



*cutting through complexity*

# Too costly to ignore – the economic impact of gender-based violence in South Africa

KPMG Human and Social Services

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# Foreword



It is well documented that South Africa has one of the highest rates of gender-based violence (GBV) in the world. But until now what has been less well documented is the economic cost to society of these horrific and unacceptable levels of violence. This report thus represents an important contribution to the fight against gender-based violence in South Africa. As stated in the title of the report, the findings about the cost of GBV are alarming and cannot be ignored.

We see the human cost of gender-based violence every day, but having a calculation of the national economic cost will serve as an important tool in our policy and advocacy efforts to end the suffering and injustice of this violence on a national level. We now know that, using a conservative estimate, gender-based violence costs South Africa between R28.4 billion and R42.4 billion per year – or between 0.9% and 1.3% of GDP annually. We've learned that individuals and families continue to bear the greatest proportion of costs due to GBV. This exercise has also brought to light critical gaps in how we collect and analyse data, and offers some important recommendations for how we can do better.

This report provides new analysis, as well as an important reminder of the urgency of the work ahead of us to end gender-based violence. As highlighted in the recommendations, we need government to fully estimate the resources required to actually implement existing gender-based violence legislation. An effective inter-sectoral funding model is needed to better coordinate the national response and improve budgeting and implementation efforts. If we are ever going to stop this epidemic, more must be invested in prevention, not just in response.

We hope this report serves to reinvigorate the national dialogue on GBV and helps inform action among civil society, business and government actors. In particular we hope this analysis can assist in the development of a multi-sectoral National Strategic Plan on Gender-Based Violence, which we believe is an essential vehicle to deliver on the recommendations outlined in the report.



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# Executive Summary

01

## Overview

Gender-based violence (GBV), and in particular violence against women, is one of the most expensive public health problems globally and has a fundamental impact on economic growth which can span several generations.<sup>1</sup> More than 30 studies, mostly from developed countries, have attempted to quantify the costs of various forms of violence against women. These studies focus largely on the costs of services, and the economic losses due to lost output, decreased productivity and lower earnings resulting from violence.<sup>2</sup> While the estimates per country vary depending on the scope and focus of the study, the magnitude is clear. **Some of the most comprehensive studies, in both developed and developing countries, estimate the cost of violence to be between 1-2% of GDP, and these are widely accepted to be under-estimates, given the conservatism of the methodology and the gross under-reporting of violence.**

In South Africa, domestic violence and gender-based violence aimed at women is high across all economic and racial groupings. Despite a decrease, the female homicide rate in 2009 was five times the global rate,<sup>3</sup> and the national intimate partner violence homicide rate more than twice that in the United States.<sup>4</sup> While national prevalence rates of all types of gender-based violence, not just those that result in death, are not available for South Africa, it is clear that it is a real problem of great magnitude. However, so far no attempt has been made to comprehensively estimate the full economic impact this has on the South African economy.

## Why cost GBV?

While GBV is repugnant enough in its own right to justify policy interventions, a better understanding of the full cost of violence provides the basis for action within an additional policy framework, that of finance.

Measuring the costs of violence demonstrates how violence drains resources from many affected groups, not just the perpetrators and victims, but also presents significant costs to businesses and the private sector, all levels of government, and civil society. Costs include health, justice, and other service costs, lost earnings, lost revenues, lost taxes, and second-generation costs, which are the cost of children witnessing and living with violence, such as increased juvenile and adult crime. It is widely held in the economic costing literature that the whole of society pays for the costs of not addressing violence against women: it is not a private matter.

The objective of estimating the cost of GBV is two-fold:

- To estimate costs associated with violence against women and their children that may be anticipated over a time period if governments and communities do not take action
- To estimate the cost reductions, or the *potential gains*, that could be achieved with reductions in the levels of violence as a result of implementing national, coordinated action.

Put another way, it shows the significant cost of inaction.

<sup>1</sup> Dalal and Dawad, 2011

<sup>2</sup> Duvvury *et al.*, 2012

<sup>3</sup> Abrahams *et al.*, 2013

<sup>4</sup> Abrahams *et al.*, 2009

## The cost of GBV in South Africa

Based on prevalence rates of, between 20% and 30% of women experiencing gender-based violence within a given year this study estimates that **the economic impact of that violence is between at least R28.4 billion and R42.4 billion for the year 2012/2013, representing 0.9% and 1.3% of GDP respectively.**

The estimates should be considered as a partial or minimum estimate of the true costs, as not all associated costs have been accounted for since the necessary data for a comprehensive cost analysis is just not available in South Africa. Some key data gaps and limitations include:

- There is no national prevalence rate for GBV or violence against women in South Africa. Regional prevalence estimates are not scalable since they will not account for cultural and demographic differences across provinces
- Government spending on GBV is not ring-fenced and therefore unidentifiable in national expenditure data.<sup>5</sup> Specific challenges exist across government departments in estimating expenditure on GBV. For example, doctors are not required to record incidents of domestic violence as such and the police frequently record domestic violence as general incidents of assault or murder
- Estimates of pain and suffering are not included in the analysis. In similar analyses, these costs are significant. In the Australian estimates, they represent 44% of the total cost of violence
- Data on the true costs to civil society are not readily available, and as such, we anticipate that we have underestimated the costs incurred in this sector.

Given these gaps and limitations, it follows that the true cost of GBV is upward of the results presented in this study, supporting the claim that the cost of GBV in South Africa is significant. We recommend that data collection is strengthened and further research is undertaken in order to build on this preliminary analysis.

<sup>5</sup> Thorpe, 2014

## Economic development is limited as long as GBV persists

The National Development Plan (NDP) and Vision 2030 set forth our country's plan for economic transformation, poverty eradication, and full employment. Not only is GBV resulting in wasted resources that could be used towards the NDP and productive economic growth, the significant investments made by government and the private sector to grow the South African economy will be eroded as long as the prevalence of violence against women prevails. In short, GBV erodes both the inputs and outputs of growth.

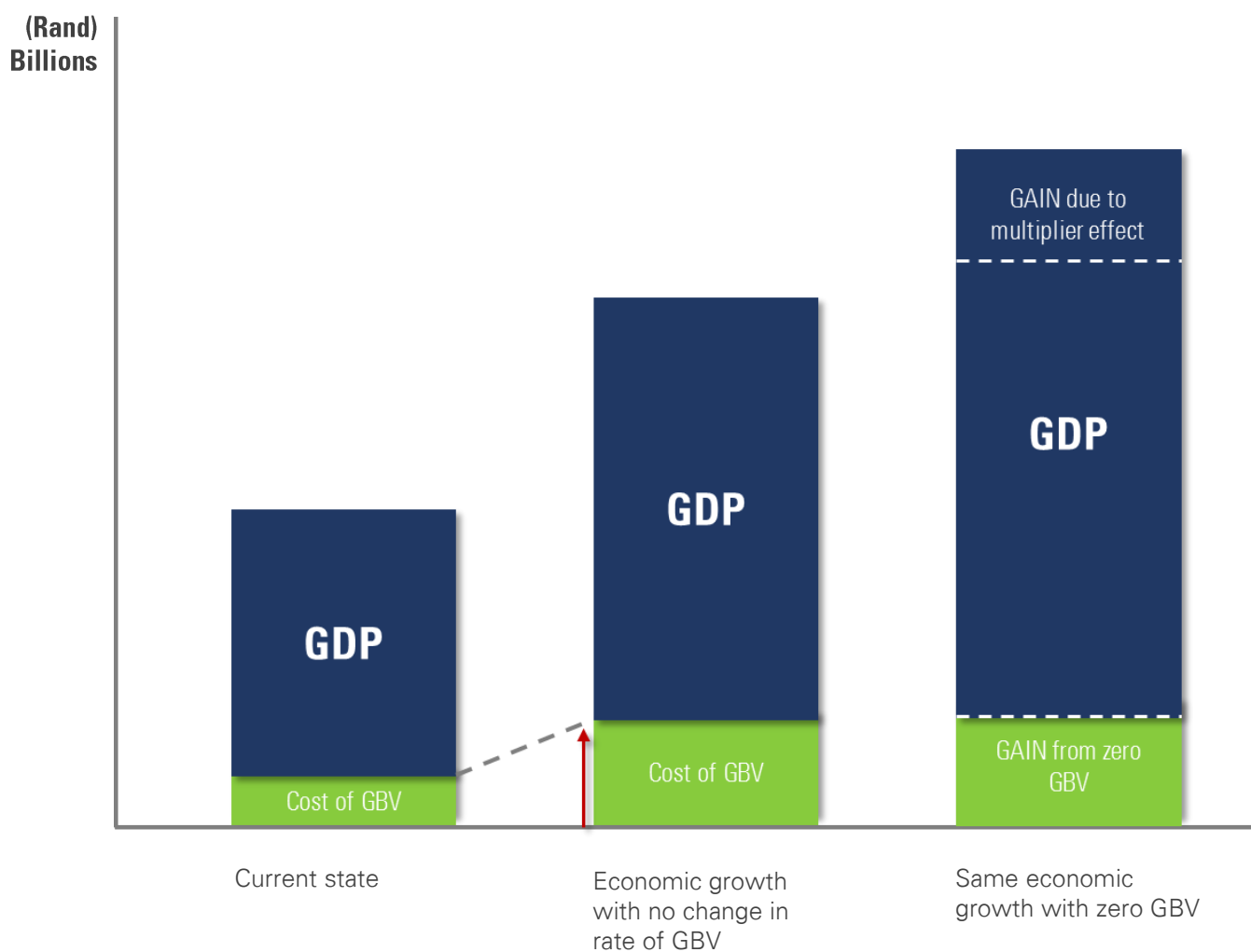
Economic Growth	Potential effects of GBV on economy
Steady state	<ul style="list-style-type: none"> <li>■ Lost earnings</li> <li>■ Lost revenue</li> <li>■ Lost tax revenue</li> <li>■ Diverted resources</li> <li>■ Opportunity cost.</li> </ul>
Economy in growth state	<ul style="list-style-type: none"> <li>■ Value of output lost to GBV increases</li> <li>■ Growth not maximised.</li> </ul>
Economy in depressed state	<ul style="list-style-type: none"> <li>■ Strikes, unemployment all contribute to increased levels of GBV</li> <li>■ Costs of GBV increase</li> <li>■ Contributes further to decline in growth.</li> </ul>

**The multiplier effect:** moreover, the reduction in output is even larger because of the economic multiplier effect, which means that a rand lost represents more than just that rand. Rather it represents the lost savings and spending that is passed on to others to save and spend many times over as money circulates through the economy.<sup>6</sup> When violence is reduced, not only can resources be reallocated to more productive uses that result in economic growth, the multiplier effect serves to augment that growth.

<sup>6</sup> Day *et al.*, 2005



Figure 1: Economic growth and GBV



## Next steps

This research aims to contribute to a deeper understanding among policy makers, political leaders, NGOs, communities and families of the scale and magnitude of the potential costs of GBV in South Africa. It also serves to highlight that funding GBV prevention and response programmes is a strategic investment. Not only is eliminating GBV a social imperative, gender equality creates a *gender dividend*. By building on this costing exercise, we can also establish the business case and economic imperative for the elimination of GBV in South Africa.



Assuming **1** in **5** women experience violence within the year, the **minimum** annual cost to the South African economy of that violence is

▶ **R28.4 BILLION**, which could also be used to: ▼

Provide youth wage subsidies for **100%** of youth who are currently unemployed



Provide National Health Insurance to **1/4** of the South African population **OR**



Build over **half a million** RDP houses

**50%** of people living below the poverty line including ALL persons living in extreme poverty

Pay **ALL** Child Support Grants for eight years until **2022**

Pay **ALL** disability and old age grants until **2016**



Fund over **200 000** primary school teacher salaries for one year



Pay **900 000** engineering students' fees







# Setting the scene

02

## Introduction

Gender-based violence (GBV) is a significant issue in South African society. Not only does it have devastating private and social effects, but it also has a sizeable economic impact. This study explores the concept of applying a monetary value to this impact; reviews some of the international studies which do this; and then presents a partial costing exercise, based on limited data and desktop research, for the South African case. Although the study is not able to postulate a comprehensive account of the costs, we are able to deduce, with some certainty, a minimum cost of GBV to the South African economy.

## What is gender-based violence?

Gender-based violence (GBV) is violence that is directed against a person on the basis of their gender and as a result of the normative role expectations associated with each gender and the unequal power relationships between the two genders.

The scope of the definition reveals the complexity of the issue. Gender-based violence is a term used to encompass a very broad range of specific offences against a person and against several types of people, including women, children, men, straight, gay, lesbian, bi-sexual, and transgender. Men are particularly vulnerable where they are perceived to have transgressed the predominant concepts of masculinity. GBV includes domestic violence (sometimes referred to as intimate partner violence) and violence subjected by a stranger.

However, the most common form of GBV is inflicted by men on women and girls as a result of the unequal distribution of power in society between women and men. Therefore there are specific consequences of this violence for women and girls.

*“The primary targets of GBV are women and adolescent girls, but not only are they at high risk of GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer (...) consequences [on their sexual and reproductive health], including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV.” (UNFPA Strategy and Framework for Action to Addressing GBV, 2008-2011, p. 7)*

GBV can take physical, sexual, financial and psychological or emotional forms and affects all races and socio-economic classes.

## Examples of GBV

Domestic violence (also referred to as intimate partner violence (IPV), non-spousal violence, battering, forced marriage, honour crimes, dowry related violence, sexual abuse, sexual harassment, marital rape, intimidation, stalking, threats to hurt the person or their loved ones, humiliation, female genital cutting, other traditional practices harmful to women and girls, violence related to exploitation, trafficking, sexual slavery, forced prostitution, economic abuse, forced pregnancy, forced sterilisation, forced abortion, abuse in pregnancy, coercive use of contraception, female infanticide, pre-natal sex selection.

## Why is GBV an issue?

The global and local literature on the impact of GBV is significant. A brief overview of the problem of violence is provided below.

### It is a breach of human rights and quality of life

GBV is a breach of the fundamental right to life, liberty, security, dignity, non-discrimination, physical and mental integrity, and is therefore a **direct breach of the Constitution of the Republic of South Africa**.<sup>7</sup>

Some of the specific impacts on a victim's life include:

- Violence in women's lives ranks higher than smoking, obesity or high blood pressure as a contributor to death, disability and illness<sup>8</sup>
- There are significant links between GBV and a range of other reproductive and sexual health problems, including sexually transmitted disease, unwanted pregnancy, contraception and abortion, maternal morbidity and mortality and adverse pregnancy outcomes
- There is a significant association between perceived or actual HIV-risk and higher levels of GBV<sup>9</sup>
- Evidence from India has established a link between GBV and chronic malnutrition<sup>10</sup>
- Children who witness or experience violence have lower educational attainment
- Female victims of violence exhibit risk taking behaviours like unhealthy feeding habits, substance abuse, alcoholism and even suicidal behaviours<sup>11</sup>
- GBV perpetuates and reinforces gender inequality.

<sup>7</sup> Specifically, it contravenes the right to freedom and security of the person, which is articulated in the Bill of Rights

<sup>8</sup> Day, McKenna, Bowlus, 2005

<sup>9</sup> Duvvury, Carney, Huu Minh, 2012

<sup>10</sup> Duvvury, Carney, Huu Minh, 2012

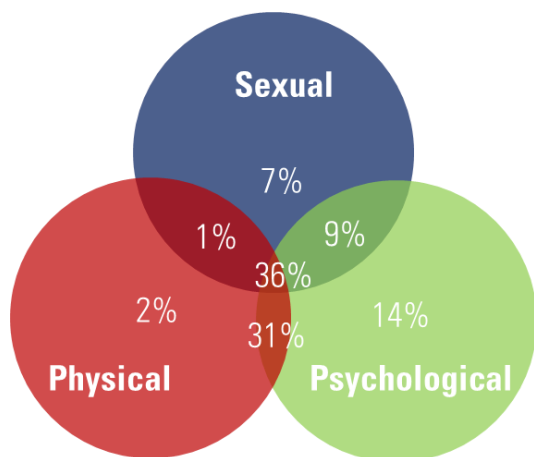
<sup>11</sup> Dalal, Dawad, 2011; Duvvury, Carney, Huu Minh, 2012

## It is a problem of significant magnitude

The experience of violence is multiple in nature: most women experience multiple forms of violence on more than one occasion. In a study by Duvvury *et al.*, (2012), of women reporting incidents of violence in the last 15 months, 20% reported only one incident; 80% reported two or more incidents and 13.5% reported 30 or more incidents of violence. In other words, violence is a pattern of behaviour rather than a single act.

In addition, the violence is frequently experienced in multiple forms. The same study found that in 414 cases of reported violence, 36% of victims reported experiencing all three forms of violence (physical, sexual and psychological).

Figure 2: Experience of violence in last 12 months



Source: Duvvury, *et al.*, 2012, p54

The multiple ways in which violence can be experienced, and the many contexts in which it occurs, means that its costs and consequences are pervasive.

## The effects repeat across generations

GBV has a significant effect on children, whether those children are also direct victims of abuse or witnesses to the abuse. Witnessing family violence in childhood is associated with a greater likelihood that sons and daughters will be either perpetrators or victims of violence.<sup>12</sup>

- A woman who has experienced violence in childhood is 3.11 times more likely to have experienced violence in last 12 months and 2.78 times more likely to experience violence in her lifetime
- A woman who has witnessed violence in childhood is 1.89 times more likely to experience violence in her lifetime.

Men's risk of perpetration of domestic violence starts in childhood and is more common if they have witnessed violence between parents or if they themselves have been exposed to physical or sexual abuse in childhood.<sup>13</sup> **These findings reinforce the message that violence is a learned behaviour and the inter-generational transmission of violence is a serious cost to society and the economy.**

<sup>12</sup> Duvvury, Carney, Huu Minh, 2012

<sup>13</sup> Abrahams *et al.*, 2013

## GBV prevents an economy from attaining its full economic potential

Numerous international studies on the economic impact and costs of GBV over the last 20 years or so demonstrate that GBV has a significant negative influence on GDP and on national economic well-being.<sup>14</sup>

**Aggregate Demand** is skewed towards goods and services related to the effects of violence thereby diverting resources from their optimal use, resulting in lower economic growth and a reduced standard of living. This results from:

- Significant burden and cost to the public and private health care sector, reducing capacity for other priorities
- Significant government expenditures on services to respond to and support victims and survivors of violence, including police, justice, social services and housing/shelter
- Sub optimal consumption costs and opportunity costs on spending on replacement of broken property, settlements of bad debts, reduced income and required healthcare expenditure
- Male perpetrators of violence often not providing financial assistance to their household even when they are able to do so. Thus women and their children may have access to relatively fewer resources than their husband's level of income would suggest.<sup>15</sup>

**Aggregate Supply** is reduced through lower productivity, reduced output and exports, and reduced savings and investments:

- Despite households being in poverty, many women are prevented from working by their partner
- Women suffering from domestic violence have significantly lower propensities to turn up for work on time, to work productively while at work and to stay in the job.<sup>16</sup>
- Employers must hire replacement staff to account for absenteeism and face additional search, hiring and retraining costs for replacing employees who are victims of violence
- There is a demonstrable link between women experiencing violence and lower earnings: earnings decline by as much as 35% with experience of any violence in the lifetime.<sup>17</sup>

Additionally, the reduction in output is even larger because of the economic multiplier whereby a rand lost represents more than just a rand. Rather it includes the lost savings and spending that is passed on to others to save and spend many times over.<sup>18</sup>

<sup>14</sup> Day, McKenna, Bowlus, 2005

<sup>15</sup> Jewkes *et al.*, 1999

<sup>16</sup> Day, McKenna, Bowlus, 2005

<sup>17</sup> Duvvury *et al.*, 2012

<sup>18</sup> Day *et al.*, 2005

## GBV in South Africa

GBV is sadly a feature of a startling number of women's lives in South Africa. While comprehensive national studies are limited, a review of the literature reveals the following shocking findings:

- In a study conducted in Gauteng in 2010,<sup>19</sup> it was found that over half of the women sampled had experienced GBV at least once in their lifetime.
- In 2009, Abrahams *et al.* found that 50.3% of female homicides were a result of intimate partner violence.
- 42.3% of a sample of men working in municipalities in Cape Town in 2006 reported that they had perpetrated physical violence against a partner in the last 10 years.<sup>20</sup>

Violence against women in South Africa is not a homogenous phenomenon. Each woman's experience of violence varies as a result of her status and some groups of women are more vulnerable and experience higher prevalence such as older women, women with disabilities, lesbian, gay, bisexual and transgender (LGBT) women, and women refugees. While the experience of violence varies, what is clear is that the problem of violence is significant and widespread in South Africa.

<sup>19</sup> Machisa *et al.*, 2010

<sup>20</sup> Abrahams *et al.*, 2006



## Why study the cost of GBV?

This study, while focusing on costs, does not intend to downplay the ethical and social imperative to eliminate violence. However, a better understanding of the full cost of violence provides the basis for action within an additional policy framework, that of finance.

Measuring the costs of violence demonstrates how violence drains resources from many sectors, not just the perpetrators and victims, but also presents significant costs to the businesses and the private sector, all levels of government, and civil society. This is particularly important for South Africa where it is crucial not to remove scarce resources from the promotion of healthy and viable communities. **Essentially, the cost of violence demonstrates the waste of resources that can be more effectively used.**

## To demonstrate that GBV is a social and economic, not a private, issue

Identifying a monetary value for violence provides a familiar framework for understanding the magnitude of the human experience. It removes the subject from debate over the correctness of social and traditional roles and responsibilities, and positions it as a quantifiable impact. That said, it is important to bear in mind that the monetary value attributed to violence cannot quantify the full extent of its impact.

Awareness of the costs of GBV to society strengthens arguments for the intervention of government, social institutions and businesses, and provides a reference point to inform the magnitude of such interventions. Since the costs affect everyone, even though the abuse may be private, it brings GBV into the open as a societal issue. Similar to the use of seat belts, road safety, health risk management or vaccinations, GBV is an issue for which it is appropriate for society to intervene in a private affair.<sup>21</sup>

As businesses are also affected by the consequences of GBV through lost time and productivity, demonstrating these costs helps to influence businesses to respond to issues of abuse in their workplace and their workforce. For example, they might choose to assist their victimised employees through support services, or by educating managers about GBV and its effects at work. When violence affects the profit margin, there is incentive for businesses to lobby governments to work toward effective prevention strategies and also implement their own prevention and support programmes.<sup>22</sup>

Finally, it raises men's awareness of how they pay for both their own and each other's violent behaviour, and this can help bring about the cultural change that is required to eliminate violence.<sup>23</sup>

In 2013, the corporate social investments of 100 of the world's largest companies and their charitable foundations amounted to US\$12.2 billion. This significant investment was mainly directed towards education programmes, health, disaster relief and environmental programmes. None of the companies had a specific programme focussed on GBV and women's issues. This is in spite of the fact that GBV is a major concern in some of the countries where these companies are headquartered and/or have significant business operations.

*Unlocking the value of social investments, KPMG International, 2014.*

<sup>21</sup> Day, McKenna, Bowlus, 2005

<sup>22</sup> Day, McKenna, Bowlus, 2005

<sup>23</sup> Day, McKenna, Bowlus, 2005

## To inform policy making

Demonstrating the scale of the costs aids the prioritisation of relevant policies. The World Health Organisation (WHO) and others have indicated that cost calculation and economic analysis of violence, particularly in low income and developing countries, should be a prioritized task in the policy making process.

## To improve the allocation of resources

In order to make informed decisions about how public and private resources should be allocated, and to ensure that enough financial resources are directed toward understanding the issue of violence, policy makers need to have scientific information about the initial size of the problem. The concept of injury costing is frequently used in health economics and has been used to estimate the economic impact of particular health concerns within a population. By measuring economic costs and consequences of violence, policy makers can be better informed over the prioritisation of resource allocation across various social, environmental and economic priorities, as well as within efforts to address GBV.

An understanding of the costs of providing services is necessary to ensure sufficient budgets are provided. Without adequate budgeting, services will be compromised as they will not be able to cater to the correct nature and volume of clients' needs. In addition, this information is needed to determine the economic benefit of one intervention versus another.

## The HIV/AIDS parallel

Violence against women and their children is a profound problem and addressing it is one of the greatest challenges for South Africa. It is of such magnitude and inter-generational pervasiveness that it can be likened in a number of ways to the HIV/AIDS pandemic that South Africa faced in the early 2000s.

In 2003, the World Bank warned South Africa of the potential economic crisis it faced if the country did not do more to address HIV/AIDS. It warned that the pandemic would affect international investor confidence.<sup>24</sup>

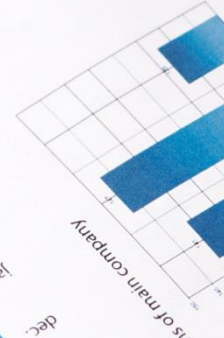
Subsequent studies went further and warned of the economic collapse of African countries within three generations if the AIDS pandemic was not addressed. Their rationale was that AIDS destroys human capital, and by killing mostly young adults, it also weakens the mechanism through which knowledge and skills are transmitted from one generation to the next. The children of AIDS victims are left without one or both parents to love, raise and educate them.<sup>25</sup> **Studies have shown that the growth of GDP is reduced by between 0.5% and 2.6% per annum in countries with an AIDS prevalence rate of more than 10%.**

**The logic for the impact of HIV/AIDS on GDP shares many parallels with GBV. While the death rates for violence may be lower than for AIDS, the breakdown of human capital, loss of productivity, the nature of the stigma that surrounds it and the inter-generational breakdown are arguably similar.**

In South Africa, costing of HIV/AIDS has been utilised as a tool to support better quality primary, secondary and tertiary prevention initiatives with regard to HIV/AIDS. It was effectively used by social movements to argue that the short term health costs associated with preventative programmes and better quality, as well as access to healthcare for HIV/AIDS patients would be far less of a strain on the economy than the long term economic impacts of the pandemic.

<sup>24</sup> Bowman and Stevens, 2004

<sup>25</sup> Bell, Devarajan, Gersbach, 2003





# What do the costs include?

03

## Cost categories

### Types of costs

The costs of violence against women and the impact on their children are typically described as direct (or tangible), indirect (or intangible) and opportunity costs.<sup>26</sup>

- **Direct, or tangible, costs** are those representing actual paid expenses, or real money spent, on the provision of services, facilities, or expenses incurred by the victim or the household
- **Indirect, or intangible, costs** are those which don't have a monetary value, such as pain, fear and suffering or social and psychological costs of violence. These costs may be approximated by a quality or value of life measure or use of a reasonable proxy measure, such as those used credibly in the justice system for establishing compensation
- **Opportunity costs**, sometimes also regarded as indirect costs, are the costs foregone when a victim's options are limited by the circumstances of violence, such as being in or leaving a violent relationship. They represent the loss of potential which have a monetary value that can be estimated.

While all direct and tangible costs should be measurable, many are not due to lack of data. For example, given that government and civil society provide many services free of charge to the victim, the lack of record keeping is problematic as there is no way to properly estimate the costs being borne by the government to address GBV. Indirect and opportunity costs can be harder still to estimate, although many studies have explored this and have been able to provide estimates.

### Cost categories

An alternative way to present the costs associated with GBV is to consider cost categories. This is perhaps a better way to illustrate the wide impact that violence can have. It must be emphasised that every incidence of violence is different and the experience of every victim is different. For example, not all victims will report to the police, or pursue legal action, or seek hospital or health or psychological services, at all or every time they experience violence.

The multiple ways in which violence can be experienced, and the many contexts in which it occurs, means that its costs and consequences are difficult to estimate but what is clear is the potential pervasiveness and scale of the impact and the associated costs.

The table that follows illustrates some of the potential costs that are associated with GBV. Different costs can arguably be classified in multiple/different categories, however the point is to illustrate the significant number and types of costs associated with incidents of violence. The costs are borne by the victim, the victim's family (e.g. to support hospital or court visits), the perpetrator (e.g. productivity lost to justice proceedings), government, civil society, businesses and the community. Note that this is a list of many of the ways in which the costs of GBV can manifest. It is not a list of the costs that have been included in this costing exercise.

<sup>26</sup> The literature varies in how costs are classified according to these types, and some studies treat direct and tangible as different things, but essentially the point is to identify all the different costs associated with violence in order to quantify the full impact.

**Table 1: Examples of Costs associated with GBV**

	<b>Direct or Tangible Costs</b>	<b>Indirect or Intangible Costs, including opportunity costs</b>
<b>Health cost (public and private – includes treatment of victim, perpetrator and children)</b>	<ul style="list-style-type: none"> <li>■ Prescription costs</li> <li>■ Medical care</li> <li>■ Travel to medical facility</li> <li>■ GPs and hospitals</li> <li>■ Reproductive health costs e.g. termination of pregnancy, treatment of STIs</li> <li>■ Psychological and/or psychiatric treatment</li> <li>■ Psychosocial care (counselling or other therapy)</li> <li>■ Medical aid premiums and payouts.</li> </ul>	<ul style="list-style-type: none"> <li>■ Pain and suffering</li> <li>■ Premature mortality (years of life lost)</li> <li>■ Disability or impaired functioning</li> <li>■ Loss of a loved one.</li> </ul>
<b>Government costs (excluding health and justice)</b>	<ul style="list-style-type: none"> <li>■ Children caught up in violence – foster care, shelter etc. while mother is unavailable</li> <li>■ Funding of NGOs</li> <li>■ NGO own funding</li> <li>■ Social workers</li> <li>■ Income support and welfare payments</li> <li>■ Interpreter services</li> <li>■ Creation of laws, policies, research, public information programmes and administration related to GBV</li> <li>■ Special education for children with behavioural problems and learning disabilities as a result of witnessing violence</li> <li>■ Training programmes to help women re-enter the workforce after abuse</li> <li>■ Violence education programmes in schools.</li> </ul>	<ul style="list-style-type: none"> <li>■ Lost tax revenues from lost productivity and employment (for both victim and perpetrator)</li> <li>■ Reduced educational attainment in victims and witnesses of violence.</li> </ul>

	Direct or Tangible Costs	Indirect or Intangible Costs, including opportunity costs
Justice (public and private sector)	<ul style="list-style-type: none"> <li>■ Police</li> <li>■ Prosecution</li> <li>■ Mediation</li> <li>■ Court costs</li> <li>■ Perpetrator programmes</li> <li>■ Probation</li> <li>■ Prison / organisations that support the incarcerated</li> <li>■ Legal aid / private lawyer</li> <li>■ Correctional Services</li> <li>■ Travel costs</li> <li>■ Missed work to attend legal proceedings</li> <li>■ Injunctions and protection orders</li> <li>■ Child custody</li> <li>■ Victim compensation.</li> </ul>	
Business / Employment	<ul style="list-style-type: none"> <li>■ Replacement staff and/or overtime for absenteeism</li> <li>■ Search, hire, retraining costs to replace victims of violence who leave their jobs</li> <li>■ Programmes for creating safe work places, employee assistance plans</li> <li>■ Relocation, separation pay, benefits, medical aid premiums</li> <li>■ Grievances for incidents at work, processing complaints, compensation expenses.</li> </ul>	<ul style="list-style-type: none"> <li>■ Missed work from injuries</li> <li>■ Missed work from legal proceedings</li> <li>■ Missed work from post-traumatic stress</li> <li>■ Missed work from incarceration</li> <li>■ Reduced productivity, reduced output, reduced profits</li> <li>■ Reduced earning potential</li> <li>■ Permanent loss of labour capacity</li> <li>■ Lost promotion opportunities</li> <li>■ Lost employment if unreliable</li> <li>■ Job search if job is lost.</li> </ul>

	Direct or Tangible Costs	Indirect or Intangible Costs, including opportunity costs
Household/ Personal (also includes consumption related costs)	<ul style="list-style-type: none"> <li>■ Shelter and refuges</li> <li>■ Emergency housing to Local Housing Authorities and Housing Associations</li> <li>■ Temporary housing whilst looking for new home</li> <li>■ Housing benefits</li> <li>■ Replacement of property</li> <li>■ Unpaid household production</li> <li>■ Lost economies of scale if separating</li> <li>■ Lower savings and investments</li> <li>■ Relocation costs</li> <li>■ Child care costs while in court, hospital, police stations</li> <li>■ Funerals and burials</li> <li>■ Settlement of a partner's bad debts</li> <li>■ Phone calls and travel to health, justice, work.</li> </ul>	<ul style="list-style-type: none"> <li>■ Lost living expenses where economically dependent on the perpetrator</li> <li>■ Lost rent</li> <li>■ Search costs of finding new facilities and services in new area</li> <li>■ Opportunity cost of consuming other items in absence of violence</li> <li>■ Fear of violence among women in society.</li> </ul>
Second generation	<ul style="list-style-type: none"> <li>■ Health care costs if children also victims of violence</li> <li>■ Psychological support where children are victims or witnesses of violence</li> <li>■ Childcare</li> <li>■ Changing schools, such as uniform costs</li> <li>■ Child protection services</li> <li>■ Remedial/special education.</li> </ul>	<ul style="list-style-type: none"> <li>■ Missed school days if school fees</li> <li>■ Missed school days, poor marks</li> <li>■ Increased future use of government services</li> <li>■ Increased juvenile and adult crime</li> <li>■ Lost school fees if changing schools.</li> </ul>

### Definitions of Violence

Definitions of violence vary from study to study and are often driven by how available crime data is collected. In general, the following three definitions of violence are common:

#### Violence against women

**(VAW)** – violence inflicted on women in any space, by intimate partners or other parties (including strangers)

#### Intimate partner violence (IPV)

– violence inflicted by an intimate partner such as a spouse or sexual partner

#### Domestic violence (DV) –

violence inflicted by a member of the household (not exclusive to intimate partners)

Within these definitions, there are further variations in terms of what constitutes violence. Some definitions of violence include **financial** and **emotional** violence, while others focus only on **physical** abuse.

## Global estimates of the cost of violence

Global studies on the economic impact of GBV have become increasingly sophisticated over the last 20 years. Some research papers are comprehensive attempts to measure national costs, while others are partial exercises measuring only a particular sub category of cost. However, all of them contribute to our understanding of the costs of violence and further development of the costing model and methodology.

To date, there have been more costing studies done in developed countries than developing, due to better quality data. In many developing countries, social and cultural norms of acceptability of the family create a culture of silence, resulting in low disclosure, lack of services, minimal utilization of available services, and inadequate information systems.<sup>27</sup>

Cross country comparisons are challenging. Country specific considerations, including the scope and definition of violence, means comparisons are not comparing like with like. Units of measurement may vary, and in particular with the comparisons below, the year of study varies and total costs vary according to inflation and exchange rate fluctuations. The populations measured, the reporting rates and the types and definitions of violence included in scope also vary, as do the components within each cost category (i.e. studies referenced below may be based on costs to government and civil society costs but not comprehensive or complete).

Despite these obvious limitations, these international studies provide an important reference point for South African policy makers on the scale and magnitude of GBV across other jurisdictions and put pressure on questions of the scale and cost locally in South Africa.

<sup>27</sup> Duvvury, Carney, Huu Minh, 2012





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1002	21	51.26	50.94	+0.63	39.10 / 30.31	17	80.38	49.22	49.66
1003	21	9.58	9.63	-0.52	33.19 / 13.00	17	18.84	29.48	30.0
1004	21	0.39	0.40	-1.27	62.62 / 43.57	18	250.13	71.76	72
1005	21	12	25.11	+0.04	20.39 / 5.23	14	101.45	13.51	13
					11.23 / 0.39	10	60.20	35.64	0
					34.24 / 20.63	10	60.20	35.64	0
						10	60.20	35.64	0

**Table 2: Global estimates of cost of GBV**

Country	Year of Study	Cost of Violence (US\$) <sup>28</sup>	GDP (%) <sup>29</sup>	Type of violence
CHILE	1999	1.6 bn	2.08	IPV
BANGLADESH	2010	1.8 bn	2.05	DV
VIETNAM	2010	1.3 bn	1.41	VAW, DV
AUSTRALIA	2009	14.7 bn	1.1	VAW, DV
BRAZIL	2007	13.9 bn	1.02	IPV
UK	2008	22.8 bn	0.85	DV, IPV
NICARAGUA	1999	30 m	0.61	IPV
CANADA	2011	6.9 bn	0.39	IPV
EUROPEAN UNION	2006	21.1 bn	0.14	IPV
FRANCE	2009	3.6 bn	0.14	IPV
SWEDEN	2004	453 m	0.13	IPV
SWITZERLAND	1999	263 m	0.09	DV, IPV
FINLAND	2002	98 m	0.07	VAW, IPV
USA	2003	5.8 bn	0.05	IPV, VAW
NETHERLANDS	1997	153 m	0.04	DV, IPV
DENMARK	2010	92 m	0.03	VAW, DV

<sup>28</sup> Cost converted to US dollars based on historical exchange rate at year of study

<sup>29</sup> Based on GDP at year of study

## Cost Categories

Health	Justice	Government & Civil Society	Consumption	Loss of earnings	Pain and suffering
				✓	
✓	✓	✓		✓	✓
✓	✓	✓		✓	
✓	✓	✓	✓	✓	✓
				✓	
✓	✓	✓	✓	✓	✓
				✓	
✓	✓	✓	✓	✓	
✓	✓	✓			
✓	✓	✓		✓	✓
✓	✓	✓	✓	✓	
✓	✓	✓		✓	
✓	✓	✓		✓	
✓	✓	✓		✓	
✓	✓	✓	✓		

✓ **Study includes costs in this category but not necessarily a comprehensive account of all potential costs in this category.**

As discussed previously, inclusion of pain and suffering costs can have a significant impact on the overall costs, as illustrated by Australia and UK data, but are an important and justified inclusion.

## Underestimating the costs

There are some important factors to consider when interpreting the analyses above. It is standard practice in research studies such as the above to make conservative estimates. If two assumptions can be made, the one that results in a smaller cost is usually adopted. The decision to be cautious in measuring costs comes from a desire to avoid public backlash to very high cost figures. **The results above therefore underestimate the full cost and in fact provide only a lower bound of costs.**<sup>30</sup>

### Margins of error

In addition, the challenges to getting appropriate, complete, quality data are significant. Day *et al.* (2005) found, in a comparison of the studies, that many reports lack the numerical precision required for perfect accuracy and are weakened by simple oversights in the arithmetic. However, in the end, the overall results are not affected a great deal by these minor errors. Because such large costs are found, there is much leeway for marginal changes in the individual costs. **Perfectly calculated estimates**

### would still measure in the billions of dollars annually.

Another counter argument to any concern about numerical inaccuracies arises from the realisation that all measures of the costs of GBV are extreme underestimates in any case because so many costs are not included. This habitual underestimation of costs provides a margin of error that can absorb small errors or inconsistencies in numerical calculations.

Finally, because of the nature of GBV, the common perception that it is a private issue, and even in some cases a culturally accepted phenomenon, in South Africa in particular, incidents of violence are severely under reported. For example, as few as 11% of women who experienced an attempted rape in 1998 reported it to the police.<sup>31</sup>

A risk of this tendency is that studies which underestimate the costs of violence do more harm than good. Policy decisions and budget allocations which are based on underestimated costs will result in underserved communities and sub-optimal allocation of resources.<sup>32</sup>

<sup>30</sup> Day, McKenna, Bowlus, 2005

<sup>31</sup> Bowman and Stevens, 2004

<sup>32</sup> We have tried to mitigate these impacts by highlighting the gaps in the inputs to the current model, and by running the model for various prevalence scenarios.

## Pain and suffering (human and emotional costs)

Day *et al.* (2005) also point out the arguments for and against the inclusion of pain and suffering in the costing measures. It may be demeaning to put a price on a victim's suffering and using a proxy measure that actually has nothing to do with pain or suffering.

### However these costs are too significant to ignore.

Miller *et al.* (1996) cited in Day *et al.* (2005) measured the costs of rape to the US economy at USD 7.5 billion in direct and indirect costs, and USD 127 billion in pain and suffering. These can be challenged as excessive or over-sensationalized and may therefore undermine the dialogue on the significant costs associated with GBV. However, there is significant support among the research community for their inclusion:

- *They help to prioritize social policy and spending:* for policy makers, seeing the total costs of violence, including pain and suffering, gives a more accurate measure of the magnitude of the impact of violence on a victim's life and thus society as a whole. To omit these costs would falsely represent one type of crime as less costly than other crimes. For example, costs of larceny (theft of personal property) were higher than the cost of rape, at USD 9 billion if comparing on direct and indirect costs alone. However, the magnitude of pain and suffering costs puts rape higher on the policy priority agenda.
- *They validate the victim's experiences:* pain and suffering is able to count for something. In addition, one of the ways in which abuse of women can lead to fatalities is through suicide. Women suffering mental distress also underperform in their roles in the home, the community and in employment.<sup>33</sup>
- *This method is already used in funding and resource allocation decisions:* the UK Department of Transport estimates the cost of injuries in order to identify the full cost-benefit analysis of whether building a new road was appropriate or not. It might be considered that if it is appropriate to include human and emotional costs in decisions on whether or not to fund the building of new roads, it is appropriate to include them in decisions on to whether or not to fund policies to reduce and eliminate domestic violence.

<sup>33</sup> Jewkes *et al.*, 1999



# Identifying costs in South Africa

04

## Aims of the study

### Objectives of this study

The aim of this study is to identify, estimate and aggregate costs associated with GBV as incurred by victims, the government, civil society and businesses in South Africa. It seeks to broadly illustrate the scale of the wider financial impact of GBV in South Africa by highlighting the range of costs that result from acts of GBV, and demonstrating the magnitude of a selection of their financial implications. It provides indicative minimum estimates of the associated costs, and hence potential savings that could be achieved through a reduction in the prevalence of GBV in South Africa. It is the magnitude of the costs and these potential savings that are emphasised above the actual figures presented.

While not an initial objective of the study, it has become evident through our research that the country lacks sufficient or adequate data to fully assess the costs of GBV. In light of this, an objective of this study is also to highlight those gaps and limitations with a hope of encouraging the strengthening of data collection efforts, particularly by government. In spite of these obstacles, we are able to illustrate with a significant level of certainty, a minimum cost of GBV to the South African economy. It is important to note that not all the costs associated with GBV in South Africa have been included in the exercise, and as a result, the final figures presented represent only a portion of the total cost to the economy.

By demonstrating the significant economic impact of the selected costs, this study aims to provide decision makers with additional insight and a sense of the scale of the total cost of GBV and its impact on society as they execute their mandate with respect to the prioritisation and funding of national policy.

<sup>34</sup> This is because employment data is captured for respondents 15 years and above in Statistics South Africa reports.

## Limitations and areas for further research

The first main finding of this study is the current and significant data limitations that exist when attempting to undertake a comprehensive costing exercise like those undertaken in other jurisdictions. Since this study is based on desktop research, rather than primary research, it follows that it does not serve as a comprehensive account of the costs of GBV in South Africa. It is not KPMG's intention that the estimates be considered the latest point of reference for researchers and analysts in this field. Instead, the study should serve to demonstrate the sheer magnitude of the total economic impact of GBV in light of the costs which we are able to identify, and given the numerous areas that we have been unable to include due to data limitations.

### Scope

The study seeks to identify costs associated with GBV for 4 out of 5 affected groups, namely:

- Victims of violence
- Government
- Civil society
- Businesses.

It does not include the second generation effects of violence.

The study includes women aged 15 years and older.<sup>34</sup> It does not include the costs associated with male victims of GBV. The study is based on 2012 cost data. Prevalence rates are based on experiences of violence within the last 12 months, not over the course of lifetime.

For the purposes of this study, GBV includes:

- Physical, sexual, psychological and economic intimate partner violence
- Intimate partner femicide<sup>35</sup>
- Rape and sexual assault
- Sexual harassment.

<sup>35</sup> Femicide refers to the murder of a person based on the fact that she is a female

## Datasets and statistics

The collection and tracking of data on GBV is widely recognised as an essential component of efforts to address and reduce GBV. Accurate data is necessary to guide legislative and policy reform; to ensure adequate and appropriate service provision; to assess the impact of interventions; and to monitor patterns and progress in addressing GBV.

In South Africa, there is a severe lack of data sources that quantify GBV. For example, there is no one source of data that effectively tracks the prevalence of GBV at a national level. Nor are there representative sample studies that can reasonably be extrapolated to estimate national prevalence. Cost data is even more scarce, as government and civil society organisations responsible for responding to GBV are not required to collect data in a way that can be used for estimation purposes. For example, healthcare practitioners are not required to ask patients about the sources of their injuries and record cases of GBV; and although Thuthuzela Care Centres could provide a potential source of data, out-patients are no longer tracked once their case is transferred to a local clinic.

Appendix 1 summarises the data sources that were reviewed for this study, and highlights some of their limitations in terms of providing national data on GBV.

In general, two trends emerge. The first is that national data sources which track any kind of violence or crime do not adequately recognise and disaggregate for GBV. The second issue relates to the sensitive nature of the subject, which results in significant underreporting and hence underestimation of prevalence statistics.

<sup>36</sup> Gender Links is a civil society organization that promotes gender equality in the SADC region

<sup>37</sup> The first of these studies, conducted in Gauteng province in 2010, was designed and conducted in

## Research

In addition to, and perhaps as a result of the lack of comprehensive data relevant to the prevalence and nature of gender based violence in South Africa, there is also only a very small complement of literature that explores the issue.

Appendix 2 provides the key findings of the most relevant literature that was reviewed for this study.

Research focusing on prevalence and effects of GBV has been limited to, at most, provincially representative samples. The most comprehensive of these have been those conducted by Gender Links<sup>36</sup> in the provinces of Gauteng, Limpopo and Kwa-Zulu Natal respectively.<sup>37</sup>

The South African Medical Research Council (MRC) has conducted several research projects on risk factors relating to GBV in South Africa, and notably, have explored risk factors associated with male perpetrators of GBV. Also of significance is the research conducted by the MRC on intimate partner femicide in South Africa, which informs the estimation of the costs associated with GBV-related mortality in the current study.

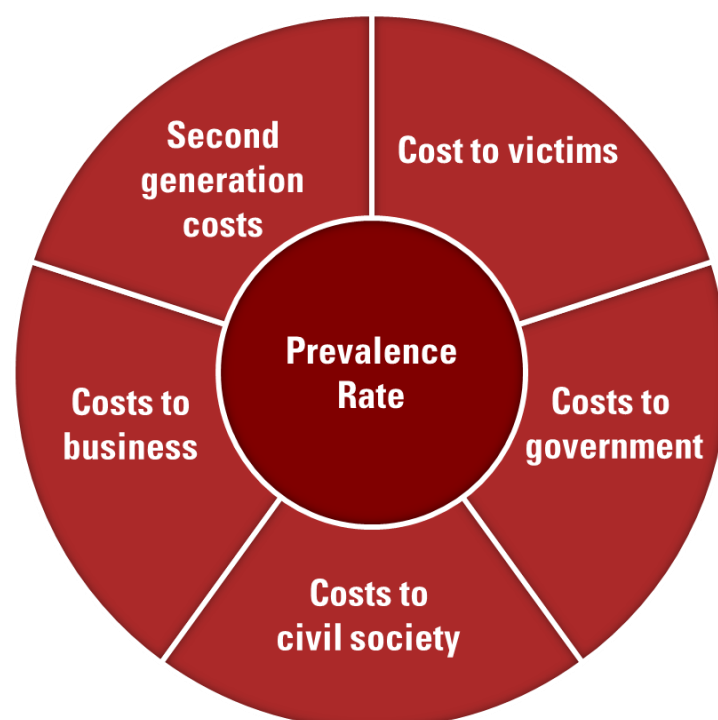
In particular, very little local research has been done on the financial costs associated GBV. The only study that directly addresses this in part, is that of Thorpe (2014), which estimates government expenditure on GBV for the financial year of 2012/2013. No other research has comprehensively addressed the issue of the financial cost of GBV in South Africa.

conjunction with the South African Medical Research Council

## Methodology

The study is informed primarily by research conducted by KPMG in Australia for the National Council to Reduce Violence Against Women and their Children.<sup>38</sup> However, due to the lack of comprehensive data in South Africa, a considerable number of assumptions were made in constructing some of the costs identified. The overall findings must therefore be considered indicative (and in some cases speculative) and are conditional on numerous assumptions made during the course of the analysis. The methodology involved the following:

- The construction of an accounting model, which aggregates costs across the various affected groups
- Inputs were based on desktop research and selected consultations with researchers, practitioners and industry stakeholders. Cost estimates are indicative only
- Both top down and bottom up approaches were used to estimate the costs relevant to each category. A top-down approach typically involves estimating a proportion of the total costs which can be attributed to GBV, whereas a bottom up approach involves applying a unit cost to the relevant number of cases
- Where sufficient information was not available, or time did not permit more in depth research, assumptions were adopted based on the best available evidence or research
- All assumptions and their bearings on the cost estimates are clearly stated.
- It should be noted that this study does not constitute a comprehensive costing of all items listed in Table 1, page 16. The following sections outline the costs that have been accounted for.



<sup>38</sup> KPMG Australia, 2009

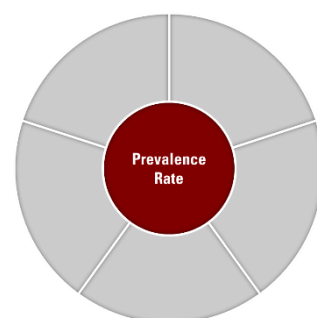


## Prevalence of violence

The most sorely lacking statistic in the South African data is an informed estimate of the prevalence of violence against women. This is a vital statistic for cost calculations. Due to the use of a bottom up approach to costing several of the categories, the model is significantly sensitive to changes in prevalence statistics. The most comprehensive prevalence rate estimates for South Africa to date range between 12% and 19%.<sup>39</sup> Given the comparative levels of violence in South Africa to other countries, however, and the tendency for GBV to be underreported in general, these are likely to be a conservative estimate of prevalence. A prevalence rate for South Africa also needs to reflect the high rates of HIV/AIDS and inequality, as well as the age and geographic distributions of the population.

In recognition of these limitations, and for the purposes of this preliminary costing exercise, it is assumed that the national prevalence rate of women affected by GBV in the financial year 2012/13 is 20%. This serves as the first of three scenarios: the model is later run for prevalence rates at 25% and 30%, in order to demonstrate what the costs might be given that we anticipate that violence is indeed more prevalent than current research reflects.

The estimates make use of the most recent population figures from Statistics South Africa, derived from the 2011 National Census.<sup>40</sup>



<sup>39</sup> Machisa *et al.*, 2011; Machisa *et al.*, 2013; Musariri *et al.*, 2013

<sup>40</sup> Statistics South Africa, 2010

## Cost to victims

### Description of costs

The costs to the victim include:

- **Consumption costs:** consumption costs include the logistical costs related to seeking help, such as transport and phone calls; the cost of services, such as medical costs and counselling costs; the cost of relocation
- **Loss of earnings:** loss of earnings refers to the opportunity cost of income that the victim forfeits as a result of absenteeism
- **Costs associated with morbidity and mortality:** morbidity and mortality costs are related to the pain and suffering experience by the victim as a result of health conditions, disabilities and deaths associated with GBV.

### Approach

Costs per victim are calculated as follows:

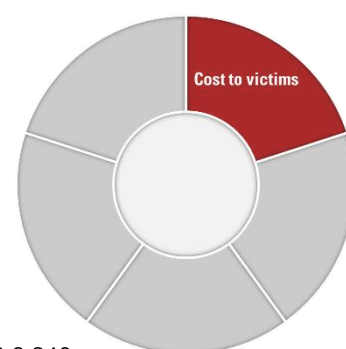
#### Consumption related costs

Dalal and Dawad (2011) found the average cost per incident of violence in their sample to be R 4 875 per individual. For this study, an inflation factor of 10.8% over two years was used to convert 2010 prices to 2012 prices to estimate consumption related costs.

### Loss of earnings

In estimating the lost earnings from violence, the following inputs were used with respect to income and employment levels:

- Statistics South Africa reported that the median monthly income for females (formally and informal employed) was R 2 340 in 2010.<sup>41</sup> This figure was inflated for CPI at 10.8% over the two year period to estimate a 2012 rate
- The employment rate among women was estimated using the average of female unemployment rates for formal and informal employment, reported in the Quarterly Labour Force Surveys for 2013
- It is assumed that there are 20 working days per month, and that women who experience GBV are absent from their work for an average of 5 days per year (over and above any allocated sick leave). This is based on data studies conducted in the UK,<sup>42</sup> which is likely to underestimate the rate of absenteeism in a developing country where transport costs are higher and public services are more difficult to access
- Daily income is multiplied by the number of days absent from work to estimate the average loss of earnings per victim.



<sup>41</sup> Statistics South Africa, 2010

<sup>42</sup> <http://www.caadv.org.uk/costimpact.php>

## **Morbidity and mortality**

Common practice in estimating the economic cost of morbidity and mortality that results from a disease is to make use of a measure of Disability-Adjusted Life Years (DALY).<sup>43</sup> The DALY is a metric used to represent a year of “healthy” life lost due to a given condition. It combines years of life lost (YLL) as a result of premature mortality and years lost due to disability (YLD). YLD measures the equivalent loss of healthy years that result from an individual living with a given disability or condition.<sup>44</sup> However, due to the absence of some of the relevant data at this stage, the model does not account for YLD, and therefore does not include the cost of pain and suffering into the final cost of GBV, which is the most significant portion of the DALY measure.

### **Estimate for SA at 20% prevalence rate**

<b>Cost (ZAR)</b>	
<b>Group</b>	Victim
	R 25 204 817 522

This translates into an average cost per victim of about R 6 500.

<sup>43</sup> This method is used by the WHO, the World Bank and Harvard School of Public Health in estimating the Global Burden of Disease.

<sup>44</sup> The DALY is described in detail in Murray and Lopez (1996).

## Estimating Disability-adjusted Life Years

$$DALY = YLL + YLD$$

### Calculating YLL:

- Abrahams *et al.* (2013) estimated that there were 1 024 female victims of intimate partner femicide in South Africa 2009
- They also estimated that in 2009, the average age of victims of intimate partner femicide was 31 years
- According to the WHO, the average life expectancy at birth for females at birth in South Africa is 62 years
- These figures are used to calculate the Years of Life Lost (YLL)
- YLL is multiplied by the average annual income for females, based on Statistics South Africa data (2010) to provide estimates for loss of earnings due to mortality or death from violence.

### Calculating YLD:

Since GBV is not technically a disease in itself, but is a significant risk factor that increases the incidence of other morbidities and diseases, the YLD for GBV can be estimated as follows:

- Identify the conditions that are associated with GBV, such as HIV, depression, post-traumatic stress disorder, alcohol or drug dependence, intentional injuries, unintentional injuries and suicide.
- Identify their associated disability weightings (some of these are available from the WHO Global Burden of Disease studies): DW
- Identify the incidence of these conditions that is associated with cases of GBV: PC
- Identify the average duration of the case until remission or death: L
- Given the prevalence rate of violence against women in the last year: PV
- Given the population of adult women in South Africa: Pop.

YLD is equal to the average duration of the case, multiplied by the incidence of the condition associated with GBV, multiplied by the disability weighting, multiplied by the affected population.

$$YLD = L * PC * DW * PV * Pop$$

## Cost to government

### Description of costs

This category focuses on the cost to government of providing services related to GBV, such as preventive programmes, medical and after-care services, and specific police and judicial services.

### Approach

In estimating the cost to the South African government, KPMG has taken as a starting point research undertaken on behalf of the Parliament of South Africa (Thorpe, 2014). This work presents financial year estimates for spending on GBV by the South African Government.<sup>45</sup> This data was obtained

by means of surveys that were sent out to the relevant government departments by the Select Committee on Women, Children and People with Disabilities in July 2013.

Table 3 below summarises the methodologies employed in constructing cost estimates for each of the relevant government departments. Note these costs are just national department costs, and do not include provincial data. Some provincial costs have been included for DSD but these are not comprehensive.

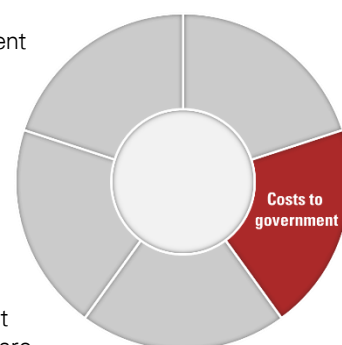


Table 3: Estimating cost to government

Government department	Method	Source
South African Police Service (SAPS)	This figure includes the cost of training related to domestic violence and sexual offences; vehicles, research and public awareness related to the policing of sexual offences; and new Victim Friendly Rooms. It also includes an estimate of the staffing costs associated with issuing of protection orders in 2013, based on 2011 figures for the incidence of protection orders.	Self-reported by SAPS (Thorpe, 2014)
Social Development (DSD)	This figure is an aggregate of reported provincial expenditure on victim empowerment for the nine provinces in the financial year 2012/2013.	National Treasury, 2014, constructed estimate

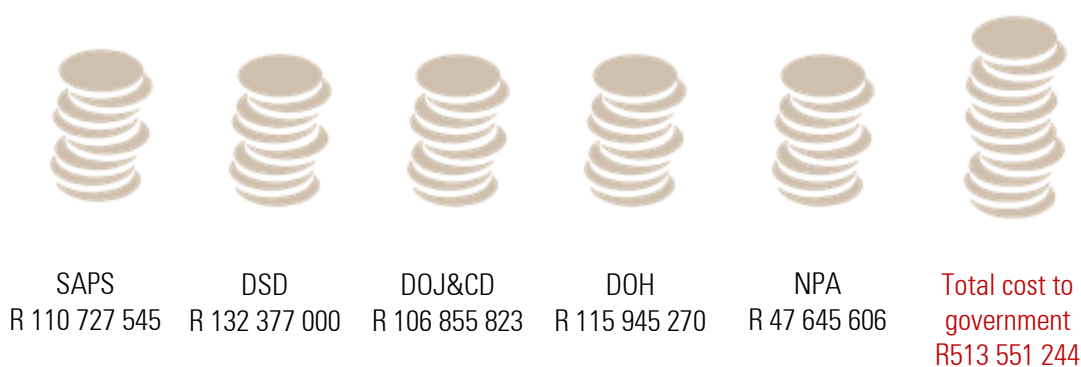
<sup>45</sup> Thorpe, 2014.

Government department	Method	Source
Justice and Constitutional Development (DOJ&CD)	This figure includes the cost of providing dedicated staff, funding research and programmes specific to domestic violence; the establishment of 42 sexual offences courts; funding dedicated staff for and research on sexual offences; and maintaining the National Register on Sexual Offenders.	Self-reported by DOJ&CD (Thorpe, 2014)
Health (DOH)	This figure is based on the medical related running and staffing costs for the Thuthuzela Care Centre (TCC) at the GF Jooste Hospital, which is multiplied by the 35 TCCs that were operational as at August 2013.	Thorpe 2014, constructed estimate
National Prosecuting Authority (NPA)	This figure is based on the administrative cost of running an average TCC, including the salaries of the relevant staff they employ, multiplied by the 35 TCCs that were operational as at August 2013.	Thorpe 2014, constructed estimate

### Estimate for SA

#### Cost estimates for 2012/2013

#### Government department



## Cost to civil society organisations

### Description of costs

In South Africa, it is estimated that 60% of social services for women and children are provided via civil society,<sup>46</sup> therefore, this group is expected to make up a significant component of the total cost of violence against women. The kinds of services that are provided by civil society organisations include shelters for victims, counselling services and support services.

### Approach

The approach to costing this group was to assume a cost-per-client, and to multiply this by the number of clients estimated to make use of the services provided. This cost was set at R 1 200, which is based on the cost per client of services provided by the NGO Rape Crisis.<sup>47</sup> This is obviously simplistic, and the average cost to the whole.

It was assumed that 19.1% of victims of violence sought services from a civil society organisation. This is based on the finding in Jewkes *et al.* (2010) that 19.1% of victims of violence in Gauteng sought medical help,<sup>48</sup> although it is likely that victims are more likely to seek civil society services than they are medical help as not all victims are physically injured. Therefore this represents a lower bound of the costs to civil society.

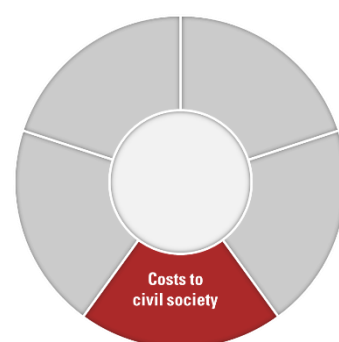
### Estimate for SA at 20% prevalence rate

**Cost (ZAR)**



**Group**

Civil society  
R 885 585 832



<sup>46</sup> Bhana *et al.* (2012)

<sup>47</sup> Face to face interview with Kathleen Dey of Rape Crisis. The cost of services provided by Rape Crisis are calculated on the basis of an average of four counselling services per victim

## Cost to business

### Description of costs

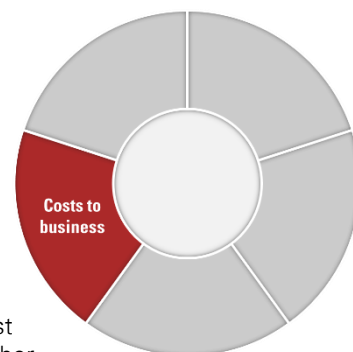
Victims of violence may display increased absenteeism from work, which results in an opportunity cost to businesses. GBV may also cause women who do present at work to be less productive as they can experience depression, PTSD and anxiety, and may be generally more distracted. Where victims lose their jobs due to victimisation of GBV, businesses must incur recruitment costs to replace them.

### Approach

For the purposes of exercise, the cost to business is assumed to be equivalent to the loss of earnings experienced by employees who are victims of violence. Although this is a very simplistic and conservative measure, the logic behind it is this: the cost that a business must bear in the absence of a staff member is equivalent to what they must spend on hiring another employee to perform that task, which is equal to the victim's salary. This is obviously not representative of the real costs of absenteeism, as employee income is typically only a fraction of the revenue that its recipients generate for a business.

It is assumed that 72.8% of victims are employed in either the formal or informal sector. This is based on the national unemployment rate for women in 2013.<sup>49</sup>

### Estimate for SA at 20% prevalence rate



**Cost (ZAR)**



**Group**

Business  
R 1 823 236 692

<sup>49</sup> Statistics South Africa, Quarterly Labour Force Survey 2013

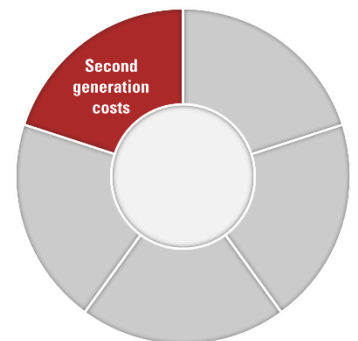


## Second generation costs

This study has not included the costs of the second generation effects of GBV. This is, however, evidenced by other studies to form a significant portion of the overall cost of violence to an economy. For example, in Australia, the cost attributed to children witnessing violence represents 10% of the total cost of violence.

For example a comprehensive study of the costs associated with GBV would account for the cost of services provided to children who are affected by violence directly, or who are witness to GBV in their homes; and the impact that witnessing violence has on the likelihood that individuals become perpetrators or victims themselves later in life.

Future studies on the financial impact of GBV should therefore account for the costs associated with the second generation effects of GBV.



## Gaps and limitations

One of the main conclusions of this study is that the gaps and limitations to data in South Africa are significant and as a result, many costs have not been accounted for. The exercise is already based on principles of conservatism and under-estimation but combined with gaps and limitations in data inputs. Given these gaps, the model serves to demonstrate, with some certainty, a minimum cost of GBV for the year 2012/2013 at any given prevalence rate.

Tables 4 and 5 below summarise the main gaps and limitations in the current study.

Table 4: Costs not accounted for in the current estimate

Affected group	Costs not included	Significance
Victim	Pain and suffering	Pain, suffering and mortality amounted to 44% of the total cost of GBV in Australia in 2004 <sup>50</sup>
Government	Lost tax revenues	Loss of income to individuals and loss of revenue to businesses both result in multiplier effects which negatively impact tax revenues to government
Government	Transfer costs	Transfer costs, i.e. welfare payments to individuals, made up 2% of the total cost of GBV in Australia in 2004
Business	Costs of hiring and training replacement staff	The inclusion of these costs would increase the overall cost of GBV to business
Private health	Cost of private healthcare	The cost of public and private healthcare combined made up 32% of the cost of GBV in Australia in 2004
Civil society	Cost of volunteers' time	The amount of time that volunteers devote to civil society organisations is significant, and the value thereof is not accounted for in this study
Second generation	Second generation costs	Second generation costs made up 2% of the total cost of GBV in Australia in 2004, and given the difficulties in quantifying second generation costs, this is also likely to be an underestimation

<sup>50</sup> Other studies also highlight the significance of pain and suffering costs. Walby (2004) estimates pain and suffering to cost GBP 17 billion per year for domestic violence. Day *et al.* (2005) references estimates of pain and suffering as a result of rape to be USD 127 billion

Table 5: Limitations in the data

<b>Affected group</b>	<b>Limitations in estimation</b>	<b>Impact</b>
Victims	Consumption costs are not comprehensive	It is likely that several cost categories have not been accounted for. They are also likely to be culturally and socio-economically specific, as they are collected from one community
Victims and Business	Lack of data on extent of absenteeism that results from GBV in South Africa	It is likely that victims are absent from work on average for more than 5 days per year in South Africa, but we do not have data to support this
Government	Lack of national expenditure data	Budgets to implement GBV programmes are not ring fenced and as such are unidentifiable in national expenditure estimates
Government	Provincial level costs	The study does not contain a comprehensive estimate of provincial and local expenditures of GBV
Government	Costs of correctional services not included <sup>51</sup>	The inclusion of costs to DCS would increase the total cost as it is likely to be significant
Government	Costs of Department of Basic Education (DBE) not included	DBE runs programmes in relation to violence prevention and others which are not included here
Government	Costs to DSD not comprehensive	It is likely that the cost to DSD has been underestimated as they do not include administration costs and are limited only to expenditure relating to the VEP
Civil society	Lack of data on the average cost of civil society services	The cost to civil society is highly sensitive to the figure used to estimate the average cost per client
Civil society	Lack of data on proportion of victims who use civil society services	It is likely that more than 19.1% of victims use civil society services
Business	Loss of revenue proxied by loss of earnings and does not include cost of rehiring, and training staff; or reduced productivity of staff present	Depending on the industry, salaries can make up as little as 10% of the revenue generated by businesses
Overseas Development Agencies (ODA)	Expenditures/funding not via government or CSOs not included	Funds provided to government and CSOs will be included in expenditures by these organisations, however direct ODA expenditures are not included

<sup>51</sup> Some of the costs associated with DCS are: transport between SAPS, courts and correctional facilities; the cost associated with imprisonment; rehabilitation programmes; medical expenses for perpetrators

# The minimum cost of GBV in South Africa

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## Outputs of the model for three prevalence scenarios

South Africa does not have a national estimate for the prevalence of GBV. For this reason, outputs were generated for three scenarios: prevalence rates of 20%; 25% and 30%.

Table 6: Estimated cost by affected group, based on GBV prevalence rate of 20%

Affected group	Cost	Percentage contribution
Victims	R 25 204 817 522	88.66%
Government	R 513 551 244	1.81%
Civil society	R 885 585 832	3.12%
Businesses	R 1 823 236 692	6.41%
<b>Total</b>	<b>R 28 427 191 290</b>	<b>100%</b>
<b>As measure of GDP</b>		<b>0.9%</b>

Based on a prevalence rate of 20%, and given the assumptions and limitations of the model described above, the cost of GBV in South Africa amounts to over **R 28.4 bn**, and represents 0.9% GDP in 2012.

The cost to victims makes up the majority of this cost, representing almost 90% of the total amount. In contrast, the cost to Government represents less than 2% of the total cost.

Table 7: Estimated cost by affected group, based on GBV prevalence rate of 25%

Affected group	Cost	Percentage contribution
Victims	R 31 504 334 041	88.99%
Government	R 513 551 244.39	1.45%
Civil society	R 1 106 982 290	3.13%
Businesses	R 2 279 045 865	6.44%
<b>Total</b>	<b>R 35 403 913 441</b>	<b>100%</b>
<b>As measure of GDP</b>		<b>1.1%</b>

When the prevalence rate is assumed to be 25%, the estimated cost amounts to **R 35.4 bn** representing 1.1% of GDP.

The proportional contributions of each affected group do not change significantly.

Table 8: Estimated cost by affected group, based on GBV prevalence rate of 30%

Affected group	Cost	Percentage contribution
Victims	R 37 803 850 561	89.2%
Government	R 513 551 244.39	1.21%
Civil society	R 1 328 378 748	3.13%
Businesses	R 2 734 855 038	6.45%
<b>Total</b>	<b>R 42 380 635 591</b>	<b>100%</b>
<b>As measure of GDP</b>		<b>1.3%</b>

Finally, at a prevalence rate of 30%, the model produces a total cost of over **R 42.4 bn**, representing 1.3% of GDP.

Again, the proportional contributions of each affected group do not change significantly.

In each case, the striking feature of the outputs is that the victim bears the large majority of the cost of GBV, and government costs are consistently between 1 and 2% of the total. Even given the limitations in the model, this stark difference suggests a disproportionate cost burden.

## Proportional Cost Sensitivity

The significant limitations and gaps in the available South African data have been highlighted throughout this paper. As an additional sensitivity test, below we consider the proportion of costs to individuals, government, civil society and businesses that was found in the Australian study, also conducted by KPMG, and apply the same proportionality to South African data to provide a very rough potential approximation of costs to South Africa. This exercise is purely illustrative, and is based on the hypothetical scenario in which the cost of VAW is proportionally distributed in the same way as it is in Australia.<sup>52</sup> In other words, if we apply to the South African case the proportional cost burden of GBV in Australia, and if the cost to the victim in South Africa was indeed in the region of R 25.2bn, but this represented only 58% of the total cost, as opposed to the 90% that it represents in the current model, this exercise demonstrates what the costs to the other affected groups and therefore the total cost of GBV might be. These costs are shown in Table 9 below.

Table 9: Projected costs of GBV in South Africa based on Australian cost burden proportions<sup>53</sup>

Categories	Proportion of total cost	Corresponding cost
Individuals <sup>54</sup>	58%	R 25 204 817 522
Government	19%	R 8 256 750 567
Civil society	12%	R 5 214 789 832
Business	3%	R 1 303 697 458
Second generation	8%	R 3 476 526 555
<b>TOTAL</b>	<b>100%</b>	<b>R 43 456 581 934</b>
<b>Percentage of GDP</b>	<b>1.35%</b>	

This exercise gives an idea of what the cost of GBV to South Africa might look like if more comprehensive data were available, if the burden of this cost were distributed with the same proportions as in the Australian case. Based on international research, a proportion of 1.35% of GDP (over **R 43.5 bn**) is more like what we would expect to find from a study on the cost of violence in South Africa. Given better data inputs, we would expect the model to produce a figure between 1 and 2% of GDP, which is in line with studies from other developing countries. **Interestingly, this corresponds closely to the outputs of the model based on a prevalence rate of 30%, suggesting that this might be the most representative estimate of the real costs of GBV in South Africa.**

<sup>52</sup> It also assumes that the cost to victims that has been estimated in this study is complete, which we know it is not.

<sup>53</sup> The total cost to individuals was taken to be the output for the cost to victims based on 20% prevalence of GBV (R 25 204 817 522). Assuming that this represents 58% of the total cost of GBV, costs to the other groups were calculated based on the Australian cost burden proportions.

<sup>54</sup> The Australian model delineates the costs borne by victims, victims' families and friends, and the perpetrators of violence. For the purposes of this exercise they have been combined to form the cost to individuals.

## Conclusions

This study serves to provide an illustration of the minimum economic impact of GBV in South Africa. Given significant data gaps and limitations, it estimates the cost of GBV to be between at least R 28.4 bn, and R 42.4 bn, or 0.9% and 1.3% of GDP. When compared with international studies, this estimate appears woefully short, particularly as the prevalence of violence in South Africa is widely believed to be higher than in many of the comparative countries which have performed similar cost estimate studies.

The conclusion to this study, therefore, is that we still have much more to understand about the true costs of violence in South Africa. These preliminary results should be treated with caution: further research is required to obtain more comprehensive estimates, as proposed in the recommendations that follow.



# Recommendations

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While South African data on GBV is limited, this study serves to illustrate with some certainty, a minimum cost of violence and the potential scale of the economic impact on the country given the current availability of information.

By providing a preliminary cost and review of the current literature, this study aims to contribute to a deeper understanding among policy makers, political leaders, NGOs, communities and families on the extent of the economic impact of GBV. It also serves to highlight areas for further research: the data and information that prevents a comprehensive or true quantification of violence to individuals, society, businesses and government.

The study therefore presents a number of recommendations, which support those raised by similar studies and organisations addressing GBV, to:

- Strengthen data collection and record keeping
- Build on existing cost estimates, including cost to implement GBV legislation
- Identify the business case for investing in GBV
- Ensure an effective inter-sectoral funding model
- Encourage the private sector to combat GBV
- Track the results of interventions directed at GBV.

Each of these recommendations is discussed in further detail below:

## **Strengthen data collection and record keeping**

Government departments and civil society should be encouraged to strengthen their data collection and record keeping practices in order to ensure that data is being captured at the appropriate level and is able to serve as an input for further costing or prevalence studies, and also to assess whether the current budgets are sufficient for implementing

GBV activities. For example, tracking and reporting on GBV needs to be enforced by SAPS to better understand the prevalence. This will require that there is adequate delineation of the codes used to record crimes, and that police are satisfactorily trained to recognise cases of GBV, and process them accordingly. This will also necessarily require infrastructural support and capacity for data collection processes and will require a holistic response across health, justice, public, private and civil sectors. It will also require the creation of an environment that is conducive to women reporting incidents of violence, which stands as a barrier to accurate data collection.

## **Build on existing cost estimates, including cost to implement GBV legislation**

The study highlights the gaps in data and information required to fully cost the impact of GBV in South Africa. International bodies such as the UN lead the way in encouraging nations to make the collection of data on GBV a priority.

For example, a particular area that requires more research is the cost to businesses. Specific case studies of the costs borne by business would be useful in assessing the impact of violence on employers.

It is not just specific costing research that is needed; the more attention that is paid to the actual effects of violence in women's lives, the better the understanding there is of its consequences and the more comprehensive and complex costing exercises can become. The costing research is important because, as this study serves to highlight, the application of the results can greatly help the long run growth potential of the nation by informing policy and development priorities.

In addition, a key input to understanding the economic impact of GBV is to fully estimate the resources required to implement legislation related to GBV, specifically the Domestic Violence and Sexual Offences Acts.



### **Identify the business case for investing in GBV**

While the full costs associated with current prevention and response initiatives are not known, what is clear from this study is that the potential economic impact of GBV far outweighs the funding either currently provided, or potentially required, to address the issue.

While the government of South Africa has accelerated the pace of its commitment to a national response through policy and legislation, the necessary resources to address the issue have arguably not followed. Funding GBV programmes is a strategic investment and based on an exponential relationship: for every 1% decrease in GBV, the cost savings are proportionately higher. The UK government, in developing a broad national plan to address GBV, estimated that for every GBP1 they invested in prevention and response, they saved GBP6 in economic impact. In Australia, it was estimated that a 10% reduction in violence would save AUD 1.6 billion in costs to victims, employers, government and the broader community.

Additionally, current data shows that the burden of cost is disproportionately weighed on the victim. As a society, we must shift this burden.

Once the costs of violence have been better determined, it will be possible to perform cost benefit or cost effectiveness studies of different policies and programs to better inform government and civil society's approach to prevention and response. The major strength of the accounting model is that the costs of violence can be estimated before and after an intervention is implemented to uncover the social savings resulting from any reduction in violence. Policy analysts can observe the effects of different types of initiatives and choose those that maximise savings relative to the cost of implementation.

### **Ensure an effective inter-sectoral funding model**

It is also clear that it is not just about increasing resources but ensuring those resources are nationally coordinated in a multi-sector response, similar to the approach used to tackle HIV/AIDS on a national scale. Parliament, government

departments and civil society organisations have consistently identified that the absence of an inter-sectoral budgeting model creates challenges in implementing legislation related to GBV. The goals of a national coordinated response would be to minimise duplication and enhance effectiveness of services. Within departments, ring-fencing of funding is important for ensuring that funds intended to support GBV are used as such, and not re-allocated for other purposes.

### **Encourage private sector to combat GBV**

This study serves to illustrate the potential costs of GBV to employers. As a result, it can be used to encourage private sector participation and leadership in programmes to prevent and eliminate GBV. Private sector initiatives can range from full corporate social responsibility (CSR) programmes, employee wellness and counselling services which are trained to respond to GBV, and cultural change programmes to encourage men to be part of the solution for eliminating GBV. In addition, businesses need to ensure that gender equality is upheld in the workplace, both in terms of social interactions, and in terms of salaries and opportunities – otherwise women in abusive relationships will not have the financial means to leave.

### **Track the results**

This study provides the preliminary model for costing the impact of GBV. As data collection improves, the model results will become more complete and a truer representation of cost. It will become important at that stage to create a baseline and undertake periodic costing studies to understand trends and benchmarks in responding to GBV.

It is important to remember that the costs of violence, at least in certain categories, will go up before they come down. This is a positive response as more victims feel comfortable to come forward and report violence. Without appropriate action, the incidence of reported violence is assumed to increase on average at a rate consistent with forecast population growth, another key variable in creating the business case for investing in GBV.



# Abbreviations

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<b>GBV</b>	Gender-based violence
<b>AUD</b>	Australian Dollars
<b>CPI</b>	Consumer Price Index
<b>DALY</b>	Disability-Adjusted Life Years
<b>DCS</b>	Department of Correctional Services
<b>DOH</b>	Department of Health
<b>DOJ&amp;CD</b>	Department of Justice and Constitutional Development
<b>DSD</b>	Department of Social Development
<b>DV</b>	Domestic violence
<b>GP</b>	General Practitioner
<b>GPD</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>IPV</b>	Intimate partner violence
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-Governmental Organisation
<b>NPA</b>	National Prosecuting Authority
<b>NPO</b>	Non-profit organisation
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SAPS</b>	South African Police Service
<b>TCC</b>	Thuthuzela Care Centre
<b>UK</b>	United Kingdom
<b>UNFPA</b>	United Nations Population Fund
<b>USA/US</b>	United States of America
<b>USD</b>	United States Dollar
<b>VAW</b>	Violence against women
<b>WHO</b>	World Health Organisation
<b>YLD</b>	Years lost due to disability
<b>YLL</b>	Years of lost life
<b>ZAR</b>	South African Rand



-2.04	-11.3	29.21	
+0.05	-2.3	52.33	
2.10	+5.3	44.57	
2.4	+29.5	30.09	
	-7.0	55.90	
+0.3	122.1		68
+1.2	14.88		57.6
4.0	35.88		37.86
9	1,595		79.23
18.80			149.2
124.1			19.82
			46.26



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08

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# Appendix 1: Datasets and statistics

1

Implementing body	Source (frequency/date)	Related findings / indicators measured	Limitations
South African Police Services	National crime statistics (annual/2012)	<ul style="list-style-type: none"> <li>66 387 <b>sexual offences</b> were reported</li> <li>185 893 cases of <b>assault with the intent to inflict grievous bodily harm</b> were reported</li> <li>172 909 cases of <b>common assault</b> were reported.</li> </ul>	<ul style="list-style-type: none"> <li>We know that there are very low rates of reporting incidents of violence against women in South Africa, especially to the police</li> <li>The categories of crimes do not allow for an analysis of gender based violence</li> <li>Statistics are not disaggregated by gender</li> <li>Understaffing and lack of training in the police force result in poor assignment of cases to the correct code.</li> </ul>
Statistics South Africa	Victims of Crime Survey (2011)	<ul style="list-style-type: none"> <li>1.3% of adults surveyed experienced <b>assault</b>, 49.4% of these reported it to the police</li> <li>0.1% of adults experienced <b>sexual offence</b>, 94.2% of these reported it to the police (StatsSA provided a footnote on this statistic, stating that sexual assault was underreported in the survey due to its sensitive nature).</li> </ul>	<ul style="list-style-type: none"> <li>The statistics are acknowledged to be underreported</li> <li>The categories of crimes do not allow for an analysis of gender based violence</li> <li>Statistics are not disaggregated by gender.</li> </ul>
Department of Health, Medical Research Council	Demographic and Health Survey (occasional/1998)	<ul style="list-style-type: none"> <li>19.2% of women reported that their partner did not provide them with money in the last year</li> <li>6.3% of women reported having been abused by their partner in the last year</li> <li>3.7% of women reported having been abused by a non-partner in the last year</li> <li>4.4% of women reported ever having been raped</li> <li>3.7% of women reported having been abused during pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>The statistics have been shown to be under representative (by e.g. Jewkes <i>et al.</i> 1999)</li> <li>The statistics are now significantly outdated.</li> </ul>
Department of Health, Medical Research Council	Demographic and Health Survey (occasional/2003)	<ul style="list-style-type: none"> <li>7.2% of women (15+) reported having been <b>physically attacked</b> in the last 12 months</li> <li>The mean number of attacks experienced by women in the last 12 months was found to be 2.36</li> <li>The data include details of the place of attack, result of attack and medical result of attack.</li> </ul>	<ul style="list-style-type: none"> <li>The statistics are limited to physical violence only.</li> </ul>



# Appendix 2: Mapping the literature on GBV in South Africa

# 2

Authors (Date)	Title	Study group	Purpose	Key findings
Abrahams <i>et al.</i> (2004)	An overview of gender-based violence in South Africa and South African responses	N/A	Overview of GBV in SA. Health sector responses and criminal justice system performance in response to GBV.	<ul style="list-style-type: none"> <li>■ IPV prevalent in SA, but more research needed to understand the extent of the problem</li> <li>■ Health sector responses sorely lacking</li> <li>■ Criminal justice approach has resulted in a focus on aftermath measures and amelioration, rather than prevention.</li> </ul>
Jewkes <i>et al.</i> (1999)	Violence against women in three South African provinces	Women aged 18-49 living in each of 2 232 households in the Eastern Cape, Mpumalanga and the Northern Province	To describe: <ul style="list-style-type: none"> <li>■ Prevalence</li> <li>■ Risk factors</li> <li>■ Health problems &amp; service use</li> <li>■ Economic &amp; service implications.</li> </ul>	<ul style="list-style-type: none"> <li>■ Emotional, financial and physical abuse are common features of relationships and many women have been raped</li> <li>■ Physical violence often continues during pregnancy and constitutes an important cause of reproductive morbidity</li> <li>■ Many women are injured by their partners and considerable health sector resources are expended providing treatment for these injuries</li> <li>■ Injuries result in costs being incurred in other sectors, notably to the family and the women's community and to employers and the national economy</li> <li>■ Prevalence of ever having been physically abused by a current or ex-partner were 26.8% (EC), 28.4% (M) and 19.1% (NP)</li> <li>■ Prevalence of abuse in the last year were 10.9% (EC), 11.9% (M) and 4.5% (NP)</li> <li>■ Prevalence of emotional or financial abuse by current or ex-partner in previous year was 51.4% (EC), 50.0% (M) and 39.6% (NP)</li> <li>■ Proportion of abused women who were injured in the year prior to the survey were 34.5% (EC), 48.0% (M) and 60.0% (NP)</li> <li>■ Injuries following abuse by a current or ex-partner resulted in the following numbers of treatment episodes in one year: 121 000 (EC), 74 294 (M) and 93 868(NP)</li> <li>■ Numbers of days lost from employment in the formal or informal sectors: 96 751 (EC), 178 929 (M) and 197 392(NP).</li> </ul>



Authors (Date)	Title	Study group	Purpose	Key findings
Abrahams <i>et al.</i> (2006)	Intimate partner violence: prevalence and risk factors for men in Cape Town South Africa	1 378 men working in Cape Town municipalities	Describes the prevalence of different types of violence that men use against their intimate partners, as well as the risk factors associated with this type of violence against women.	<ul style="list-style-type: none"> <li>■ An average of 42.3% (95% CI: 39.6, 44.8) reported physical violence against a partner in the last 10 years, and 8.8% (95% CI: 7.3, 10.3) reported physical violence in the past year</li> <li>■ Ideas supportive of gender inequality and normative use of violence in different settings are major underlying factors for men's violence against partners.</li> </ul>
Abrahams <i>et al.</i> (2009)	Mortality of women from intimate partner violence in South Africa: a national epidemiological study	Retrospective national study in a proportionate random sample of 25 mortuaries (3,797 females)	Describes mortality of women from intimate partner violence (IPV) in South Africa.	<ul style="list-style-type: none"> <li>■ 50.3% of female homicides were from IPV</li> <li>■ The mortality rate from IPV was 8.8 per 100,000 women</li> <li>■ Mortality from IPV were elevated among those 14 to 44 years and women of colour</li> <li>■ Blunt force injuries were more common, while strangulation or asphyxiation were less common</li> <li>■ The national IPV mortality rate was more than twice that found in the United States.</li> </ul>
Abrahams <i>et al.</i> (2014)	Worldwide prevalence of non-partner sexual violence: a systematic review	7 231 articles published between 1 Jan 1998 and 31 Dec 2011.	Systematic review of publications to estimate the prevalence of GBV.	<ul style="list-style-type: none"> <li>■ Found 412 prevalence estimates across 56 countries</li> <li>■ In 2010, 7.2% of women globally had ever experienced non-partner sexual violence</li> <li>■ Estimates were highest in sub-Saharan Africa central, and sub-Saharan Africa southern (21% and 17.4% respectively, though there were limited data for these regions).</li> </ul>

Authors (Date)	Title	Study group	Purpose	Key findings
Machisa <i>et al.</i> (2010)	The War at Home: Gender based violence indicators project, Gauteng research report	Random sample of 511 women and 487 men aged 18+ and living in Gauteng.	To obtain quantitative and qualitative data relating to GBV in Gauteng.	<ul style="list-style-type: none"> <li>■ 51.3% of women in the Gauteng sample had experienced GBV at least once in their lifetime</li> <li>■ 75.5% of men had perpetrated GBV at least once in their lifetime</li> <li>■ 13.8% of women experienced, and 13.3% of men perpetrated, all four forms of GBV, namely economic, emotional, physical and sexual violence</li> <li>■ 25.3% of the women experienced sexual violence in their lifetime while 37.4% of men perpetrated sexual violence in their lifetime</li> <li>■ 13% of the women experienced emotional violence in the 12 months preceding the study</li> <li>■ 13.2% women experienced physical violence in the 12 months preceding the study</li> <li>■ Police statistics for the year show that 0.3% of women in Gauteng reported domestic violence. This shows a substantial proportion of underreporting of GBV.</li> </ul>
Machisa <i>et al.</i> (2013)	The Gender Based Violence Indicators Study: KwaZulu-Natal Province of South Africa		To obtain quantitative and qualitative data relating to GBV in KwaZulu-Natal	<ul style="list-style-type: none"> <li>■ 16% of women experienced some form of IPV in the 12 months prior to the survey</li> <li>■ 11% of women experienced physical IPV and 10% experienced emotional abuse.</li> </ul>
Machisa and Musariri (2013)	Peace Begins at Home: Gender based violence indicators study, Limpopo Province of South Africa		To obtain quantitative and qualitative data relating to GBV in Limpopo Province.	<ul style="list-style-type: none"> <li>■ 13% of women IPV in the 12 months before the survey</li> <li>■ 10% of women experienced emotional IPV in the 12 months before the survey</li> <li>■ 7% of women experienced economic IPV in the 12 months before the survey</li> <li>■ 6% of women experienced physical IPV in the 12 months before the survey</li> <li>■ 3% of women experienced sexual IPV in the 12 months before the survey</li> <li>■ Only one in six women who had been physically abused or raped by a non-partner reported it to the police.</li> </ul>

<b>Authors (Date)</b>	<b>Title</b>	<b>Study group</b>	<b>Purpose</b>	<b>Key findings</b>
Dalal and Dawad (2011)	Economic Costs of Domestic Violence: A community study in South Africa	261 women who sought help from a community health centre in Chatsworth	To estimate economic costs of domestic violence against women at this health care centre; to relate victims' income and family income to violence related injuries and costs.	<ul style="list-style-type: none"> <li>■ Victims' average monthly income was R3 400; and the average cost per incident was R4 875</li> <li>■ Average cost per incident for visiting a physician was R186; average cost of medicine was R108; average transport cost was R45</li> <li>■ Higher levels of education act as a protection factor against domestic violence for women.</li> </ul>
Thorpe (2014)	Financial Year Estimates for Spending on Gender-Based Violence by the South African Parliament	Government departments	To explore the costs associated with providing government services to victims of violence in South Africa for the financial year 2012/2013.	<ul style="list-style-type: none"> <li>■ The SAPS reported spending on GBV to be R 406 04 998</li> <li>■ The DOJ&amp;CD reported spending on GBV to be R 106 855 823</li> <li>■ The cost to the NPA of facilitating Thuthuzela Care Centres (TCCs) was estimated to be R 47 645 606</li> <li>■ The cost to the DOH of running TCCs estimated to be R 115 945 270</li> <li>■ The cost of processing protection orders was estimated to be R 70 122 556.</li> </ul>
Abrahams <i>et al.</i> (2013)	Intimate Partner Femicide in South Africa	Female homicide victims (14 years and older) from 2009 in 38 randomly selected mortuaries in South Africa		<ul style="list-style-type: none"> <li>■ The rate of female homicide per 100 000 female population in 2009 was 12.9</li> <li>■ The rate of intimate partner femicide was 5.6 per 100 000</li> <li>■ Female homicide in SA was lower in 2009 than in 1999, but intimate partner femicide and suspected rape homicide rates were not statistically different.</li> </ul>



# Appendix 3: About KPMG Human and Social Services

# 3

KPMG is committed to contributing to a better South Africa for all. As an indication of that commitment and passion for the sector, KPMG has a dedicated Human and Social Services (HSS) practice which serves public, private and multi-national organizations in their work to support communities and vulnerable or disadvantaged populations.

*Our mission is to support our clients to develop and implement high quality human and social services programs that lead to improved outcomes for all South Africans.*

Our team of dedicated HSS professionals combines extensive skills, international experience and local knowledge for the purpose of supporting our clients to develop and implement high quality human and social services programs that lead to improved outcomes for all South Africans. The HSS practice provides professional services in three major areas:

### Service Delivery Support

KPMG services support the full lifecycle of service delivery from strategic planning and program design, through implementation support, and monitoring and evaluation. We focus on supporting our clients to provide more integrated service delivery to help ensure that people’s individual needs are better assessed for eligibility and entitlement, and holistic service provision. Our evaluation services are frequently called upon by management, donors and executive boards to provide an independent assessment of impact, and critically, realistic and pragmatic recommendations to inform future design and delivery.

### Operational Excellence

Our advisory services are world leading in helping clients achieve operational efficiency and effectiveness. We are global leaders in shared services and business transformation, and have deep skills in information technology, financial management, human resources and governance.

### Transparency and Accountability

Public and donor funded organisations face specific commitments to transparency and accountability. With each donor having very specific—and often very stringent—reporting requirements, it is imperative that governments, NGOs, and other development partners meet these requirements through timely and accurate financial reporting. Our services in this area include but are not limited to: external and internal audit services; pre-grant and grant evaluations; fraud, waste and abuse, and forensic investigations.



Our HSS practice is built around five pillars of client service objectives:

### Adding Value

At KPMG we strive to exceed your expectations of a professional services firm, in everything we do. Our goal is to bring multi-disciplinary teams with deep skills and knowledge that add real value to the work we do. We focus on transferring our skills and knowledge to your teams so that the impact of our work can continue beyond our engagement.

### Trusted Advisor

While known for our audit expertise, our advisory practice is globally one of our largest strengths. We support our clients every step of the way to achieve their organizational goals. We share success with you and help you to navigate complex public service delivery environments. Above all, we strive to support you every step of the journey.

### Global Experience

As part of a network of global KPMG firms, we are supported by a global HSS Centre of Excellence which shares best practices and innovative thinking from our clients and KPMG member firms across the globe. KPMG produces authoritative, wide reaching thought leadership to keep our clients one step ahead of developments in the sector.

### Local Knowledge

Our local team comprises professionals who have worked directly in South African government and NGOs. As KPMG professionals, we serve public sector clients every day, so understand the local challenges and environment that you work in.

### Shared Values

Above all, we share your passion for improving the lives of our fellow people. Many of our KPMG professionals dedicate significant personal time to volunteer at, and even lead, community organizations. We share your values and vision for a better South Africa.

# Appendix 4: Thought leadership in Human and Social Services

# 4

Launched in 2012, KPMG’s Global Centre of Excellence (COE) for Human and Social Services, based in New York City, serves as a ‘clearing house’ for cutting edge ideas and innovative thinking in the human and social services sector, to give our clients direct access to our leading global expertise, regardless of location, and to share best practices between our global clients.

The COE develops thought leadership on emerging trends that KPMG and clients are responsible for identifying and implementing. Our most recent thought leadership ‘*The Integration Imperative: reshaping the delivery of human and social services*’ was recently released, and summarised below:



*“... The appeal of services integration has never been greater. As a result of the growing complexity in the human and social services delivery environment, public sector leaders around the world are embracing integrated delivery models to achieve both better outcomes for citizens and operating efficiencies.*

*However, integration is no easy task. It takes time to implement, and its forms are continually evolving in response to emergent technologies, funding mechanisms, and governance models.*

*To help address this growing trend, share learnings from around the world, and provide new thinking, KPMG conducted a global survey in partnership with The Mowat Centre from the School of Public Policy and Governance at the University of Toronto with government and thought leaders to review active integration schemes across 22 jurisdictions.*



*For policy makers and practitioners, there is considerable value in understanding the current nature and future trajectory of the wider integration agenda. Governments need to learn from each other. By sharing leading practices and key insights, this report serves to facilitate and strengthen this dialogue.*

*The Integration Imperative presents the results of a global survey undertaken to review active integration schemes across 22 jurisdictions. We spoke directly to the government leaders spearheading these initiatives as well as a number of thought leaders.*

*Drawing upon their valuable experience, this report examines the characteristics of current integration initiatives: the main drivers, types of integration, key enablers, and conditions necessary for reforms to succeed. It also identifies where the integration agenda is heading: the key trends in the trajectory of integrated services provision (client pathways, focus on outcomes, inter-governmental integration, inter-sectoral integration, and place-based integration), the lessons offered by early movers, and the implications of these trends for governments, clients, and providers from the private and not-for-profit sectors.*

*The survey focuses on developed economies. However, it is the hope that the lessons and successful practices highlighted will be relevant for emerging economies as they expand their human and social services systems. In many cases, public sector leaders in these countries – unencumbered by legacy systems, structures, and policies – have the opportunity to lead innovation in integrated delivery rather than simply playing catch-up..”*

Other examples of KPMG thought leadership and client deliverables include:

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">KPMG Human &amp; Social Services</p>		<p><b>KPMG Human &amp; Social Services</b> — Leading practices in the human and social services, 2012</p> <p>As the pace of change quickens around the world, government are increasingly feeling the pressure from a range of forces and trends that add new complexities to the delivery of human and social services</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social Investment Report</p>		<p><b>Social Investment Report</b> — A look at women for women international</p> <p>To provide women survivors or war, civil strife and other conflicts with the tools and resources to move from conflict and poverty to sustainability and self-sufficiency, thereby promoting viable civil societies</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">An uncertain age</p>		<p><b>An uncertain age</b> — Reimagining long term care in the 21<sup>st</sup> Century</p> <p>The specter of an aging society is creeping up on the worlds economies. This critical phenomenon has the potential to overwhelm entire health systems and new approaches are needed fast.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Issues Monitor</p>		<p><b>Issues Monitor</b> — Bridging the gender gap, 2012</p> <p>Inequality has a major impact on the lives of millions of woman</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Future State 2030</p>		<p><b>Future State 2030</b> — The global megatrends shaping governments, 2013</p> <p>We live in a world where events and decisions in one part of the world can influence lives at the opposite end of our planet.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Social Impact Financing</p>		<p><b>Social Impact Financing</b> — Planting seeds for future growth, 2013</p> <p>Little public money is spent on testing and trying new ways to deliver public series and to support populations with complex needs. The result is that public services and social programs can remain unchanged for decades.</p>

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