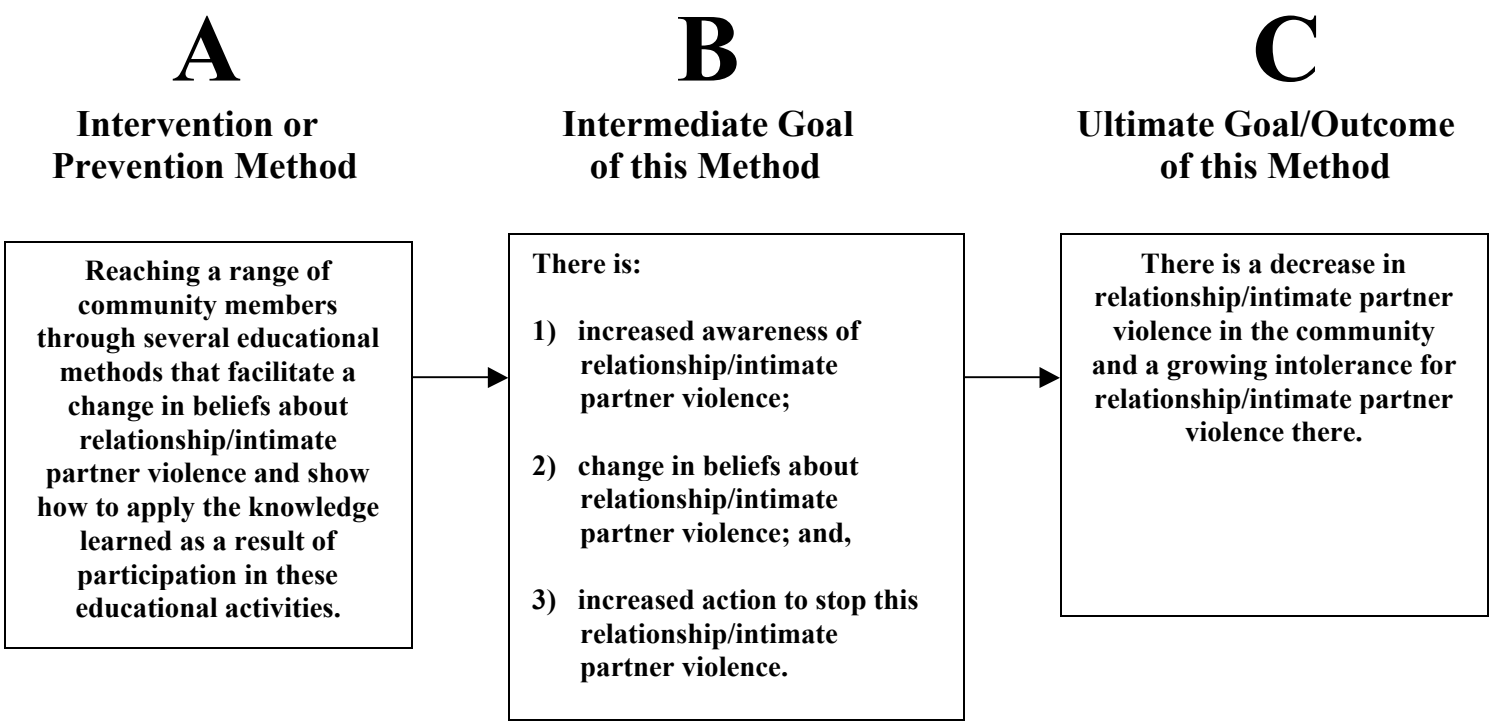
A theory can be used to describe the root cause of a problem. It can help you say: this is the basic problem and this is what has led to this problem, factor by factor. Remember that there is a direct correlation between *why* you believe domestic violence happens (the problem) and *what* you will do to prevent it (the solution).



Because our theory of cause says that not knowing about intimate partner violence or how to change this violent behavior leads to IPV, our prevention program will necessarily aim to provide that information as well as to increase people's ability to apply the information learned.

Next, Determine Your Theory of Change

A "Theory of Change" can help you say: this is our ultimate goal or intended outcome, and this is the way, step by step, to reach that goal. Having a clear understanding of what activities will logically lead to your ultimate outcome helps make your program design stronger.



Finally, Find Published Research That Supports Your Theories

When describing and seeking support for your program, it can be helpful to support your overall theory of change with a description of your assumptions or guiding principles, as well as research that supports your program's approach.

Preventing domestic violence requires identifying the root causes of the violence, addressing those causes, measuring the effects of the prevention effort and feeding the knowledge gained from that analysis back into the prevention effort. These tasks are not easily accomplished, especially as there are many different viewpoints regarding the causes of domestic violence. As you think through what you believe causes domestic and intimate partner violence, you might want to review professional literature related to the work you are doing to find out what others believe contributes to this violence as well as what others believe can contribute to individual and social-level behavioral change. Following are just several of many theories or approaches to these questions that have been previously published and could thus support your case.

Theories Related to the Causes of Domestic Violence

What Are The Risk Factors For Intimate Partner Violence?

Many factors have been linked to a man's risk of physically assaulting an intimate partner, including:

- Young age
- Low income
- Low academic achievement
- Involvement in aggressive or delinquent behavior as an adolescent.

A history of violence in the male partner's family (particularly having seen his own mother beaten or having experienced violence as a child) and growing up in an impoverished family are also important factors related to perpetrating partner violence.

Many studies find excessive alcohol use to be strongly associated with perpetrating partner violence, though there is debate as to whether heavy drinking causes men to be violent or whether it is used to excuse violent behavior.

Certain personality factors – including insecurity, low self-esteem, depression and aggressive or antisocial personality disorders – are linked to partner violence, as are factors such as discord or conflict in the marital relationship.

Women are particularly vulnerable to abuse by their partners in societies where there are marked inequalities between men and women, rigid gender roles, cultural norms that support a man's right to inflict violence on his intimate partner, and weak sanctions against such behavior.

World Health Organization, 2002. For more information, please visit: http://www.who.int/violence_injury_prevention.

Gender-Based Theories of Violence Against Women

The violence against women approach focuses on the belief system prevalent in relationships between women and men, wherein the male believes he is entitled to be superior to women. Thus, he is willing to control and coerce the female by a variety of means, including violence, in order to maintain that authority. This gender role belief system may be present in same-sex relationships as well. The gender-based analysis holds the perpetrators accountable for stopping their own violent behaviors. Moreover, it recognizes the ways in which women are undervalued and have been conditioned via the female role belief system to believe in their own inferiority in relationship to men. The gender-based violence against women theory emphasizes the importance of educating women and men as to the dangers and limitations of gender role conditioning and the supporting belief systems specific to those roles. The violence against women perspective connects all forms of male violence against women—such as child sexual abuse, rape, sexual harassment, workplace violence, beatings, and homicide— across the age spectrum of women's lives. It also acknowledges a connection between male violence against women and other forms of domination based on race, sexual orientation, class, and other social constructs.

Excerpted from Garske, Donna. Transforming the Culture: Creating Safety and Justice for Women and Girls. *Preventing Violence in America.* (R. Hampton, P. Jenkins, & T. Gullotta, editors). Thousands Oaks, CA: Sage Publication, 1996.

Theories Related to Individual and Social Change

What Helps Individuals to Change Their Behavior? Social Cognitive Theory

Social learning theory, later renamed social cognitive theory, proposes that behavior change is affected by environmental influences, personal factors, and attributes of the behavior itself. A central tenet of social cognitive theory is the concept of self-efficacy. A person must believe in his or her capability to perform the behavior (i.e., the person must possess self-efficacy) and must perceive an incentive to do so (i.e., the person's positive expectations from performing the behavior must outweigh the negative expectations). Additionally, a person must value the outcomes or consequences that he or she believes will occur as a result of performing a specific behavior or action. Outcomes may be classified as having immediate benefits (e.g., feeling energized following physical activity) or long-term benefits (e.g., experiencing improvements in cardiovascular health as a result of physical activity). But because these expected outcomes are filtered through a person's expectations or perceptions of being able to perform the behavior in the first place, self-efficacy is believed to be the single most important characteristic that determines a person's behavior change. Self-efficacy can be increased in several ways, among them by providing clear instructions, providing the opportunity for skill development or training, and modeling the desired behavior. To be effective, models must evoke trust, admiration, and respect from the observer; models must not, however, appear to represent a level of behavior that the observer is unable to visualize attaining.

From the *US Surgeon General's Report on Physical Activity and Health*, Chapter 6. Cited on Jim Grizzell's website: http://www.csupomona.edu/~jvgrizzell/best_practices/bctheory.html.

What Leads to Social Change? Coordination of Services Approaches

- Coordinated and highly publicized community-wide events are recommended for making a lasting impression and raising awareness within a community. Use AIDS and MADD (Mothers Against Drunk Driving) campaigns as examples (e.g. AIDS rides, court monitoring) (Klein et al., 1997).
- Look to other prevention efforts that have used the public health approach successfully (e.g. California Tobacco Control Initiative, MADD). The success of such programs has been credited to their comprehensive approaches (Chekal and Sorenson, 1998). For example, tobacco use in California was targeted using all of the following strategies in a coordinated manner: assistance to local agencies; statewide media campaign; competitive grants that targeted fostering prevention and organizing in ethnic minority communities; school education programs; medical care programs; tobacco tax.
- Corporate investment is a good way to get community-wide involvement and raise awareness (e.g. Marshall's Domestic Peace Prize) (Klein et al., 1997).
- Traditional coordinated community responses (CCRs) need to expand beyond the justice system to other community agencies, including health care providers, child protective services, clergy and community-based providers… By being more inclusive of the variety of agencies that come into contact with persons experiencing abuse, early intervention is more likely and CCRs become more prevention oriented (Clark et al., 1996).

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan,
Michigan Coalition Against Domestic and Sexual Violence, p. 35.

What Prevention Activities Work Best in Communities of Color?

- Efforts targeting communities of color need to be developed within a context of developing community institutions and support systems, public consciousness raising, and education. Efforts need to be designed with an intimate knowledge of the local community/culture and the underlying factors related to abuse (Klein et al., 1997:85).
- By focusing on traditional values of family and community and challenging values that perpetuate and condone partner violence, programs can avoid putting forward one issue at the expense of another (e.g. women's issues over race issues) and instead address their intersection (Klein et al., 1997: 86).
- Church and community leaders are considered to be in an ideal position to provide support as well as to change social norms regarding violence (Hyman et al., 2000)
- Efforts to prevent and reduce the occurrence of domestic violence among African Americans must occur within the context of a comprehensive prevention agenda that is culturally sensitive and competent (Oliver, 2000: 546).
- Recast popular black culture (e.g. hip-hop, black radio, gospel plays or musicals) in interventions to help the community claim ownership of domestic violence as a significant social problem in the African American community (Oliver, 2002).

Excerpted from *A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan*, Michigan Coalition Against Domestic and Sexual Violence, pp. 34-35.

Some Final Thoughts On "Theory"

In addition to reflecting on the above-mentioned theories, readers may also wish to refer back to Chapter 3 where we discuss primary prevention as a systemic process and explore the public health and ecological approaches. In any case, you will want to be able to have clear discussions with funders and other key stakeholders regarding your prevention program's theory of cause and theory of change. Other key stakeholders might include your own program staff, your organization's board of directors, and your organization's clients or constituents (adult and youth community members who are participants in your program). On the following pages, we include worksheets to help you identify your theory of cause and theory of change. Please note that these are simplified versions of these processes. If you are interested in developing more in-depth theoretical foundations, please contact a qualified evaluator to assist you. Make sure your evaluator understands the theoretical foundations upon which your prevention program is based in the same way that you and your program staff do. If not, work to bring these viewpoints into alignment.

THEORY OF CAUSE
(PROBLEM)

Theory of Cause *applies theory to describe the root cause of the problem that a program seeks to prevent or reduce.*

A → **Root Cause**	**B** → **Consequence**	**C** **Current Problem**
Example: Young people and adults have been socialized to tolerate and even benefit from relationship/intimate partner violence.	Young people and adults are not aware of: 1) the possibility that relationship/intimate partner violence should not be tolerated AT ALL; 2) the spectrum, types and indicators of relationship violence; and, 3) do not have the skills or support to stop their own violence or their own experience of others' violence.	High rates of relationship/intimate partner violence.
Your Theory of Cause:		

THEORY OF CHANGE
(SOLUTION)

Theory of Change *applies theory to describe what a program does to prevent or reduce this problem.*

A → **Intervention or Prevention Method**	→ **B** **Intermediate Goal of this Method**	→ **C** **Ultimate Goal/Outcome of this Method**
Example: Reaching a range of community members through several educational methods that facilitate a change in beliefs about relationship/intimate partner violence and show how to apply the knowledge learned as a result of participation in these educational activities.	There is: 1) increased awareness of relationship/intimate partner violence, 2) change in beliefs about relationship/intimate partner violence; and, 3) increased action to stop this relationship/intimate partner violence.	There is a decrease in relationship/intimate partner violence in the community and a growing intolerance for relationship/intimate partner violence there.
Your Theory of Change:		

7
Using Statistics (Data) to Make Your Case

> An ongoing supply of national- and local-level information about the causes, characteristics and consequences of violence is essential to building a comprehensive understanding of the problem and for designing, developing and monitoring effective solutions… The search for solutions to violence against women has been hampered by a lack of reliable data on the causes, magnitude, and consequences of violence against them.
>
> *Milestones of a Global Campaign for Violence Prevention 2005*, World Health Organization, pp. 6-7.

Overview Of This Chapter

As many readers are aware, studies reporting the extent of violence against women vary in their methods and findings. This chapter will present some useful sources of national and California-based data related to the cost of intimate partner violence; highlight some of the challenges in obtaining meaningful and relevant statistics; and share ideas for collecting and estimating local data.

National Data On Intimate Partner Violence

In 2003, the Centers for Disease Control (CDC) published a report, *Costs of Intimate Partner Violence Against Women in the United States*, that began to estimate the national costs of intimate partner violence against women ages 18 and older, including the costs of intimate partner violence-related injuries, costs of lost productivity resulting from intimate partner violence, and the economic costs of lives lost to intimate partner violence homicide, all of which contribute significantly to the economic burden of this intimate partner violence.[26] This report presents annual data about IPV and its costs, generalized from data about the incidence of intimate partner violence in a given year

[26] Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control (NCIPC). *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta, Georgia, 2003.

(1995) and the costs associated with those victimizations.[27] The National Violence Against Women Survey (NVAWS) was the first large-scale survey to collect information about injuries IPV victims sustained, the medical and mental health care services victims used, and the time victims lost from paid work and household chores.[28]

While these statistics can be used to help make the case for domestic violence prevention, "the cost figures contained in the report are not comprehensive and should not be used for benefit-cost ratios in analyses of interventions to prevent IPV. They can be used to demonstrate the economic magnitude of IPV and to evaluate the impact of IPV on a specific sub-sector of the economy, specifically consumption of medical resources."[29] (underlining ours)

We recommend reading the full report for more about the above-quoted information, available at: http://www.cdc.gov/ncipc/pub-res/ipv_cost/IPVBook-Final-Feb18.pdf.

[27] *Implications for Advocacy and Training*: *An Analysis of Costs of Intimate Partner Violence Against Women in the United States*, distributed by the National Resource Center on Domestic Violence (NRCDV), 2003.
[28] Ibid.
[29] Ibid.

Summary of National Data: Costs of Intimate Partner Violence

- The costs of intimate partner rape, physical assault, and stalking exceed $5.8 billion each year, nearly $4.1 billion of which is for direct medical and mental health care services.

- U.S. women lose nearly 8.0 million days of paid work each year because of violence perpetrated against them by current or former husbands, cohabitants, dates, and boyfriends. This is the equivalent of 32,114 full-time jobs each year. An additional 5.6 million days are lost from household chores.

- The total costs of intimate partner violence (IPV) include nearly $0.9 billion in lost productivity from paid work and household chores for victims of nonfatal IPV and $0.9 billion in lifetime earnings lost by victims of IPV homicide.

- The largest component of IPV-related costs is health care, which accounts for more than two-thirds of the total costs. The mean medical care cost per incident of IPV physical assault is $548. The mean medical care cost per physical assault among victims who actually receive treatment is $2,665.

- As with IPV rape, private or group insurance pays for nearly half of medical care costs for IPV physical assaults; victims pay more than one-quarter of the costs.

- The estimated total health care costs of IPV each year, including medical and mental health care services, is nearly $4.1 billion.

- In summary, nearly 5.3 million intimate partner victimizations occur among U.S. women ages 18 and older each year. This violence results in nearly 2.0 million injuries and nearly 1,300 deaths. Of the IPV injuries, more than 555,000 require medical attention, and more than 145,000 are serious enough to warrant hospitalization for one or more nights. IPV also results in more than 18.5 million mental health care visits each year. Add to that the 13.6 million days of lost productivity from paid work and household chores among IPV survivors and the value of IPV murder victims' expected lifetime earnings, and it is clear to see that intimate partner violence against women places a significant burden on society.

Costs of Intimate Partner Violence Against Women in the United States, Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA, 2003, p. 19.

California Data On Intimate Partner Violence

On the state level, incidence data implying the great social costs of domestic violence are also collected, such as the following provided by the California Department of Justice:

Incidence of Domestic Violence (DV) in California Reported to Law Enforcement in Calendar Year 2000

DV calls to law enforcement for assistance	196,880
Arrests for spousal abuse per Penal Code Section 273.5	51,225 (41,885 men and 9,340 women)
Homicides (DV as Precipitating Event)	147
Adult Felony Arrestees Convicted & Sentenced for Spousal Abuse (PC 273.5)	12,132

The Prevalence of Domestic Violence in California, p.40, Prepared by the California Research Bureau of the California State Library, using data provided by the California Department of Justice.

Also collected by the state of California Department of Health Services (DHS) are additional state-specific (California) data such as these:

The Epidemiology and Prevention for Injury Control Branch (EPIC) of DHS analyzes the data to identify injuries to females by their spouse or partner. For 1998, DHS's EPIC branch reported that 2,116 women over 12 years old were hospitalized due to violent injuries; 157 of these women reported that injuries were caused by their spouse or partner. For 2000, DHS reported 1,915 women over 12 years old were hospitalized due to violent injuries; 156 of these women reported that their spouse or partner caused the injuries.

The Prevalence of Domestic Violence in California, p.51, Prepared by the California Research Bureau of the California State Library, using data provided by the California Department of Justice.

The Prevalence of Domestic Violence in California

Numerous excerpts from the California Research Bureau (CRB) study, *The Prevalence of Domestic Violence in California* by Alicia Bugarin, have been quoted throughout this manual. The CRB has reported that there are many incomplete areas of domestic violence and its reporting. Please keep in mind the limitations of statistics related to the incidence and prevalence of domestic violence.

The Prevalence of Domestic Violence in California can be ordered from the CRB, California State Library; 900 N Street, Suite 300; P.O. Box 942837; Sacramento, CA. 94237-0001. Tel: (916) 653-7843.

DATA SETS

A good resource for national and state data related to violence against women can be found on VAWnet (see box below). These ***data sets*** represent many research studies and are based on surveys, questionnaires, interviews, or a review of records. The information in a data set is usually assigned number values and organized electronically into a table. This allows researchers or domestic violence prevention advocates to analyze the data.

The Data Sets On & Related to Violence Against Women
This resource page features a compilation of publicly accessible online data sets on violence against women, and provides information about utilizing and/or analyzing data to enhance the work of advocates and others working to end domestic and sexual violence. Tables of national and state data sets include live links to data sets, annotations, and related information. This resource page also includes some considerations around the credibility, value and limitations of research and data collection methods, links to research reports and publications, and information for researchers.

Developed by the National Resource Center on Domestic Violence (NRCDV) in collaboration with the National Sexual Violence Resource Center (NSVRC).
http://www.vawnet.org/DomesticViolence/Research/OtherPubs/VAWDataSets.php#VAW.

The Challenges In Finding Relevant Data

There are numerous challenges in finding relevant data, among them: difficulties in obtaining reliable survey data; the fact that much domestic violence goes unreported; inaccurate portrayals of intimate partner violence in the media; and a lack of local statistics. Those who wish to make the case for domestic violence prevention using statistics must recognize these basic shortcomings inherent in the data. We will cover each of these points briefly and then will present some practical methods for estimating local data.

SURVEY SHORTCOMINGS

The scope of domestic violence has been difficult to measure as the result of: lack of consensus about terminology; variations in survey methodology; gaps in data collection;

different time frames; reluctance to report victimization; the repetitive nature of IPV; limited populations; and survey limitations.[30]

> "Some crimes, particularly physical and sexual assaults, are often repeated against the same victim. Thus, measuring the cost of victimizations might understate the impact on victims. There are few studies of series victimization. For example, we do not know if a victim who is assaulted 10 times incurs higher or lower costs than 10 individuals who were victimized once."
>
> *Criminal Justice 2000*, Vol. 4.

The survey data are often incomplete, especially regarding costs of victimization. For example, one widely used survey is the National Crime Victimization Survey (NCVS), which interviews households to get information from those who have experienced a recent criminal victimization. According to Mark Cohen, author of *Measuring the Costs and Benefits of Crime and Justice*, "NCVS asks crime victims several questions about their out-of-pocket losses, including an estimate of the dollar cost of medical care, lost wages, and property loss. These estimates are periodically published by the Bureau of Justice Statistics. Despite their official-looking stature, NCVS crime cost estimates severely understate the tangible costs of crime to victims. First, the reference period for NCVS is crimes committed during the previous 6 months. Because the average crime will have occurred about 3 months prior to being reported, any medical costs are necessarily limited to those short-term costs. Even short-term costs are likely to be underestimated, however, because hospital bills often are sent directly to insurance companies and may arrive months after hospitalization. Second, some cost categories are simply excluded from NCVS. For example, respondents are not asked about mental health care, despite the fact that this is a significant cost of victimization," especially in cases of domestic violence.[31]

> "Despite the dominance of mental health costs in crime-related injuries, typically only physical injury costs are included in estimates of violence and injury costs. Policymakers should take note of this disparity…"
>
> Victim Costs of Violent Crime and Resulting Injuries, by Ted R. Miller, Mark A. Cohen, and Shelli B. Rossman, Data Watch, *Health Affairs*, Vol. 12, Issue 4: Winter 1993, p. 196.

[30] *Implications for Advocacy and Training: Costs of Intimate Partner Violence Against Women in the United States,* distributed by the National Resource Center on Domestic Violence (NRCDV), March 2003.

UNREPORTED INCIDENTS OF IPV

In addition, a great deal of intimate partner or domestic violence goes unreported. Researchers have suggested that familial violence (child abuse, elder abuse, and spousal assault) and rape are probably underreported in the National Crime Survey.[32] Many victims tell no one about the abuse for various reasons including fear of stigma, fear of reprisal, fear of losing custody of children, fear of arrest, fear of losing jobs, fear of losing health coverage, and lack of knowledge regarding how to access available services. These fears are increased when the victim is an undocumented immigrant (see box below).

Undocumented Domestic Violence Victims

Most shelters responding to the CRB survey do not ask about or track the legal status of their clients. Estimates of undocumented clients reported by shelter staff on the survey range from two percent to 35 percent. Shelter staff report that a number of issues arise when serving the undocumented population. These include:

- Victims are fearful of the "system."
- Victims are fearful of reporting the abuser to law enforcement.
- Victims are unwilling to jeopardize their immigration status by turning in a U.S. citizen husband/abuser.
- Victims are afraid of being sent back to their country and having to leave their children with the batterer (who is often the legal resident).
- Victims are uncertain about how to secure proper documentation.
- Victims fear threat of removal of children by abuser, including kidnapping to another country.
- Victims are unaware of INS regulations (The Violence Against Women Act of 1994 allows women experiencing domestic violence to file their own immigration papers and receive work authorization and protection against deportation without their battering spouses' approval).
- Victims are concerned about their jobs should they report abuse.
- Victims are concerned about child custody and other legal issues, and are ignorant of their rights.
- Undocumented victims are unable to access legal services, housing, and other supportive social services and therefore cannot achieve self- sufficiency.
- A significant percentage of undocumented victims do not speak English.
- Many undocumented victims have no idea that help is available for them.
- Shelter funding for undocumented clients is more difficult to secure.

Prevalence of Domestic Violence in California, pp.17-18.

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[31] Measuring the Costs and Benefits of Crime and Justice, by Mark A. Cohen. *Criminal Justice 2000*, Vol. 4, p. 282.
[32] Victim Costs of Violent Crime and Resulting Injuries, by Ted R. Miller, Mark A. Cohen, and Shelli B. Rossman, Data Watch, *Health Affairs*, Winter 1993, p. 197.

INACCURATE MEDIA PORTRAYAL OF IPV

"We need an accurate picture of the problem before we can fix it…."

At the same time, the public may not have an accurate picture of the prevalence, incidence and nature of domestic violence based on the information it receives via the media. Although news coverage of a social problem can shape public and policy-maker opinions, only the most extreme and perhaps most sensational cases of such violence are reported, which means that the ongoing and high incidence of this violence is not made public.

As a result, public awareness of domestic violence is often limited, distorted and inaccurate. An in-depth study conducted by the Berkeley Media Studies Group, *Distracted by Drama: How California Newspapers Portray Intimate Partner Violence*, found that:

- Compared to other violence, IPV did not get press attention commensurate with its frequency as an arrest.
- Compared to other violence, IPV was treated less frequently as an issue.
- IPV was presented as more lethal than it is.
- IPV coverage is more murder-oriented than other violence coverage.
- IPV reporting rarely blames the victim, but does so more than other violence reporting.
- IPV reporting rarely deflects responsibility from the batterer, but does so more than other violence does.[33]

As the director of this study stated, "…we need an accurate picture of the problem before we can fix it."[34] The authors suggest that those who work in the domestic violence field build relationships with reporters who cover the crime beat and become trusted sources so reporters have somewhere to go for data and information. They explain that because reporters can't put IPV in context without local data, practitioners can provide a valuable

[33] *Distracted by Drama: How California Newspapers Portray Intimate Partner Violence*, by John McManus and Lori Dorfman. Berkeley Media Studies Group Issue #13, January 2003.
[34] *Intimate Partner Violence Goes Underreported in California Newspapers*, Family Violence Prevention Fund, Prevention Toolbox: Partners. http://endabuse.org/programs/display.php3?DocID=218.

service by having fact sheets ready and being willing to talk. When this information is incorporated into daily stories, readers will have the information they need to make better decisions about prevention and intervention policy. The full report is available at: http://www.vawnet.org/DomesticViolence/Research/OtherPubs/DistractedbyDrama.pdf.

Your most fundamental argument in favor of prevention is that there is a significant problem at the community level and that your prevention efforts will address that problem.

Collecting And Estimating Local Data

On the community level, you may or may not find local data readily available. Use the state and national data to state your case, and where you can, use the following methods to estimate local data:[35]

Use of Facts

Facts are best when they describe the extent of the problem *locally*. It's important to have the date and a credible source to be effective. Use your facts selectively. Do not overwhelm your audience with numbers.

Social Math

Social math is a technique that relates data to people in a way that makes a lasting impression. Numbers are one way to substantiate claims about the importance or magnitude of a problem. The larger the number of people affected, the more likely a problem will be noticed. Big numbers are only effective if they can be made meaningful to the community. Often people are overwhelmed by numbers. To make facts more accessible, try making the numbers smaller and more familiar by relating them to something else. For example, ***there are three times as many animal shelters as there are***

[35] This material is excerpted from the Transforming Communities Technical Assistance, Training and Resource Center Organizing Kit, available at: www.transformcommunities.org.

shelters for battered women in the U.S. Or, ***a man physically abuses a woman every nine seconds in this country.***

How to Find the Facts

The following are some tips on how to find the facts about domestic violence in your community.

- Police Departments

  Police departments are a source of information for statistics such as the number of 911 emergency calls that involved domestic violence.

- Courts

  Obtain information such as the number of restraining orders and orders of protections.

- District Attorney's Office

  Obtain statistics such as the number of convictions for domestic violence incidents and sexual assault cases.

- Public Health Department

  The number of emergency room visits related to domestic violence in your community can be obtained from the city and county public health departments.

- Public Library or County Records Department

  In order to obtain census records for your community as a context for the incidents of domestic violence, check the public library or county records department for the number of residents, age, gender, income, and other demographic data.

Fact Finding Tips

- Larger government offices may have independent domestic violence units. If so, go there first.
- If not, search for Statistics, Research, or Public Information departments.
- Requests for information should be in writing. Make sure to include contact information for your organization in your letter. (See sample letter below).

- You may encounter resistance when making requests for information. If the district attorney in your community has a poor conviction rate for perpetrators of domestic violence, the office may not be forthcoming with information. Therefore, it is important to be equipped with information about your rights. The California Public Records Act (Government Code 6256) requires that government agencies respond to your request for information within 10 days. This is similar to the federal Freedom of Information Act. If you are encountering resistance, or foresee that you will encounter resistance, include a reference to the California Public Records Act in your letter and include a copy of the code.

The Internet

There is a wealth of information about domestic violence on the Internet. For example, doing a net search with the keywords "domestic violence" will bring up approximately 150 websites. The Internet is a particularly good source for national statistics. While you probably won't find local facts on the Internet, you will be able to find statistics that are relevant to your state, as well as a multitude of resources such as studies, reports, and information about other domestic violence organizations and training programs. **It is important to acknowledge that not all material on the Internet is valid or reliable.** Check out the websites listed in **Appendix E: Annotated List of Resources.**

Keep in mind that many websites have extensive links to other relevant sites. For example, if you visit the Family Violence Prevention Fund's website, you can, with a click of a button, access a great deal of other sources of information.

Sample Local Fact Sheet

From the TC-TAT *Organizing Kit*, available at: www.transformcommunities.org

Is Domestic Violence a Problem in Your Community?

- Population: 46,500
- Number of adults (age 18 and over): 35,725
- Number of 911 calls in 1997 to police department for domestic violence: 277
- Number of 911 calls that were verified cases of domestic violence: 105
- Number of battered women's shelters in the county: 1
- Number of beds in the shelter: 16

Translating the Numbers into "Social Math"

In 1997 there were 105 verified cases of domestic violence in a community of 46,500 people. According to the Department of Justice only 1 in 19 cases of domestic violence is reported.

Therefore, we can estimate that there were about 1,995 actual incidents in 1997. That means there were approximately 38 incidents per week, or 5 incidents of domestic violence per day, in our small community.

105 verified cases x 19 = 1,995 total incidents in 1997

1,995 incidents -:- 52 weeks per year = 38 per week

38 incidents per week -:- 7 days per week = 5 incidents per day

Now use the data in press releases, public speaking, etc. to move the community to action.

THIS MATERIAL CAN BE QUITE USEFUL IN MAKING THE CASE FOR DOMESTIC VIOLENCE PREVENTION EFFORTS AT THE COMMUNITY LEVEL.

Sample Letter for Finding the Facts

Date

Captain_____
_____Police Department
Planning and Research Division
Address

Dear Captain_____,

I am writing to request information about the number of domestic-violence-related 911 emergency calls made to the _____ Police Department in 1997 or for the year for which you have the most current information.

Per the California Public Records Act (Government Code 6256), government agencies are required to respond to requests for information within 10 days of the original request for materials.

If you have any questions, or are in need of additional information, please call me at _____.

Thank you in advance for your assistance.

Sincerely,

Name

8
Making Your Case, Step-by-Step

Overview Of This Chapter

Here we are, making the case for the prevention of domestic violence through the lens of cost-benefit! This Manual has thus far explored cost terms, cost-benefit approaches, the importance of theory, and the use of relevant data in making the case. Now, let's put all of this information together into an actual case statement in support of your prevention program.

This chapter provides worksheets that guide you through a step-by-step process to develop your case. These worksheets offer three columns: the first column has a series of questions to answer; the second column provides sample answers based on a hypothetical domestic violence prevention program; and the third column has space for you to write in your own information. Once you have completed these worksheets, you have made your case! You can then format your case into a concise summary to share with policy-makers, funders, and community members who are involved in supporting or sustaining your prevention program.

The example in the following worksheet focuses levels 1-3 on The Spectrum of Community Change: *Strengthening Individual Knowledge and Skills*, *Promoting Community Education* and *Educating Providers*. We have chosen to focus on these lower levels in order to more clearly demonstrate the tools of cost-benefit. As mentioned earlier in this Manual, however, we believe that it is critical to work on multiple levels of the Spectrum and that true prevention will happen only when all levels are being reached. To do a true cost-benefit analysis of a domestic violence prevention program on the higher levels, significantly more time and resources than most domestic violence organizations have available to them would be required. We hope that as our field evolves, more studies and funding will allow us to measure our impact on these other levels.

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Prevention Education and Mobilization: "Healthy Partnerships" in Oaktown, California	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step One: Describe the problem this program addresses. 1. What is the exact problem you are addressing? 2. What is the size and extent of this problem? Use local data if at all possible, and be sure to cite your sources. Use national data to support your case. 3. Describe the root cause(s) of this problem (Theory of Cause).	1. There is a high level of relationship/intimate partner violence (IPV) among adults and young people in our community. 2. This is a huge problem: o 40% of women respondents in a survey conducted this year in Oaktown reported they had been physically abused or threatened with physical abuse. o The Oaktown police department reports that over 50% of its calls are related to IPV. o In a recent survey of Oaktown high school seniors, only 32% were able to identify three main signs of IPV. 3. Young people and adults have been socialized to use and to tolerate IPV. They are not aware of: a) the possibility that IPV should not be tolerated AT ALL; b) the spectrum, types and indicators of IPV; and c) they do not have the skills or support to stop their own violence or their own experience of others' violence.	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Two: Describe your prevention approach and why it makes sense. 1. Explain how your prevention program activities will lead to a desired outcome (Theory of Change/Solution). 2. Name 3-4 ways that your prevention program is making a difference or will make a difference (Your Impact / Outcomes). 3. Describe where your prevention program's activities are on the Spectrum of Community Change. List any collaborative efforts. 4. Describe any data and research that supports your approach.	1. Our prevention approach involves reaching community members through several educational methods that teach about IPV and how to apply the knowledge learned. This leads to: a) increased awareness of IPV, and b) increased action to stop this IPV. 2. Our program: a) Provides workshops to adults and young people at risk of IPV through two service providers and trains these providers to improve their ability to address IPV with their clients; b) Conducts a video presentation in all Oaktown middle and high schools; c) Distributes a bi-annual Community Action Newsletter in the community. 3. Levels 1,2,3 (list). Collaboration with Women's Health Services, CalWorks, Youth Club, middle and high schools. 4. The data and research upon which this program is based is: a) b)	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Three: Describe the benefit of your prevention program and how you measure your impact. Why do you believe this program is improving lives? What are some examples of this improvement? 1. What are your program outcome data? 2. How do you collect your data?	1. Program Outcome Data *a) Increased awareness* o Post-surveys show a 63% increase in participants' knowledge of IPV signs and characteristics. o Community surveys show a 42% increase in awareness of IPV. *b) Increased action* o 78% of the target audience reported doing something to respond to or prevent abuse, including that committed by a parent or sibling. 2. This program works with a professional evaluator to conduct and analyze: o Pre- and post-surveys at all workshops to show changes in participants' knowledge of IPV. o Surveys completed by participants to show actions they have taken to stop abuse. o Interviews with staff of collaborating service providers to show increased ability to recognize/respond to IPV. o Focus groups after videos to provide anecdotal evidence. o Community baseline and annual surveys to show changes in awareness.	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Four: Create a cost analysis profile. 1. What is the cost of this program for a specific year? Review the annual budget and list costs by category. 2. What does each program component cost? 3. How many people did each program component reach directly in the year identified? 4. How much does it cost per person for each program component? (Divide the cost of the component by the number who participated.) *Note:* You may find that the per person cost of one component was less than that of another. This is useful information AND PROVIDES THE COST ANALYSIS.	1. *The program cost $90,000 in 2005:* Staff salaries/benefits: $50,000 Rent: $15,000 Marketing: $9,000 Training equipment: $8,000 Supplies: $4,000 Postage: $3,000 Other: $1,000 2. *Cost per component:* Workshops: $20,000 Video presentations: $40,000 Newsletter: $30,000 3. *Number of people reached:* # of people who attended workshops: 1000 # of people who viewed video: 4000 # of people who read newsletter: 6000 4. *Costs per person per component:* Workshops: $20 per participant Video viewing: $10 per viewer Newsletter reading: $5 per reader	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Five: Describe various approaches to the measurement of this program's cost-benefit. a) List the outcome measures for each program component. b) Evaluate the effectiveness of each component using the same measures. For prevention education mobilization, use the mobilization template from Chapter 4 of this Manual for each participant in each component. This allows you to compare outcomes. Rank and list the components in terms of effectiveness. c) Now, apply the cost per participant that you determined in Step 4 of this worksheet. List these costs next to the rankings.	1. Measurable changes in participants' understanding of: a) the forms/range of violence; b) methods of stopping one's violence before it occurs; c) methods of intervening when someone else is being abusive; d) healthy relationship skills. 2. Component effectiveness: *Workshops*: 78% Third Level Mobilization Rate *Videos*: 53% Third Level Mobilization Rate *Newsletter*: 16% Third Level Mobilization Rate 3. Ranks with cost per participant: *Workshops:* 78% mobilization @ $20 per participant *Videos:* 53% mobilization @ $10 per viewer *Newsletter:* 16% mobilization @ $5 per viewer	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Six: Analyze Cost-Benefit and Cost-Effectiveness. See Chapter 4 of this Manual for ideas on how to analyze from a cost perspective. o How do you know this program is cost-beneficial? o Can you compare and analyze program components? You may also wish to consider: o Are there things you would do differently next time to gain greater benefit for the use of these funds? o Are there things you could do to get the same benefit for less money?	*Analysis:* o In this example, we see that the cost per person of each program component doubles as we move from newsletter ($5) to video ($10) to workshops ($20). o However, the increase in mobilization is far higher than the increase in cost per participant, these rates going from 8% to 30% to 78%, which is more than a doubling in each case: *Workshops:* Total component cost = $20,000 for 78% mobilization rate = $256.41 for each 1% increase in mobilization; *Videos:* Total component cost = $40,000 for 30% mobilization rate = $1,333 for each 1% increase in mobilization; *Newsletter:* Total component cost = $30,000 for 8% mobilization rate = $3,750 for each 1% increase in mobilization. o We conclude here that at a rate of $20 per person, the 78% mobilization rate of the workshops is the most cost-effective approach because this method costs the least per unit or percent increase in mobilization. o Note that despite the above data, we believe that the community is best served by offering all three components as we know that different people are reached by each component.	

Worksheet: Making the Case for Your Prevention Program

STEPS FOR MAKING YOUR CASE	EXAMPLE: Healthy Partnerships	YOUR PREVENTION PROGRAM (FILL IN) Name of Program:
Step Seven: Summarize your case and make a specific request. 1. After summarizing and presenting the information in steps 1-6, what are the 3-5 key points that you will say to the policymaker/funder to show that this prevention program is worthy of their investment/support? 2. Can you repeat this cost-benefit analysis of your program and produce the same or very similar findings? Explain how or prove this (optional). 3. Based on these findings, we are seeking support for both the continuation and expansion of our program. Request?	1. *Summary:* ○ For an average cost of less than $12 per person served, the Healthy Partnerships prevention education and mobilization program is having a profound impact on adults and young people in our community. ○ Evaluations show that awareness of IPV in our community has increased by 42% since this program started. ○ Perhaps more importantly, people who take part in this program are taking action to end their own abusive behavior and to intervene when they see others being violent. 2. *Replicability* (optional) 3. *Request* (optional) You can make a difference by making a financial contribution: ○ $1000 will fund training for ten more peer educators. ○ $500 will fund five more workshops in the community. ○ $250 will fund a presentation and video discussion at a local middle or high school. ○ $20 will fund one adult's participation in a Healthy Partnerships workshop. ○ $10 will fund one student's learning about IPV. ○ Etc.	

9

Conclusion

[Insert graphics and arrange text box layout along with graphics here.
Text boxes will include graphic and verbal reminders of each section of this Manual.]

We thank the readers of this Manual for taking the time to consider the issues and conceptual tools presented here. Understanding the economic costs of domestic or intimate partner violence can help practitioners to make their programs stronger. It can also aid policy-makers in allocating resources more effectively and efficiently. Being able to articulate the economic cost of domestic and intimate partner violence (IPV) as well as provide clear support for the prevention approach in terms of its cost-effectiveness in addressing the problem of IPV will help policy-makers to make better decisions – and will bring more funding to practitioners.

It is the responsibility of domestic violence prevention practitioners to contribute to the evolution of cost-effectiveness approaches to decisions regarding domestic violence prevention. It is also the responsibility of these prevention practitioners to express the relationship between the cost and impact of their programs, and to state their cases in a way that will ensure them revenue streams for their domestic violence prevention work, thereby helping millions of people while saving society millions of dollars.

Those who have the tools of the cost-effectiveness approach must teach and make these available to domestic violence prevention practitioners. Domestic violence prevention can model the collection of relevant data and the comparison of prevention approaches on a broad scale, generating sound knowledge of best practices, and helping to stop the violence.

Appendix A:
Glossary of Terms

Unless noted otherwise, these definitions were drawn from the glossaries of: 1) *Outcome Evaluation Strategies for Domestic Violence Programs* by Cris M. Sullivan, Ph.D., Pennsylvania Coalition Against Domestic Violence, 1998; and 2) *Evaluation Handbook for Community Mobilization: Evaluating Domestic Violence Activism* by Transforming Communities, Marin Abused Women's Services, 2000.

Aggregate data – The combined or total responses from individuals.

Anonymous – Unknown person. In the case of outcome evaluation, this means you do not know who the responses to questions came from (e.g. unsigned questionnaires or surveys).

Baseline measurement – The specific description of conditions before a campaign or project is started.

Causality – The linking of a cause and its effect, or in the case of cost-effectiveness and cost-benefit analysis, the program and its cost-effectiveness or benefit.

Closed-ended question – A question with a set number of responses from which to choose.

Collaboration – Involves working cooperatively to achieve a common goal. Activities may include exchanging information, identifying and addressing problems in the provision of services, promoting good practice and awareness, sharing resources, and enhancing the capacity of one another for mutual benefit and to achieve a common purpose.[36]

Common metric – The same measure. When a common metric for inputs and outcomes is used for programs or program components, these can be compared and ranked. For example, when both the *dollar* cost of the program and the *dollar* value of the outcome of the programs are quantified, one can say that programs or components with the lowest cost per unit (outcome) are the most efficient.

Community – A group of people, joined either by geographic location (such as city, county, or neighborhood) or some other common characteristic (such as profession,

[36] *Enhancing Collaboration: Increasing Action in Preventing Domestic Violence in California Workbook*, TC-TAT, funded by the California Department of Health Services, 2004.

ethnicity, or sexual orientation), who self-identify as belonging to the same group and share some common concerns for the well-being of the collective.

Community based campaigns – Use participatory methods to develop and enact a series of interrelated events for the prevention of violence, such as involving community members in organizing marches or demonstrations, creating local theatre productions highlighting issues around violence, development of community support or action groups that may campaign for legal changes, or other activities.[37]

Comparison group – Any group that is not directly involved in your prevention program, and can provide a valid and important comparison to what is happening in your prevention program.

Comparative cost-effectiveness analysis (CEA) -- Basically, all CEA, and its subset, CBA, looks at the cost of a program and of its components, and then at the program's outcomes in terms of benefits or lack of benefits. Reviewing a single program in this way is a cost-effectiveness analysis, *while comparing two programs is a comparative CEA/CBA*. A comparative CEA can be used to assist policy-makers to choose which social programs to support.

Confidential – In the case of outcome evaluation, this means you do know (or can find out) who the responses came from, but you are committed to keeping this information to yourself. (For example, a woman who participates in a focus group is not anonymous, but she expects her responses to be kept confidential.)

Continuum of abuse -- Violence can take several forms and exists along a continuum from emotional abuse to verbal abuse to physical abuse, with other forms of abuse, including financial, spiritual and sexual abuse, being frequently linked. Non-physical forms of abuse often accompany and even set the stage for physical abuse. This continuum of abuse also is indicative of the social and cultural norms that allow the abuse of power and control in domestic and intimate partner behaviors.

Control group –Like a comparison group, a control group provides a valid and important point of comparison to what is happening in group directly affected by the prevention effort. However, a control group is more rigorously "controlled" and monitored to ensure that no overlap or involvement with the prevention effort occurs. We usually reserve the term "control group" for certain rigorous research designs.

[37] Sethi, D., et al. *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

Cost – a) The spending of money, energy, resources, or time required to make something happen. The *cost of a prevention program* is usually described in dollars that pay for employee salaries, office rent, supplies, and other things required to make the program happen. These are also called *inputs.* b) The economic and other effects of a problem on individuals and society.

Cost analysis – A thorough description of the type and amount of all resources used to produce a (prevention) program. Cost analyses are critically important for deciding how to allocate funds within a program and for understanding the relationships between costs and outcomes. Examining cost figures for the program as a whole (or for parts of it) is a basic form of cost analysis. Most accounting services provide cost analyses in the form of a monthly or quarterly report.[38]

Cost-benefit – Points to the relationship between program costs and program benefits. To say that a program is generally cost-beneficial is to say that a program has both accomplished its goals (it is an *effective* program) and that accomplishing these goals is a good use of that money.

Cost-benefit analysis (CBA) – When both costs and outcomes are measured in monetary terms, costs and benefits can be compared between programs or contrasted within a single program. Cost-benefit analysis can also discover whether program expenditures are less than, similar to, or greater than program benefits.[39]

Cost-effectiveness – Points to the relationship between program costs and program effectiveness or outcome. Costs are measured as dollars spent, whereas effectiveness or outcome is measured as changes in knowledge, beliefs, behaviors, policies, and other practices related to domestic violence and its prevention.

Cost-effectiveness analysis (CEA) – A cost-effectiveness analysis (CEA) compares the costs and benefits of a program to assess whether it is worth doing from the economic perspective.[40] Something that is cost-effective achieves relatively high gains for relatively low costs.

Cost estimates – Educated guesses of costs based on data.

Cost ratios – Total cost divided by outcome. For example, if a program component costs $1000 and serves 100 people, the cost ratio is $1000 divided by 100 or $10 per person.

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[38] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.
[39] Ibid.
[40] Ibid.

Cultural competency – Sensitivity to cultural differences, as well as a commitment and ability to act in ways that constructively integrate this awareness into all programming and activities.

Cumulative effect – an impact or result that increases in force or value by successive additions. When analyzing a domestic violence prevention program, one might see that a program had a cumulative effect on the cost of domestic violence to the community, beginning to register only after the program had been in operation for two years, and showing an *increase in effect per year* after it had been in operation for three years.

Data – Information collected in a systematic way that is used to draw conclusions about process or outcome. {Note: Data is plural for datum (a single piece of information), which is why, when presenting results, sentences should read, "The data were collected: instead of "The data was collected."}

Data set – A grouping or collection of information that is compiled for research purposes, consisting of multiple elements that are assigned specific meaningful values. Data sets are gathered through such data collection tools as surveys, questionnaires, interviews, or a review of records. The information collected into a data set is usually assigned number values and organized electronically into a table. This allows researchers to analyze the data and run statistical tests in order to draw conclusions about relationships between elements, or variables.[41]

Decreasing value of benefits -- The decreasing value of benefits attained in the distant future can be calculated as the present value of benefits. When most of the cost of prevention occurs in the first year of a program but most benefits occur only several years after the program, the value of those delayed benefits needs to be adjusted (decreased) to reflect the delay.[42]

Demographic data – Background and personal information (such as age, ethnicity, and socioeconomic status) gathered for evaluation or statistical purposes.

Direct costs – An amount paid or the expenditure of something, such as time or labor. The direct costs that result from acts of violence may include, for example, the cost of medical care for victims; the costs of involving law enforcement in domestic violence cases; legal costs; and the costs of sheltering victims and incarcerating perpetrators, among other costs. The direct costs of a prevention program may include salaries; office space; and program costs.

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[41] *Data Sets On & Related to Violence Against Women*, National Resource Center on Domestic Violence, www.vawnet.org/DomesticViolence/Research/OtherPubs/VAWDataSets.php.
[42] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.

Domestic violence – Also called Intimate Partner Violence (IPV). Violence committed by a spouse, ex-spouse, or current or former boyfriend or girlfriend. It can occur among heterosexual or same-sex couples and is often a repeated offense.[43]

Domestic violence coordinating council (DVCC) – Also known as domestic violence councils, task forces or committees, DVCCs have been formed in many communities to provide a forum for interagency communication and collaboration.

Effectiveness – The extent to which a specific activity, intervention, or service does what it is intended to do for a defined population.[44]

Efficiency -- The extent to which resources (financial, human, physical or time) that are used to provide a specific intervention or service of known efficacy and effectiveness are minimized.[45]

Evaluation – A methodical way of gathering, analyzing and reporting the results of our work with the intent of improving our work.

Evaluation design – A blueprint, strategy, or outline to answer questions about a program. Includes a clear statement about the purpose and plans for gathering, processing, and interpreting the information needed.[46]

Fishman table – A table that presents (a) the ways in which two programs can differ or be similar to each other in outcomes and costs and (b) the cost-outcome decisions that result. This table is called a Fishman table in honor of the researcher who first applied this table to cost-outcome analysis.[47]

General cost-benefit approach – A technique that assumes a broad, societal perspective and tries to count *all* measurable costs and *all* measurable outcomes, no matter to whom they accrue.

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[43] *Costs of Intimate Partner Violence Against Women in the United States*, Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA, 2003.
[44] Sethi, D., et al. *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.
[45] Ibid.
[46] *An Evaluation Framework for Community Health Programs*, The Center for the Advancement of Community Based Public Health, Durham, NC, 2000, p. 63.
[47] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.

Incidence – The number of separate episodes of IPV that occurred among U.S. women ages 18 and older during the 12 months preceding the survey. For IPV, incidence frequently exceeds prevalence because IPV is often repeated. In other words, one victim (who is counted once under the prevalence definition) may experience several victimizations over the course of 12 months (each of which contributes to the incidence count).[48]

Indicators – Factors that show something key about underlying knowledge, attitudes, or beliefs, or that demonstrate something important about behavior. Indicators are important signs to monitor in order to evaluate progress toward goals.

Indirect costs – Amounts that must be paid by an organization or by society in general that do not appear to have a direct linkage with an incident or program. For example, some of the indirect costs that result from domestic violence may include lost wages or reduced worker productivity because a victim is not able to work due to the domestic violence, or higher insurance premiums a business must pay to cover a victim's health care costs. Indirect costs for a prevention program may include overhead or shared costs; this is particularly important in figuring costs of a single program in a much larger organization.

Initial investment – The beginning cost of a (prevention) program.

Inputs – Everything that is contributed to a program to make the program happen, such as salaries, rent, supplies, volunteer hours, and other inputs.

Intangible costs – Costs that cannot be defined or determined with certainty or precision. For example, in cases of domestic violence, intangible costs to the individual victim and the victim's family may include long-term mental, physical and emotional trauma, later loss of life, and reduced or deteriorating quality of life. Intangible costs to society include costs borne by businesses, the health care system, schools, law enforcement, and other institutions that provide services or are in some way affected by the domestic violence.

Intervention – Sets of actions and decisions structured in such a way that their successful implementation would lead to clearly identifiable outcomes and benefits.[49]

Integrated community response – A holistic approach to domestic violence prevention that acknowledges that domestic violence is systemic and requires a coordinated response from many different social institutions. In most communities, an integrated community

[48] *Costs of Intimate Partner Violence Against Women in the United States*, Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA, 2003.
[49] Sethi, D., et al. *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

response means bringing together a wide range of individuals and organizations to create a vision and plan for domestic violence prevention.

Intimate partner violence (IPV) – IPV includes rape, physical assault, and stalking perpetrated by a current or former date, boyfriend, husband, or cohabiting partner, with cohabiting meaning living together as a couple. Both same-sex and opposite-sex cohabitants are included in the definition.

Logic model – A logic model describes the sequence of events for bringing about change by synthesizing the main program elements into a picture of how the program is supposed to work. Often, this model is displayed in a flow chart, map, or table to portray the sequence of steps leading to program results. A logic model summarizes the program's overall mechanism of change by linking processes to eventual effects.[50]

Lost productivity – Diminished quality and/or quantity of work. Lost productivity means that anyone experiencing domestic violence is at risk of working under par while on the job, missing work, and even losing a job. That person's employer will feel the effects of the diminished quality and/or quantity of work being produced.

Measurement instrument – Also called "measure" or "instrument," this is the tool used to collect the data. Questionnaires, face-to-face interviews, and telephone interviews are all measurement instruments.

Mean – The "average" response, obtained by adding all responses to a question and dividing by the total number of responses.

Measurability complex – Using short- or long-term outcomes that are difficult to define and measure.

Measurability simple – Using short- or long-term outcomes that are easy to define and measure.

Media campaigns – Community-wide public information campaigns for the prevention of domestic violence aim to increase knowledge, raise awareness and change attitudes and violent behavior at the community level by giving educational messages to the community via mass media (e.g. television, radio, posters, internet, newspapers). Some initiatives have incorporated messages within popular radio or television dramas.[51]

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[50] *Framework for Program Evaluation in Public Health*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Atlanta, GA, 1999, p. 9.

[51] Sethi, D, Marais S, Seedat M, Nurse J, Butchart A. *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

Median – The "middle" response, obtained by choosing the score that is at the midpoint of the distribution. Half the scores are above the median, and half are below. In the case of an even number of scores, the median is obtained by taking the mean (average) of the two middle scores.

Narrow cost-benefit approach – A technique that assumes a very focused perspective and purposefully ignores some costs and outcomes when these are not seen as relevant to a particular analysis. While narrower approaches to CBA present the problem of selecting which outcomes are to be measured, they can also show a more precisely measurable linkage between program activities and program outcomes.

Net benefit – The net benefit of a program can be shown by subtracting the costs of a program from its benefits. For example, if a substance abuse treatment program costs $100,000 per year but generated in the same year $500,000 in increased patient income, increased tax payments by patients, and reduced expenditures for social and criminal justice services, the net benefit of the program would be $500,000 minus $100,000, or $400,000 for that year.[52]

Open-ended question – A question that invites a reply from the respondent in her own words; one without set responses.

Outcome – An end (intended or unintended) result of a program on the individual, family or community. These describe what changed as a result of the service or intervention provided. These generally include a reduction in a problem or need, accomplishment of goals or improvement in a condition, but can also include community-level and systems changes.[53] For purposes of evaluation, this needs to be a result that can be observed and measured.

Outcome evaluation – Assesses the measurable impact your program is having. Short-term outcomes focus on questions such as: What effects did the program have? Can the effects be attributed to the program? Did program participants' knowledge and behaviors change as a result of the program? Long-term outcomes focus on things like health status, injury (morbidity), death (mortality), or systems changes. Outcome evaluation questions may include: What change in injury or death occurred because of the program? What is the current prevalence or incidence of domestic violence?[54]

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[52] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.
[53] *Outcomes in Action: A Handbook for Using Outcomes in the Human Services*, by Harder+Company Community Research, San Francisco, CA, 1996.
[54] *An Evaluation Framework for Community Health Programs*, The Center for the Advancement of Community Based Public Health, Durham, NC, 2000, p. 11.

Present value of benefits – The decreasing value of benefits attained in the distant future can be calculated as the present value of benefits. When most of the cost of a prevention program occurs in the first year or few years of the prevention program but most benefits occur only several years or decades later, the value of those delayed benefits needs to be adjusted (decreased) to reflect the delay.[55]

Prevalence – The number of U.S. women ages 18 and older who have been victimized by an intimate partner at some point during their lifetimes (lifetime prevalence) or during the 12 months preceding the survey.[56]

Prevention of violence – A public health approach that targets the root causes and risk factors underlying the likelihood of an individual becoming involved in violence and recognizes the need for improved services to mitigate the harmful effects of violence when it does occur.[57]

Primary prevention – Taking action to prevent problems such as abuse and violence before they occur. Examples of primary domestic violence prevention are teaching youth about healthy relationships (ideally even before they start dating); parenting training; and the training of health professionals or teachers in how to prevent domestic violence.

Process evaluation – Assesses the degree to which your program is operating as intended.

Qualitative data – Information gathered in an "open-ended" fashion where the respondent has the opportunity to provide details in her own words.

Quantitative data – Information gathered in a structured way that can be categorized numerically. (For example, quantitative data can be collected through questionnaires and interviews, with response categories that can be checked off or circled).

Ratio of benefits to costs – Indicates the relationship between positive results of a program and how much the program costs. This ratio is found by dividing total program benefits by total program costs. For example, dividing the $300,000 benefit of a program by its $150,000 costs yields a cost-benefit ratio of 2:1.

Risk factor – An attribute or exposure that is associated with an increase in the probability of a specified outcome (e.g. experiencing or perpetrating interpersonal

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[55] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.
[56] *Costs of Intimate Partner Violence Against Women in the United States*, Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA, 2003.
[57] Violence Prevention Alliance, http://www.who.int/violenceprevention/en/.

violence). Risk factors are not necessarily causal. Examples of risk factors include: male gender, young age, alcohol and carrying weapons.[58]

Sample – A subset of the whole. When there is too much data to look at all of it, or it is not possible to collect data about a whole group of people or situations, then often we look at a sample, or subset. The more representative a sample is of the whole population, the more likely that the information it gives you will be reliable.

Secondary prevention – Program activities intervening immediately after the violence occurs that include steps to decrease the likelihood that the violence will recur. Having an abused person become safe by going to a shelter after a violent event is an example of secondary prevention. This is also considered intervention.

Spectrum of prevention / spectrum of community change – A framework that identifies multiple levels on which prevention efforts take place. These levels are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity.[59] At Transforming Communities, we have expanded the spectrum of prevention into a s*pectrum of community change*. This includes two new levels: Cross-Sector Collaboration and Mobilizing Communities and Neighborhoods.

Stakeholders – People who have an interest in your program or initiative. Stakeholders may include staff and board of directors of your organization; program participants; funders and policy-makers interested in your issue; and other constituents (members of your community who benefit from your program).

Standardization of measures – A technique to make measures (such as costs, benefits, or outcomes) uniform to allow for comparison among programs or program components.

Statistical significance – When used by researchers, the word significance refers not to the importance or size of the difference, but to the likelihood that the associations are real and not simply due to chance.

Sustainability – The measure of a program's characteristics which can remain in existence for as long as necessary and appropriate. The long-term sustainability of prevention programs has to do with longevity and program impact.

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[58] Sethi, D., et al. *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

[59] Originally developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program, the Spectrum is based on the work of Dr. Marshall Swift in treating developmental disabilities. It has been used nationally in many prevention initiatives. For more information, see: www.preventioninstitute.org.

Tertiary prevention – Program activities that occur over time, well after the violence begins, and include rehabilitation efforts, such as batterers' intervention and treatment or working with survivors to address the long-term effects of violence. This is also considered intervention.

Theory (big "T") – A cohesive set of ideas about why a problem exists and how a change can be created, which has been named, tested, published and applied.

Theory (little "t") – Well-thought-out ideas and concepts related to our work, which usually arise out of a mix of experience, research, and discussions with co-workers and community members.

Theory of cause – Why you believe a problem exists; describes the specific factors that have led to the problem that a program seeks to prevent or reduce.

Theory of change – Why you believe your actions will lead to a desired change; shows the logical pathway of what a program does to prevent or reduce a problem by naming clear outcomes (early, intermediate, and long-term) and the action strategies that lead to the achievement of those outcomes.

Time to return on investment -- The time it takes for program benefits to equal program costs -- yet another indicator used in cost-benefit analysis. For programs, measured benefits and costs tend to occur close to the same time, or at least in the same few years. For individuals, however, the investment in prevention may pay off substantially only after several months, years, or decades. Costs usually occur up front, but the program benefits which can be measured in dollar values may take time to reach the point where they exceed program costs.[60]

Victimization rate – The number of incidents of Intimate Partner Violence involving U.S. women ages 18 and older per 1,000 women in that population. The population estimate used in the CDC report is the U.S. Census Bureau's projection of 100,697,000 women ages 18 and older in 1995.[61]

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[60] Yates, B.T. *Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs*, National Institute on Drug Abuse, 1999.

[61] *Costs of Intimate Partner Violence Against Women in the United States*, Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA, 2003.

Appendix B:
Abuse and Violence

The following material was developed by Transforming Communities: Technical Assistance, Training and Resource Center (TC-TAT), www.transformcommunities.org.

The range of abuse and violence includes non-physical and physical abuse, violence and assault:

1. VERBAL
General verbal abuse includes demeaning, caustic and threatening language.

Verbal abuses may also include threats of withdrawal of care, support, or services, especially in instances of abuse of people with disabilities.

2. EMOTIONAL
Psychological and emotional abuse and violence are very complex, as all forms of abuse and violence have an emotional abuse component.

The intricacies of emotional abuse include: causing isolation, stalking, intense criticism, name calling, withholding affection, withholding attention, manipulation with dangerous consequences or at least the threat of these dangerous consequences, and more.

In addition to verbal abuse, emotional abuse includes behaviors that are distinctly unspoken such as: ignoring someone or the "silent treatment;" looks displaying wishes of negative or harmful things onto someone; looks displaying anger or hatred; looks which are powerfully degrading; looks saying "danger is coming."

3. SPIRITUAL
Spiritual abuse takes place when the spirit, the will, the morale, of a person is intentionally drained and even demeaned as a result of the harassment, criticism, and verbal assaults of another.

Spiritual abuse tends to include causing spiritual isolation and spiritual embarrassment; mocking or denying practice of someone's spiritual beliefs and customs; ridiculing someone's faith; unfairly using sacred practices to control a person, or to justify abuse or to prevent safety or healing.

4. ECONOMIC
General economic abuse is seen between adults, in some intimate partner or other consenting relationships, including contractual, (such as caregiver) relationships. It

involves denying access to, lying about, taking from, and/or otherwise controlling someone's financial resources.

It includes such behaviors as trying to keep someone from getting or keeping a job, making that person ask for money, making that person lie or commit frauds or crimes for money, or simply taking that person's money away. It also includes sabotaging a person's work or work productivity.

Economic abuse often includes **wrongly controlling an adult's money** in ways **a parent might do quite rightly with his or her dependent child or teen**, such as giving an allowance or otherwise controlling financial decisions. Between adults, these issues should be fairly decided upon. Economic abuse of this sort involves the abuser treating the abused person as if that person is a child.

5. PHYSICAL

Physical abuse can be to or around someone. General physical abuse **to** someone includes hitting, restraining, blocking, spitting, squeezing, shaking, burning, poisoning, etc. Where caregivers working with persons with disabilities are involved, this physical abuse can extend to inappropriate handling and inappropriate personal care.

Physical abuse can also occur **around** someone such as cornering, throwing, striking, breaking, or upsetting objects around someone. It can include abuse to another person or pet. The message this sends is that "You're next!"

Threatening with an actual weapon is physical abuse as well as emotional abuse.

Sexual abuse and sexual assault are also physical abuse.

6. SEXUAL

Sexual abuse is sexual behavior that crosses someone's sexual boundary without his/her permission: such as rape, or molestation, or sexual harassment. **Sexual assault** includes any form of **non**consensual sexual activity.

Violence involving sex can take many forms ranging from intimidation and touching to rape to sexual homicide. Physical sexual assault including but not limited to rape can involve a weapon such as a gun however often it does not. This form of sexual assault may begin with physical violence or it may begin with pressure and intimidation resulting in rape or molestation, or posing for compromising photos.

Sexual violence of a verbal nature is talking about sex with someone who doesn't want to talk this way, or using sexual words that the person does not want to hear. This verbal sexual abuse may or may not be a precursor to physical sexual abuse.

Appendix C:
Costs of Domestic Violence

The following material is excerpted from: Measuring the Costs and Benefits of Crime and Justice by Mark A. Cohen, *Criminal Justice 2000*, Vol. 4, pp. 274-275.

Cost of domestic violence	Party who directly bears cost*
Medical and mental health care	
Charges not reimbursed by insurance	Victim
Charges reimbursed by insurance	Society
Administrative cost: Insurance reimbursement	Society
Victim services	
Expenses charged to victim	Victim
Expenses paid by agency	Society
Temporary labor and training of replacements	Society
Lost workdays	
Lost wages for unpaid workdays lost	Victim
Lost productivity for paid workdays	Society
Lost schooldays	
Foregone wages due to lack of education	Victim
Forgone nonpecuniary benefits of education	Victim
Foregone social benefits due to lack of education	Society
Lost housework	Victim
Pain and suffering/quality of life	Victim
Loss of affection / enjoyment	Victim's family
Death	
Value of life	Victim
Funeral and burial expenses	Victim's family
Loss of affection / enjoyment	Victim's family
Psychological injury / treatment	Victim's family
Legal costs associated with tort claims	Victim or victim's family
Long-term consequences of victimization	Future victims and society
*Ignores any recovery from offenders through legal action. Source: Adapted from Cohen, Miller, and Rossman 1994.	

Cost of society's response to domestic violence	Party who directly bears cost*
Precautionary expenditures / effort	Potential victim
Fear of domestic violence	Potential victim
Criminal justice system	
Police and investigative costs	Society
Prosecutors	Society
Courts	Society
Legal fees	
Public defenders	Society
Private	Offenders
Incarceration	Society
Nonincarcerative sanctions	Society
Victim's time	Victim
Jury's and witness' time	Jury/witness
Victim services	
Victim service organizations	Society/volunteers
Victim compensation programs	Society
Victim's time	Victim
Other noncriminal programs	
Hotlines and public service announcements	Society/volunteers
Community treatment programs	Society
Private therapy / counseling	Society/offender
Community prevention programs	Volunteers
Incarcerated offender	
Lost wages	Offender/family
Lost tax revenue and productivity	Society
Value of lost freedom	Offender
Psychological cost to family	Family of offender
*Ignores any recovery from offenders through legal action. Source: Adapted from Cohen, Miller, and Rossman 1994.	

Appendix D:
Cross and Multi-Sector Collaboration Evaluation Tool

This appendix and the tool contained herein is included to enhance the discussion contained in Chapter Three of this Manual, in the subsection, "The Value Of A Collaborative Model." Refer to that section of Chapter Three for some preliminary thinking related to this Tool.

Think also of the collaborative projects you have engaged in, or will engage in, whose goal is to work together to help prevent domestic violence. The group you have worked with or will work with can self-evaluate its effectiveness using the tool below.

Also, recall the cost-benefit analyses procedure found in Chapter Eight of this Manual, the "Worksheet: Making the Case for Your Prevention Program." You will see this Worksheet referred to in the "Evaluation" section of the Tool below.

The following is adapted from a series of policy and program evaluation monographs written for the Policy and Community Studies Model Review Project, which studied models of implementation of community-based social policy and change and means of evaluating their success.[62]

When working to generate positive outcomes in the prevention of domestic violence, the engagement of the whole community, or as much of it as can contribute its effective engagement, is of the greatest benefit. Clearly, when it comes to preventing domestic violence, the sum of the whole is greater than the sum of its parts. Moreover, when the collaboration ***reaches across sectors***, there is an even greater increase in potential of the prevention effort. And, once all sectors seeking to help prevent domestic violence learn the techniques and value of collaborating, they can enhance their efforts.

[62] Browne-Miller, A., and Marcus, M., "Cross-Sector Collaboration as Key in Informal Policy and Program Planning," ***Policy and Community Studies Model Review Project: Metaphora Inst.: Phoenix, Arizona, 2002.***

Self-reporting, and self-evaluation of ***cross-sector collaboration*** (**CSC**) teams collaborating to prevent domestic violence can indicate a great deal about the success of the collaboration, both in its work together (***collaboration process***), and in its ability to reach its goals (***collaboration outcome***).

The following ***Cross and Multi-Sector Collaboration Evaluation Tool*** *was developed to allow members of CSC teams to self-report on, and self-review, their effectiveness. Each member of the CSC team is asked to rate each of these factors on a scale of zero to five, with five being the highest rating, The total of each team member's responses is averaged across all team members' responses for a team self-rating score. Teams review their overall scores together, as well as score breakdowns, and do so regularly, using this feedback mechanism as means of enhancing their effectiveness. Many teams add questions to this list: Note that the section regarding partnership is a long one, as this is key to CSC effectiveness.*

Cross and Multi-Sector Collaboration Evaluation Tool

GOAL/S

1. Is the primary goal (or are the main goals) of this cross-sector collaboration (CSC) clear?
2. Are the steps to realizing this goal (or these goals) clear?

IMPLEMENTATION

3. Do all participants in this CSC know the steps to realizing this goal (these goals)?
4. Do all know their own roles in implementing these steps?
5. Are the resources required to conduct this implementation available on all participants' parts?
6. Is there a clear effort to conduct and enhance the community networking required to successfully implement this project?
7. Does this CSC team evaluate its supporting networking efforts?
8. If so, how?

PARTNERSHIP

9. Is this CSC team a working partnership?
10. Are the commitments of the team members clear?
11. Is there sufficient commitment to pursue this CSC?
12. Is there a positive attitude toward pursuing this CSC by the CSC team members?
13. Are there incentives for these team members to stay involved?
14. Are the communication processes clear?
15. Are the meetings and or communications regular?
16. Is there clear leadership?
17. Is there joint control of the team's direction and planning?
18. Do team members feel satisfied with the tasks and roles they have taken or been assigned?
19. Is there a time frame for projects being planned
20. Is the time frame clear to all involved
21. Are there steps along the way which are also given time frames?

COMMUNITY PERCEPTIONS

22. Does the community know of this team's CSC?
23. Does the community look positively upon this team's CSC?
24. Is there support for this CSC within and among the community/ies affected?

TEAM-SELF EVALUATION

25. Is there an evaluative/feedback process in place?
26. What evaluation outcome measures are in place?
27. Is the information this process yields used?
28. Is this partnership a lasting one?
29. Is the work of this partnership sustainable?
30. What measures are taken to ensure sustainability? (also refer to question #29 below)

EVALUATION

31. Are there ways of measuring the effectiveness of projects this team undertakes?
32. What are these ways?
33. Are the outcomes – the outcomes of the work toward realizing the goals of this CSC -- clearly operationalized (made clearly and logically measurable)?
34. What indicates that these measures actually reveal the effectiveness of the work of this CSC?
35. Can these ways of measuring be subjected to the sort of cost-benefit analyses found in the CBA worksheet contained in this Manual?
36. Can these ways of measuring be conducted both in the near term and in the long term, and if so, will they continue to register similar levels of effectiveness?

RESOURCE-SHARING

37. Do the CSC team members each commit to resource-sharing and know each other's commitment/s?
38. Does resource-sharing assist the team in implementing its plans?

39. Are there efforts to acquire resources from the surrounding and affected communities?
40. Are these efforts effective?

Appendix E:
Annotated List of Resources

PLANNING, EVALUATING AND COSTING PREVENTION OR SERVICE PROGRAMS

Evaluation Handbook for Community Mobilization: Evaluating Domestic Violence Activism, by Transforming Communities, Marin Abused Women's Services, San Rafael, CA, 2000. Available at: www.transformcommunities.org/store.html or info@transformcommunities.org.

This handbook offers clear, practical steps for charting the course of a community action campaign from early planning stages through final results reporting. Ideas for linking evaluation with prevention theory, campaign planning exercises, tips for collecting and analyzing data, and sample surveys and assessment tools are laid out in easy-to-read chapters.

Measuring and Improving Costs, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs: A Manual, by Dr. Brian T. Yates, National Institute on Drug Abuse, Bethesda, MD, 1999. Available at: www.drugabuse.gov/IMPCOST/IMPCOSTIndex.html.

This manual describes several ways to determine cost-effectiveness and benefits, ranging from simple educated estimates to sophisticated, computerized methods. No background in accounting or research is needed to use the methods described in the manual. The hands-on format and step-by-step instructions, exercises, and worksheets are designed to guide professionals from a variety of disciplines and educational backgrounds through the collection and analysis of data on costs, procedures, effectiveness, and benefits.

The Cost of Domestic Violence, by Sylvia Walby, Women and Equality Unit, September 2004. Available at: www.womenandequalityunit.gov.uk.

This groundbreaking report addresses one aspect of domestic violence, the cost, for a range of people and social institutions. Adding a financial dimension increases the range of ways in which policy interventions can be articulated, measured and evaluated. While the report focuses on domestic violence in the United Kingdom, much of the information is also relevant for a U.S. audience.

Handbook for the Documentation of Interpersonal Violence Prevention Programs, by the Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004. Available at: http://www.who.int/violence_injury_prevention/publications/violence/handbook/en/

This handbook provides a framework for the systematic collection of information about interpersonal violence prevention programs from diverse settings. It is applicable to programs with or without formal mechanisms for monitoring, evaluating and documenting their impact.

Evaluating Domestic Violence Programs, by J. Edleson, Domestic Abuse Project, Minneapolis, MN. 1997. Available at: http://www.mndap.org/evalmanual.asp or dap@mndap.org.

This manual examines benefits and drawbacks to program evaluation; discusses setting goals and outcome objectives; outlines appropriate data sources; and details when and how to collect, summarize, present, and use evaluation data. Includes worksheets and an extensive set of sample evaluation forms for reference in designing your own program-specific evaluation materials.

Evaluation Guidebook For Projects Funded by S.T.O.P Formula Grants Under the Violence Against Women Act, by Martha R. Burt, Adele V. Harrell, et. al., Urban Institute, Washington, D.C. 1997. Available at: http://www.urban.org/UploadedPDF/guidebook.pdf.

This guidebook is a resource for all people interested in learning more about the success of programs that try to aid women victims of violence, including sexual assault, domestic violence, or stalking. This 250-page, comprehensive manual covers such issues as: developing and using a logic model; making evaluation work for you; measures of short-term and long-term change in victim safety and well-being; describing victim services and support systems; evaluating criminal and civil justice agency changes; measures of community collaboration; data system development; and special issues for evaluating projects on Indian Tribal Lands.

An Evaluation Framework for Community Health Programs, The Center for the Advancement of Community Based Public Health, Durham, NC, 2000.
Available at: http://www.cdc.gov/eval/evalcbph.pdf.

This document emphasizes program evaluation as a practical and ongoing process that involves program staff, community members, and evaluation experts. This manual is not a comprehensive manual on how to conduct program evaluation, but rather a framework that promotes a common understanding of program evaluation. It provides a conceptual roadmap that can be adapted to a variety of settings.

Evaluating the Outcomes of Domestic Violence Service Providers: Some Practical Considerations and Strategies by Cris Sullivan and Carole Alexy. Applied Research Forum, National Electronic Network on Violence Against Women, VAWnet, National Resource Center on Domestic Violence.
Available at: http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_evaldv.pdf.

This article provides an overview of how to conceptualize and carry out program evaluation in domestic violence organizations. The authors include a discussion of how to design appropriate outcomes as well as describing information on how to collect data. The article includes additional resources to assist with outcome evaluations.

PREVENTION

***The World Report on Violence and Health*,** World Health Organization, Geneva, 2002. Available at: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/ or WHO Publications Centre USA, 49 Sheridan Ave., Albany, NY 12210.

This groundbreaking report describes the magnitude and impact of violence throughout the world; describes the key risk factors for violence; summarizes the types of intervention and policy responses that have been tried and what is known about their effectiveness; and makes recommendations for action at local, national and international levels. The Report examines a broad spectrum of violence including: child abuse and neglect by caregivers; youth violence; violence by intimate partners; sexual violence; elder abuse; suicide; and collective violence. Includes a statistical annex with country and regional data derived from the WHO Mortality and Morbidity Database and a list of resources for violence prevention.

A Vision for Prevention: Key Issues and Statewide Recommendations for the Primary Prevention of Violence Against Women in Michigan by Wendi L. Siebold, The Michigan Coalition Against Domestic and Sexual Violence (MCADSV), 2003. Available at: http://www.mcadsv.org/products/sa/MCADSV%20VFP%20booklet.pdf.

This report summarizes five key issues and recommendations related to the primary prevention of violence against women, derived from a yearlong process of collaboration and planning in Michigan. This report provides a model for a collaborative process of developing a statewide primary prevention agenda. For each key issue, the report has a focus statement on why the issue is important; strategies for addressing the issue; and recommendations.

Through a Public Health Lens. Preventing Violence Against Women: An Update from the U.S. Centers for Disease Control and Prevention by Corinne M. Graffunder, M.P.H.; Rita K. Noonan, Ph.D.; Pamela Cox, M.P.H.; Jocelyn Wheaton, M.P.H. from the *Journal of Women's Health* 13(1): 5-14, 2004. Available at: http://www.vawnet.org/SexualViolence/PreventionAndEducation/CDC-PublicHealth.php.

This paper highlights the current efforts of the Division of Violence Prevention (DVP), housed within CDC's National Center for Injury Prevention and Control (NCIPC), to use a public health approach to the prevention of violence against women (VAW). Building from a recently developed strategic plan and a research agenda, it explains how four core public health principles -- emphasizing primary prevention, advancing the science of prevention, translating science into effective programs, and building on the efforts of others -- drive current programmatic activities in VAW prevention. Several current programs and projects are described. The paper concludes with recommendations for future prevention work by deepening our vision of leadership, expanding our partnerships, pursuing comprehensive approaches, and using evidence-based strategies.

A Public Health Approach to the Violence Epidemic in the United States, by Larry Cohen and Susan Swift, in *Environment and Urbanization*, Vol. 5., No. 2, October 1993.

This article describes the dimensions and identifies root causes of violence in the United States and proposes a community-based, public health approach to violence prevention. Modeled on a prevention program developed by the Contra Costa County Health Department in California, the paper advocates a complex systems approach in which coalition-building and a broad range of strategies are combined to effect change at multiple levels of impact. The "spectrum of prevention" strategies range from strengthening individual knowledge and skills to changing organizational practices, and influencing policy and legislation to reduce violence. The underlying premise is that no single approach operating at one level of influence is sufficient to transform the complex, interacting social conditions that contribute to violence.

Transforming the Culture by Donna Garske, in *Preventing Violence in America*, edited by Robert L. Hampton, Pamela Jenkins, and Thomas P. Gullotta, Sage Publications, Thousand Oaks, CA, 1996. Available at: order@sagepub.com or www.sagepub.com.

This journal article builds a compelling case for developing domestic violence prevention strategies that derive from a gender-based analysis. Citing government statistics showing that most violence in families is perpetrated by men against women, the article suggests that gender-neutral analyses (exemplified in mental health and family violence models) tend to miss the point and hinder implementation of effective prevention strategies. To stop the current epidemic of violence against women and girls, the article suggests it is essential to address the root causes of that violence – men's socially-sanctioned beliefs that they have the right to control, coerce, and exert authority over the women in their lives. The article concludes with a vision and model for social change that involves challenging current norms and beliefs through a process of grassroots community organizing.

COLLABORATION

Forced Bonding or Community Collaboration? Partnerships between Science and Practice in Research on Woman Battering, by Jeffrey L. Edleson and Andrea L. Bible in *Viewing Crime and Justice from a Collaborative Perspective: Plenary Papers of the 1998 Conference on Criminal Justice Research and Evaluation* (pp. 25-38), National Institute of Justice, Washington, DC, 1999. Available at: http://www.vaw.umn.edu/documents/collab/collab.html.

This paper explores factors contributing to successful collaborations between practitioners and researchers studying the impact of adult domestic violence and the effectiveness of services aimed at stopping it. The paper identifies potential challenges to research partnerships and, through interviews with the researchers and practitioners from four successful collaborations, highlights strategies for effectively navigating these challenges.

Recommendations for Establishing and Maintaining Successful Researcher-Practitioner Collaborations, by Vera E. Mouradian, Mindy B. Mechanic and Linda M. Williams. National Violence Against Women Prevention Research Center, Wellesley College, Wellesley, MA, 2001. http://www.musc.edu/vawprevention/general/recom_report.pdf.

This report summarizes advice and information collected from victim advocates, practitioners, and researchers about ways to create effective collaborations that produce the most useful research on issues relevant to ending violence against women.

STATISTICS, DATA COLLECTION AND USE OF DATA ON VIOLENCE AGAINST WOMEN

The Data Sets On &Related to Violence Against Women, developed by the National Resource Center on Domestic Violence (NRCDV) in collaboration with the National Sexual Violence Resource Center (NSVRC). Available at: http://www.vawnet.org/DomesticViolence/Research/OtherPubs/VAWDataSets.php#VAW.

This resource page features a compilation of publicly accessible online data sets on violence against women, and provides information about utilizing and/or analyzing data to enhance the work of advocates and others working to end domestic and sexual violence. Tables of national and state data sets include live links to data sets, annotations, and related information. This resource page also includes some considerations around the credibility, value and limitations of research and data collection methods, links to research reports and publications, and information for researchers.

Implications for Advocacy and Training: An Analysis of Costs of Intimate Partner Violence Against Women in the United States by the National Resource Center on Domestic Violence. http://www.vawnet.org/NRCDVPublications/TAPE/OtherResources/CostofIPVImplications.pdf.

This brief (8 pages) report summarizes the background, methodology, findings, and discussion of the study, *Costs of Intimate Partner Violence Against Women in the United States* by the Centers for Disease Control and Prevention. The purpose is to aid practitioners in using the information contained in the study.

Researching Violence Against Women: A Practical Guide for Researchers and Activists by M. Ellsberg and L. Heise, PATH and World Health Organization, 2005. Available at: http://www.path.org/publications/pub.php?id=1175.

This manual has been developed in response to the growing need to improve the quality, quantity, and comparability of international data on physical and sexual abuse. It outlines some of the methodological and ethical challenges of conducting research on violence against women and describes a range of innovative techniques that have been used to address these challenges. Methodologically rigorous research can then be used to guide the formulation and implementation of effective interventions, policies, and prevention strategies.

WEBSITES

DOMESTIC VIOLENCE WEBSITES

Communities Against Violence Network (CAVNET)
http://www.cavnet2.org
The CAVNET database is a searchable source of information about violence against women, children, people with disabilities, gays, lesbians, and others.

The Minnesota Center Against Violence and Abuse (MINCAVA)
http://www.mincava.umn.edu/
The Minnesota Center Against Violence & Abuse operates this electronic clearinghouse via the world wide web, with access to thousands of gopher servers, interactive discussion groups, newsgroups, and web sites. The clearinghouse aims to provide a quick and user friendly access point to the extensive electronic resources on violence and abuse available through the Internet.

SafeNetwork
http://www.safenetwork.net
SafeNetwork provides training and technical support to domestic violence agencies and advocates in California.

Silicon Valley Domestic Violence Project
http://www.growing.com/nonviolent/research/dvlinks.htm
Provides a huge range of links to domestic violence oriented websites, including resources for working with different ethnic groups, batterers' intervention programs, immigration issues, federal domestic violence offices, and more.

Violence Against Women Electronic Network (VAWnet)
www.vawnet.org
Provides support for violence against women intervention and prevention efforts at the national, state, and local levels through electronic communication and information dissemination. VAWnet participants have access to online database resources. Network members are able to engage in information sharing, problem-solving, and issue analysis via electronic mail and a series of issue-specific forums facilitated by nationally recognized experts in the field of violence against women. VAWnet also operates an extensive searchable electronic library available to the general public, providing links to external sources; an "In the News" section; and access to articles and audio and video resources focused on intimate partner and sexual violence and related issues.

PREVENTION WEBSITES

Prevention Connection
www.preventconnect.org/159.0.html
Prevention Connection: The Violence Against Women Prevention Partnership is a national project of the California Coalition Against Sexual Assault (CALCASA) to conduct web conferences, moderate a ListServ and lead on-line discussions to advance primary prevention of violence against women.

Transforming Communities Technical Assistance, Training and Resource Center (TC-TAT)
http://www.transformcommunities.org
TC-TAT serves as a technical assistance, training, and resource center for the advancement of new practices, learning, and skill development in domestic violence prevention. The TC-TAT website provides a wide range of resources and tools.

MyStrength Campaign
www.mystrength.org
A Project of the California Department of Health Services and the California Coalition Against Sexual Assault (CALCASA), MyStrength was created for men to learn about and share ways of living a life based on equality, caring and respect.

EVALUATION WEBSITES

Results Based Accountability (RBA)
www.raguide.org or www.resultsaccountability.com
RBA is a disciplined way of thinking and taking action that communities can use to improve the lives of children, families and the community as a whole. It is a step-by-step process for identifying results/outcomes; indicators; baselines; strategies; and performance measures.

Applied Survey Research (ASR)
www.appliedsurveyresearch.org
ASR is a non-profit research organization dedicated to helping people build better communities by providing valid, meaningful, and usable assessments and outcome evaluations necessary for effective community planning and programming. ASR helps communities and organizations use existing data or generate new data and share it with community leaders, the media and the public.

COMMUNITY ORGANIZING WEBSITES

The Community Tool Box
www.ctb.ku.edu
This excellent online resource provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, check-lists, and related resources.

ABSTRACTS AND RESEARCH STUDIES

Summary of International Studies

For an overview of international studies related to the economic costs of domestic violence, please see ***Economic Costs of Domestic Violence*** by Lesley Laing and Natasha Bobic, available at: http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Economic_costs_of_DV.pdf.

The Monetary Value of Saving a High-Risk Youth (article) by Mark A. Cohen, Owen Graduate School of Management, Vanderbilt University, (Nashville, TN). *Journal of Quantitative Criminology*, Vol. 14, No. 1, March 1998, pp. 5-33, Springer Netherlands. Available by subscription at www.springerlink.com.

Programs targeted at high-risk youth are designed to prevent high-school dropout, crime, drug abuse, and other forms of delinquency. Even if shown to be successful in reducing one or more social ill, a key policy question is whether the cost to society from that intervention program exceeds its benefits. Although the costs of intervention programs are often available, the benefits are more illusive. This paper provides estimates of the potential benefits from "saving" a high-risk youth, by estimating the lifetime costs associated with the typical career criminal, drug abuser, and high-school dropout. In the absence of controlled experimental data on the number of career criminals averted, one can ask the reverse question – how many career criminals must be prevented before the program "pays for itself?" Based on a 2% discount rate, the typical career criminal causes $1.3 - $1.5 million in external costs; a heavy drug user, $370,000 to $970,000; and a high-school dropout, $243,000 to $388,000. Eliminating duplication between crimes committed by individuals who are both heavy drug users and career criminals results in an overall estimate of the "monetary value of saving a high-risk youth" of $1.7 to $2.3 million.

The Cost of Batterer Programs: How Much and Who Pays? (article) by Alison Snow Jones, Johns Hopkins University. *Journal of Interpersonal Violence*, 2000:15: 566-586, Sage Publications. Available by subscription at: http://jiv.sagepub.com/cgi/reprint/15/6/566

This article documents the economic costs of four geographically and programmatically diverse batterer treatment programs and illustrates the components and procedures of a program cost analysis. Such analyses provide an essential component of cost-effectiveness analysis (CEA) and can assist policy-makers in understanding how the structure and scope of batterer programs influence the costs. Cost per batterer session at the four sites was similar ($22-$32) despite differences in organizational structure and scope of services provided even when cost figures are adjusted ($17-$22) for other services offered by the sites. The estimated cost of program completion in 1995 ranged from $264 to $864. Completion costs that take account of other services that these sites provide range from $261 to $622, with three of the sites reporting completion costs less than $400. Much of the cost of these programs is borne by batterers.

The Organizational Benefits of Assisting Domestically Abused Employee (article) by Pamela R. Johnson and Julie Indvik, California State University, Chico, CA. *Public Personnel Management*, Vol. 28(3), Fall 1999, pp. 365-374.
http://www.allbusiness.com/periodicals/article/315231-1.html.

This article defines domestic violence, outlines costs of domestic violence to employers, and suggests steps employers can take to assist domestically abused employees. The National Safe Workplace Institute estimates the effects of domestic violence on employers in terms of decreased productivity, lowered morale, and increased absenteeism; increased health care, insurance, and related costs; increased personnel costs for replacement and temporary workers; emergency diversion of security and human resources personnel; and increased security expenditures related to the possibility of domestic violence in the workplace. Organizations can take the following actions: recognize warning signs, encourage disclosure, initiate legal action, develop a domestic violence program, be aware of stalkers, purchase computer software predicting which abusers are most likely to kill their spouses, and provide in-house assistance and education programs.

Measuring the Costs of Domestic Violence Against Women and the Cost-Effectiveness of Interventions (book) by L. Laurence and R. Spalter-Roth, Institute for Women's Policy Research, Washington, D.C. 1996.

This book describes an economic model for measuring the direct and indirect costs of domestic violence to society and for assessing the cost-effectiveness of interventions. The focus is on the institutional prevalence and direct costs in the health care, child well being, employment, homelessness, criminal justice and social services sectors. The book also reviews research on some of the indirect costs of domestic violence such as absenteeism and lost productivity. The model does not include the costs of the long-term impacts of children's exposure to violence or of the intergenerational transfer of violence.

The Cost and Benefits of Intervening: Battered Women's Mental and Physical Health Over Time (study) by Laura McCloskey, Harvard University, Cambridge, MA.
http://www.gold.ahrq.gov/GrantDetails.cfm?GrantNumber=R01%20HS11088

This study compares seven existing domestic violence interventions in different hospital settings. The actual cost of these hospital programs and the estimated cost of other services will be contrasted to the cost of violence to women's long-term mental and physical health, accumulated quality years of life, economic productivity and social capital. Although the survivor shoulders the greatest burden, the cost of relationship violence to society has yet to be fully weighed. M costs surface as the most salient to the health care community, however, there are many related costs that should be taken into account to take a broad view of the toll. The findings will offer new information on the cost-effectiveness of a variety of hospital-based interventions and specific recommendations. Results expected in Fall 2006.

Evaluating Coordinated Community Responses to Domestic Violence (report) by Melanie Shepard, National Resource Center on Domestic Violence, available at: http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_ccr.php

This report provides a summary and analysis of research on coordinated community responses to domestic violence. It provides an overview of different mechanisms for coordination, examines individual components of a coordinated community response, and addresses the overall response. The focus is on the justice system, advocacy and programs for abusers.

Long-term Health Care Effects of Domestic Violence (study) by Robert S. Thompson, MD and Frederick Rivara, MD MPH, Center for Health Studies, Group Health Cooperative of Puget Sound, Seattle WA. http://depts.washington.edu/hiprc/projects/prevention/health.html

Domestic violence (DV) is a major societal problem, affecting up to 25 percent of women in their lifetimes, yet knowledge of the impact of DV on health-care utilization and on health status is only rudimentary. This study will assess the impact of DV over an 11-year period on health-care utilization and cost for adult women and their children. Female victims of DV and their children will be compared to a group of non-victims to determine the effect of DV on physical and mental health status, social functioning, and health-risk profiles. This information will be important in convincing health care plans to institute programs for abused women.

Domestic Violence in Bristol – Findings from a 24-hour Snapshot (report) by N. Westmarland, M. Hester and A. Carroza, Bristol: University of Bristol, United Kingdom, 2005. Available at: http://www.bris.ac.uk/sps/research/fpcw/completed.shtml.

This report describes a study of the amount of help-seeking and support given to domestic violence victims during a 24-hour period in Bristol (United Kingdom). It includes an overview of difficulties encountered, an estimate of the prevalence of domestic abuse in Bristol, findings focused on information about the individuals experiencing domestic abuse, types of abuse experienced, the nature of the support provided, and estimates of costs. This report is one model for how a city might approach collecting local data related to domestic violence. It includes the survey and database used in the snapshot.

Cost-Effectiveness of Domestic Violence Interventions (study) by Mary Zachary, Montefiore Medical Center, Bronx, NY.
http://www.gold.ahrq.gov/PrintView.cfm?GrantNumber=K08%20HS11297

This project investigates the effectiveness of domestic violence interventions, defines outcome measures, and develops a method for a cost-benefit analysis. The study will provide information to guide the medical community on how best to develop domestic violence interventions and investigate the cost-effectiveness of domestic violence interventions in primary care. The project began in March 2003 and is expected to be completed in September 2007.

Appendix F:
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Appendix G:
TC-TAT Services and Support

TC-TAT was created in 1997 to advance new practices, learning, and the skill development necessary to *prevent* violence against women. A division of Marin Abused Women's Services (MAWS) in San Rafael, California, TC-TAT's vision is to strengthen the collective efforts of domestic violence, sexual assault and allied organizations to ameliorate the effects of violence against women (VAW) and to prevent such violence.

TC-TAT fosters effective social change through:

- ***Collaboration*** – bringing together people from differing viewpoints and backgrounds to work towards the common goal of violence against women prevention.
- ***Learning communities*** – facilitating peer learning groups of practitioners who share their methods, strategies, successes and challenges through trainings, conference calls, and in-person meetings, thereby fostering new thinking and understanding in the field.
- ***Policy advocacy and systems change work*** – advancing a prevention agenda with a range of decision-makers on local, state, and national levels.
- ***Trainings, publications, research & evaluation, and hands-on support*** – addressing the emerging needs of the violence prevention field. TC-TAT's trainings are geared to meet the needs of the diverse populations and primarily follow a "Training of Trainers" model.
- ***Accessible and competent services*** – responding to the geographic, cultural, linguistic, and economic diversity of organizations doing this work. TC-TAT also recognizes diversity based on agencies' size, their experience with violence against women issues, and roles within the organizations' structure.

Some of TC-TAT's accomplishments and ongoing work includes:

- Conducting fourteen Learning and Training Immersion Institutes for hundreds of prevention advocates and dozens of organizations.
- Providing training and support to over 750 faith leaders and domestic violence advocates from more than 30 different faith groups and religions.
- Working to combine and move forward the work of two previous faith leaders and doemestic violence prevention projects, training trainers throughout the state of California to carry this work out to communities.
- Developing, testing and administering the Prevention of Violence Against Women with Disabilities Training Project throughout California.
- Developing dozens of professional training materials related to prevention.
- Operating a resource center with hundreds of prevention-related products such as videos and study guides, manuals, online tools, social marketing materials, and organizing kits. For more information on products recommended by TC-TAT, free downloadable flyers and tools, links to other prevention websites, as well as products available for purchase, visit www.transformcommunities.

- Establishing an award-winning, five-year demonstration project in Marin County using the Community Action Team model to address and prevent VAW and girls.

For information, please contact: **info@transformcommunities.org**.