

THE COSTS OF DOMESTIC VIOLENCE

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EXECUTIVE SUMMARY

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A copy of the 55-page report, ***Measuring the Costs of Domestic Violence Against Women and the Cost-Effectiveness of Interventions***, is available for \$10.00 prepaid from the Institute for Women's Policy Research, Publication Division.

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*A Story of Domestic Violence**

In 1990, things got scary.

When Maria started showing, Doug called her ugly. Then he knocked her down. Luckily, she didn't lose the baby. Doug swore it would never happen again. But it did, and he became increasingly jealous, controlling and violent.

By 1993, Maria, Doug and their two children had become regulars in the emergency room, the local precinct, family court and criminal court. At work, where she served as a benefits coordinator for a large corporate law firm, Maria was having trouble concentrating and staying awake; in fact, work was the only place she could get some sleep because Doug kept her up arguing, pounding on her or forcing her to have sex. Finally, she lost her job.

The signs were there, but no one saw the whole picture or figured out what was going on. Insidiously, domestic violence was destroying their lives.

Prohibited by Doug from seeing friends or family, Maria rarely left the house and became increasingly isolated and fearful. She was always depressed, couldn't sleep and complained of chronic stomach pains. The children were acting out and the older boy, diagnosed with a learning disability, was in a special program. To numb the pain of abuse, both physical and emotional, Maria was drinking more and more.

On Christmas Eve, 1995, the four-year old tried to keep Doug from hitting Maria and Doug knocked him down. The next day, Maria escaped with the children. After a brief stay with her sister, they ended up in a battered women's shelter. With no job and no money, Maria had to go on public assistance and a report was filed with Children's Protective Services. She began the difficult process of rebuilding her life — treatment for alcohol abuse, domestic violence counseling, therapy for her and the children, orders of protection, divorce proceedings, job training and so forth.

Maria needs, and will continue to need, a great deal of help from public and private institutions, as well as support from friends and family, if she is to reclaim her life and provide a safe and productive future for her children, who have already been traumatized by family violence.

* This story illustrates common complicating factors of domestic violence which generate a variety of costs to society.

How much do batterers like Doug cost America?

Victim Services in New York City, in collaboration with Heidi Hartmann of the Institute for Women's Policy Research in Washington, D.C. and Evan Stark of the Domestic Violence Training Project in New Haven, set out to answer this question. The Costs of Domestic Violence Project (the "Costs Project"),¹ with the help of a preliminary grant from The Rockefeller Foundation, produced a 1996 research report entitled *Measuring the Costs of Domestic Violence Against Women and the Cost-Effectiveness of Interventions*.

The Costs Project

The Costs Project reviewed existing data and research and conducted a series of focus groups with battered women. The findings and analysis were presented, at a full-day Roundtable held in New York City, to the Project's Advisory Board² which consisted of national experts from a variety of fields including law, academia, business, health care, criminal justice, social services, insurance, domestic violence, and youth advocates and foundations. This collocation, which created a unique opportunity for interdisciplinary consideration of an important policy issue, confirmed that domestic violence imposes huge costs on society in a wide variety of ways; it also pinpointed some significant gaps in the current state of knowledge.

The Costs Project team looked at both the direct and indirect costs of domestic violence.

Direct costs are those directly attributable to domestic violence, such as the costs of health care, child welfare, housing, social services and criminal justice that arise when a situation of domestic violence comes to public attention. Direct costs can be defined as the value of the goods and services used in the treatment and prevention of domestic violence.

Indirect costs are costs linked to the effects of domestic violence. Examples include the cost to employers of reduced productivity attributable to domestic violence, and the cost to individuals and families of interrupted education or job training, of job losses, and of diminished quality of life.

An understanding of the full range of financial costs provides a more comprehensive picture of domestic violence and should lead to more cost-effective solutions for intervention and prevention.

Domestic violence as a major public issue

Domestic violence has burst into the national spotlight relatively recently. Personal stories of physical and emotional trauma like Maria's used to be hushed up as private family matters; now they are the subject of grave public concern and discussion. Partner abuse is increasingly treated as a serious crime. Women are reaching out and calling hotlines in record numbers. From July 1994 to June 1995, Victims Services' Domestic Violence Hotline in New York City answered 42,880 calls; during the next 12 months there were 51,487 calls, a 20% increase.³ The National Domestic Violence Hotline answered 73,540 calls in its first year of operation (February 1996 to January 1997).⁴

This new public awareness and concern have brought about an improvement in society's response to partner violence. New legislation, including the federal Violence Against Women Act of 1994, has created more protections and services for victims. More aggressive arrest and prosecution policies against perpetrators are being introduced. Specialized domestic violence bureaus in district attorneys' offices and specialized domestic violence courts are starting to appear. Some doctors are beginning to identify and help victims of abuse earlier. School-based dating violence-prevention programs are teaching young people to recognize the signs of unhealthy relationships and how to avoid them. These are just some of the developments which signify changing attitudes and responses to the problem. But much more remains to be done.

Current statistical data: some striking indicators of the prevalence of domestic violence

A few existing studies give a wide range of estimates for the total national costs attributable to, or associated with, domestic violence —\$5 to \$10 billion⁵ to \$67 billion!⁶ These figures are derived from statistics showing the prevalence of domestic violence among different users of various social services. For example:

- 20% to 30% of adult women are at risk of being abused by their male partners during the course of marriage.⁷
- 29% of all violent acts against women in 1992-1993 were committed by intimate partners.⁸
- 28% of female patients attending non-emergency hospital primary care clinics suffered severe physical abuse.⁹
- 23% of obstetric patients have a history of being battered.¹⁰
- 30% to 50% of women attending hospital emergency rooms are victims of abuse.¹¹
- 11%-64% of women in homeless shelters are there to escape abusive men.¹²
- 3.3 million children are identified each year as being at risk of exposure to domestic violence, resulting in behavioral and developmental problems, foster care and, for some, repetition of domestic violence in their adult lives.¹³
- In about 50% of child abuse cases the mother is also abused.¹⁴

The hidden costs of domestic violence

The story of Mary and Doug illustrates the complex ramifications of partner abuse and highlights the way in which many important effects can be overlooked and omitted from the prevalence data cited above. Depression, anxiety, sleep disorders, fear and isolation may all be consequences of a batterer's physical violence, verbal intimidation, stalking or other abusive behavior. This "hidden" toll also includes unwanted pregnancies, pregnancy complications, birth defects, poverty, long-term unemployment, low productivity, alcohol and substance abuse, health and behavioral problems among children in the household. The list goes on and on.

The connection between these problems and domestic violence is not always recognized by professionals (physicians, social workers, clergy, teachers and others). As a result, policies and services often fail to give victims the help they need to recover from the trauma of domestic violence and avoid revictimization.

Why is it important to know what domestic violence actually costs society?

Cost analysis illuminates the complex consequences of domestic violence. By describing and analyzing the different aspects and consequences of domestic violence in terms of what it costs individuals, businesses and the government, it will be possible to assess more accurately its scale and impact on society.

By directing attention to costs, consequences of domestic violence which can easily be underestimated and "hidden" effects which can be overlooked altogether suddenly become part of the total picture. Cost analysis widens the perspective and opens up new possibilities for policy makers by highlighting the links between the work of various organizations dealing with different aspects of the problem and promising greater efficiency in the provision of services.

Initial research

The initial conclusions of the Costs Project team are that current studies may grossly underestimate both the prevalence of domestic violence and the ways it affects society, and that further research is urgently needed to provide a more accurate picture. In particular, it was concluded that the application of the detailed economic model developed by the Costs Project is essential to provide more precise estimates of direct and indirect costs, and to assess the cost-effectiveness of different kinds of intervention and prevention strategies.

The economic model

Prevalence data alone does not determine the cost of domestic violence. Cost can only be calculated when an economic model which encompasses both the direct and indirect costs of domestic violence is applied to prevalence data.

Direct costs

The model identifies the direct costs of goods and services used to treat and prevent domestic violence and indicates whether existing data on the prevalence of domestic violence is sufficiently reliable. In addition, it seeks to establish accurate information about the costs of individual services. This preliminary study also indicates significant gaps in information which will need to be filled for more reliable cost estimates.

The basic method used to calculate what it costs to respond to domestic violence is to multiply the figures for prevalence (the total number of domestic violence cases in the caseload of the particular service in a given time period) by the cost of services attributable to domestic violence.

Table 1 illustrates the range of direct costs associated with domestic violence and suggests gaps in the types of data necessary to calculate these costs.*

TABLE 1. Examples of Direct Costs of Domestic Violence**		
Service	Usage	Cost
Emergency Room Care	1.85 million visits annually (U.S. DOJ, 1994). 19% of women with injuries who present themselves at ER are victims of abuse (Stark & Flitcraft, 1991).	New York City emergency room costs are estimated at \$506 million annually (Friedman and Couper, 1987 cited in Zorza, 1994).
Birth Defects	Studies estimate that as many as 1 in 4 pregnant women are physically abused (Family Violence Prevention Fund, 1995), increasing the risk of placental abruption (Sherman, et al., 1990) and fetal injury (Saltzman, 1990).	No data.
Emergency Homeless Shelters	11%-64% of homeless women are victims of abuse (D'Ercole & Streuning, 1990).	The Census Bureau is preparing to conduct a survey of homeless assistance providers (National Coalition for the Homeless, 1995).
Police Response To Calls and Writing Reports	In Washington, D.C., 22% of 911 calls are by victims of domestic violence, and 34% of police visits result in a written report (Baker, Cahn, & Sands, 1989).	No data.
Criminal Court	Out of 21 reporting states, there were approximately 360,158 domestic violence filings in 1993 (Ostrom & Kauder, 1995).	No national data on criminal court expenditures are available, but in 1990, states and localities spent \$64.9 billion in direct justice expenditures (U.S. DOJ, 1993).
Prison and Detention of Batterers	20,170 state prisoners incarcerated for harming intimate in 1991 (U.S. DOJ, 1994).	Average annual operating expenses per inmate (nationwide) for state and federal corrections were \$15,513 (U.S. DOJ, 1992b).
Job Training	As much as 84% of women in training are victims of abuse (Raphael, 1995).	\$1,500 per person for JTPA-funded training.
Alcohol and Drug Abuse Treatment	According to the U.S. Dept. of Health and Human Services, 50% of female alcohol abusers are victims of domestic violence (Stark & Flitcraft, 1991).	Estimates (for 1985) of the costs of alcohol abuse are \$6.3 billion in direct medical costs, i.e., hospital stays, or about \$465 per patient; nearly \$500 million in training costs of medical staff; and \$24 billion in terms of premature deaths from alcohol abuse (Rice et al.;1990) & (National Institute on Alcohol Abuse and Alcoholism, 1991).
Foster Care	Approx. 256,000 children in foster care, approximately half due to child abuse (Committee on Ways & Means, 1994). In 45%-59% of child abuse cases, the mother is also abused (McKibben, De Vos & Newberger, 1989; Stark & Flitcraft, 1988).	The percentage of foster care resulting from domestic violence is unknown. \$2.5 billion federal foster care expenditures under Title IV-E (1993) (Committee on Ways & Means, 1994).

*Because of the limited information available, the data sources listed are only illustrative, and may not be sufficiently reliable or nationally representative to calculate total costs or generate accurate cost figures.

** For a more complete description of the full range of direct costs, see the full report.

Indirect costs

The economic model also includes assessment of indirect costs, the value of goods and services lost as a result of the effects of domestic violence (as opposed to those costs generated by providing domestic violence services). These can be thought of as income foregone as a result of the impact of domestic violence, or as the lost opportunities of individuals and corporations to generate resources. Take, for example, the cost of reduced productivity attributable to factors such as injuries inflicted by the violent partner, the need to attend court hearings or doctors' appointments, stress caused by an ongoing domestic violence situation, the effects of interrupted education or job training, and the effects of chronic physical or psychological pain caused by past injuries.

Poor job performance leading to low productivity means employers earn less than would otherwise be the case. These costs, though indirect, are nonetheless real and can be quantified. The cost of reduced productivity, for example, can be estimated by taking the data on average wage rates for women (based on age, education and other factors) and estimating the number of working hours lost as a result of abuse. The costs of death, which fall on the victim's family, can similarly be estimated by calculating the number of working years lost due to the death of the victim or abuser. Other indirect costs may be more difficult to quantify, but it is worthwhile making an effort to include them because they add important dimensions to the problem of partner violence.

Table 2 illustrates some indirect costs associated with domestic violence, and suggests the types of data necessary to calculate these costs.*

Service	Prevalence	Loss
Job Loss of Victim	24%-30% of abused working women lost their jobs (Shepard & Pence, 1988; Stanley, 1988).	U.S. Bureau of the Census, 1993a, provides data on women's earning scales, by age.
Disruption at Work Place	75% of victims harassed at work by abuser (Friedman & Couper, 1987).	U.S. Bureau of the Census, 1993a, provides data on women's earning scales, by age.
Poor Work Habits	64% of battered women arrived an hour late 5 times/mo. (Stanley, 1992).	U.S. Bureau of the Census, 1993a, provides data on women's earning scales, by age.
Lost Productivity Due to Premature Mortality	35% of female homicide victims are murdered by an intimate or other relative (Bachman & Saltzman, 1995).	U.S. Bureau of the Census, 1993a, provides data on women's earning scales, by age.

* Again, the data sources listed in the table are only illustrative.

Precedents for the application of economic models

Economic models have been successfully applied to other social problems, particularly in relation to direct costs. A recent study by the Robin Hood Foundation¹⁵ estimated that teenage child-bearing costs taxpayers \$6.9 billion nationwide per year. An extensive research study by the Center on Addiction and Substance Abuse (CASA)¹⁶ at Columbia University showed that substance abuse and addiction cost New York City \$20 billion in 1994. Similar estimates can be prepared for costs attributable to domestic violence.

There are already some relevant cost studies on domestic violence which point to ways in which the economic model could be applied; however, further review of the data used in previous research projects and of the comparability of their findings, as well as agreement about the definition of partner violence and appropriate methodologies, are needed before reliable cost figures can be calculated.

Areas for further research using available data

To indicate where future data collection efforts should be concentrated, the Costs Project has outlined some crucial areas for research. There are very few studies that include any account of indirect costs, and even those limited to direct costs, tend to be narrowly focused. In spite of significant gaps in our current knowledge, examination of some of the existing data would nevertheless be worthwhile.

Some data (such as hospital data) has the potential to disclose more reliable information about domestic violence than other data (such as mental health services or child protective services); it is easier to trace the cause of physical injuries to violence inflicted by an intimate partner than it is to trace mental conditions such as depression and anxiety to physical or mental abuse. And physicians may agree more about proper treatment of physical injuries than mental illnesses.

General questions for further research might include:

- In the short run, what are the nature and costs of domestic violence services used by a sample of battered women and their children in different parts of the country?
- What national cost estimates can be determined by analyzing existing studies and data such as the National Family Violence Survey or National Crime Victimization Survey? What is the breakdown by cost area (health, social services, etc.)?
- What comparative information would community-specific cost data (e.g., the CASA study on the impact of substance abuse in New York City) provide about the costs of domestic violence in different kinds of communities across the country?
- What proportion of social services and criminal justice costs are attributable to partner violence?

- How can questions about the prevalence and cost of domestic violence be added to planned or ongoing studies in health care, child and family services, substance abuse, and other areas to provide valuable data with minimal additional cost? For example, can survey questionnaires used in ongoing studies such as the Centers for Disease Control Nurses Study, the National Institute of Health, the National Institute of Mental Health or other research at the National Institute of Justice, be adapted to yield information about domestic violence?

Research on employment costs

- How does domestic violence limit women's ability to work, get an education, participate in job training?
- How does domestic violence hurt employers' bottom line?
- What kinds of education and services might help battered women become financially self-sufficient?

Links to the debate about welfare

- Does domestic violence cause women to cycle on and off welfare?
- Does welfare serve as a bridge to independence?
- Will changes in welfare function as a disincentive to victims planning to leave their batterers?
- Will time limits force women back to work before they have fully recovered?
- Will denial of benefits to families because of children's poor performance at school punish those who move to escape from violent situations?
- Will denial of benefits to people convicted of drugs offenses unfairly affect abused women who use alcohol and drugs as a means of numbing their pain?

Studies of how changes in the welfare system affect victims of domestic violence have been pioneered by the Taylor Institute. Public assistance provides an essential safety net for many women who are financially dependent on violent partners, enabling them to escape. Cuts in welfare may cause some of them to remain with or return to abusive mates; others may be forced into homeless shelters or see their children lost to foster care. So, while cuts in welfare may appear to reduce government spending in the short run, costs of services for the treatment and prevention of domestic violence may actually increase, with no net financial benefit to the government. Research on the impact of changes in the welfare system now in the planning stage by the Institute for Women's Policy Research and others should further inform the work of the Costs Project and lead to clearer thinking about important policy decisions of this kind.

Breaking the cycle of domestic violence

- When and how do patterns of victimization and violence through generations of a family or successive relationships get established and maintained?
- How does childhood exposure to violence within the home contribute to violent behavior when the child becomes an adult?
- Does exposure as a child contribute to dating violence?
- Under what circumstances does dating abuse in adolescence lead to domestic violence in adult life?
- What preventive strategies with children and adolescents could stop the abusive patterns before they get entrenched and thereby avert the long-term costs of abuse?

Domestic violence has wide-ranging and serious consequences for victims, their families and society at large. To effect a substantial long-term reduction in abuse, a coordinated, multi-disciplinary approach must be marshaled in which prevention is the guiding principle on both the policy and programmatic levels. The most obvious targets for preventive efforts are children exposed to domestic violence and young people generally. The Costs Project's Advisory Board stressed the importance of further research to elucidate the risks to future generations and determine cost-effective intervention and prevention strategies to reach more children earlier.

Cost-effectiveness of domestic violence programs

- Which programs and services are most effective in protecting and helping victims?
- Which interventions are most cost-effective in reducing the extent of domestic violence, and the adverse financial impact of its effects on society?

To date, no study has attempted to analyze the cost-effectiveness of domestic violence interventions. The National Research Council's 1996 Report on violence against women reviewed research on the effectiveness of different types of intervention but did not look at the cost-effectiveness of programs. A further report on the effectiveness of interventions which is in progress should be helpful, although it is not expected to address the question of costs. Consequently, policy makers, program developers and funders are still forced to make decisions about future services and programs without an adequate understanding of the financial implications.

Conclusion

To help establish the impact of domestic violence, we must seek answers to the specific questions referred to above and to the more broad-ranging questions such as what combination of services, under what conditions, will be most effective in reducing the total cost of domestic violence? And we need to know what kinds of guidelines would assist in the development and

implementation of comprehensive interdisciplinary anti-domestic violence initiatives in different communities.

Partner abuse should be looked at in the broadest possible way to assess its true costs to society. To achieve this, we need a more complete picture of the impact of domestic violence and an understanding of the cost-effectiveness of particular strategies within the overall picture. Without the kind of cost analyses indicated by the initial research of the Costs Project, informed decisions concerning the allocation of scarce resources will be impossible. To provide urgently needed guidance to policy makers, funders and service providers, it is essential that this kind of research continue.

References

¹ Victim Services, the largest victim assistance organization in the U.S., helps over 50,000 victims of domestic violence and their families each year to recover from victimization and works to prevent further violence. Dr. Evan Stark, Director of the Domestic Violence Training Project, is a nationally recognized authority on interpersonal violence, including woman battering, child abuse and homicide. Economist Heidi Hartmann and the Institute for Women's Policy Research (IWPR) have a distinguished record of woman-centered policy research and have conducted influential cost analyses in the areas of health, welfare, employment and child care.

² The following is a list of Board of Advisors roundtable attendees: Wendy Banks, founder of BANKS.; Richard Bernstein, M.D., Vice President of U.S. Healthcare (New York); Eve S. Buzawa, Professor of Criminal Justice, University of Massachusetts; Bonnie Campbell, U.S. Department of Justice; Cheryl E. Chambers, Justice, New York County Criminal Court; Mark A. Cohen, Associate Professor of Management, Vanderbilt University; Kimberle Crenshaw, Professor of Law, U.C.L.A. and Columbia Law schools; Karla M. Digirolamo, New York State Office for the Prevention of Domestic Violence; Mary M. Duncan, The Commonwealth Fund; Jeffrey Fagan, Professor of Criminal Justice, Rutgers University; Anne Flitcraft, M.D., Domestic Violence Training Project; Lucy N. Friedman, Executive Director, Victim Services; James Hardeman, Corporate Manager for Employee Assistance Programs, Polaroid Corporation; Heidi Hartman, Director, Institute for Women's Policy Research; Carol Harvey, Research Associate, Bureau of Economic Research, Rutgers University; Susan Herman, Director of Community Services, The Enterprise Foundation; Sylvia Ann Hewlett, National Parenting Association; Sandra Howard, Health Policy Analyst, U.S. Department of Health and Human Services; Joanne Howes, Bass & Howes; Ruth Jones, Adjunct Clinical Professor, Fordham Law School; Brook McMurray, Director of Subscription Agency Marketing, Time, Inc.; Susan McQuade, Senior Field Representative for Health and Safety, Services Employees International Union; Anne E. Menard, Director, National Resource Center on Domestic Violence; Stephen T. Moskey, Director of Consumer Issues, Aetna Life & Casualty; Helen R. Neuborne, Women's Rights Program Officer, The Ford Foundation; Eli N. Newberger, M.D., Director, Research Training on Family Violence, Children's Hospital, Boston; Barbara Presley Noble, The New York Times; Helen Rodriguez-Trias, M.D., Pediatrician/Consultant in Health Programming; Roberta M. Spalter-Roth, Institute for Women's Policy Research; Evan Stark, Director, Domestic Violence Training Project; Terry Lynn Weiss, Assistant Deputy Commissioner for Quality Assurance, New York City Child Welfare Administration; Patricia Williams, Professor of Law, Columbia Law School; Gwen Wright, Program Director, Community Coordination Project.

³ Biweekly report to the Office of the Mayor, New York City, generated by Jane Corbett, Director of the Hotline, Victim Services.

⁴ Total number of calls received from February 21, 1996 to December 31, 1996. National Domestic Violence Hotline, Office Number (512) 453-8177. National Domestic Violence Hotline Fact Sheet, First Six Months 2/21/96-8/25/96 received 42,285 calls.

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⁷ Strauss, Murray A. & Richard Gelles. 1987. "The Costs of Family Violence," *Public Health Reports* 102(6):638-641.

⁸ Bachman, Ronet, and Linda E. Saltzman. 1995. *Violence Against Women: Estimates from the redesigned Survey*. Washington, D.C.: Bureau of Justice Statistics. NCJ-145325, January.

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¹⁰ Helton, A.S. and F.G. Snodgrass. 1987. "Battering During Pregnancy: Intervention Strategies." *Birth* 14:142-147.¹¹ McLeer, S. and R. Anwar. 1989. "A Study of Women Presenting in an Emergency Department." *American Journal of Public Health* 79:65-67; Abbot et al. 1995. "Domestic Violence Against Women: Incidence and Prevalence in Emergency Service Department Population." *Journal of the American Medical Association* 273:1763-1767.

¹² D'Ercole, A., and E. Struening. 1990. "Victimization Among Homeless Women: Implications for Service Delivery." *Journal of Community Psychology*, 18(2):141-152.

¹³ Carlson, B. 1984. "Children's Observations of Interparental Violence." In A. R. Roberts (Ed.), *Battered Women and Their Families* (pp.147-167). New York: Springer Publishing.

¹⁴ McKibben, L., E. De Vos, E. Newberger. 1989. "Victimization of Mothers of Abused Children: A Controlled Study," *Pediatrics*, 84:531; Stark, Evan, & Anne Flitcraft. 1988. "Women and Children at Risk: A Feminist Perspective on Child Abuse," *International Journal of Health Services*, 18:97.

¹⁵ Robin Hood Foundation, "Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing," 1996.

¹⁶ Center on Addition and Substance Abuse at Columbia University, "Substance Abuse and Urban America: Its Impact on an American City, New York," February 1996. Note: Substances in this figure include drugs, alcohol, and tobacco.