TUNISIA

Socio-Economic Costs of Gender-Based Violence

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Gender-based violence (GBV) is a global pandemic, with serious social and economic repercussions for survivors, their families, communities and nations.[i]

This project aimed to estimate the socio-economic costs of GBV (domestic violence, early and forced marriage, and public sexual harassment) in six USAID presence countries: Egypt, Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza.

In Tunisia, 48% of women have experienced at least one form of violence in their lifetime.[ii] Intimate partner violence (IPV) is the highest reported type of violence, with 20% of women experiencing physical violence by partners and 14% experiencing sexual partner violence. While not directly comparable, these figures are notable against the average prevalence of physical and/or sexual IPV globally (35%) and for the Middle East and North Africa (MENA) regional (37%).

Statistics on child marriage- defined as any marriage before the age of 18- indicate that the prevalence of this practice is extremely low, at just 2%.[iii] Prevalence of GBV in the public sphere is quite high, with more than half (54%) of women experiencing some form of harassment. The majority of these were episodes of psychological (78%) or sexual (75%) harassment, with a smaller but significant proportion (41%) experiencing unwanted touching.[iv]

20% **of women have experienced physical IPV**

54% **of women have experienced public sexual harassment**

2% **of women were married before 18**

In Tunisia, marital status may be an important determinant of GBV. Divorced women in Tunisia experience significantly higher rates of all forms of violence committed by partners and non-partners. The prevalence of sexual violence was reportedly 45% among divorced women, compared to 15% for married women, 11% for widowed women, and less than one percent for engaged women.[v]

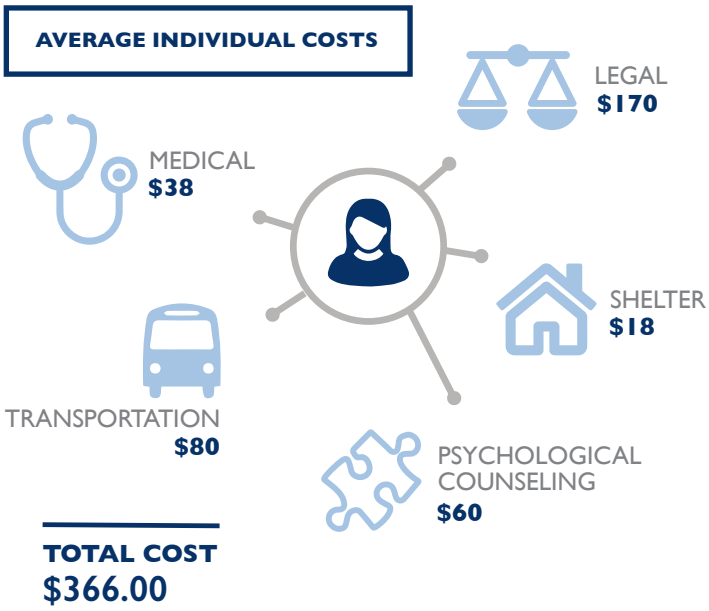
After the 2011 Tunisian Revolution, the country saw an increase of feminist movements combined with the democratization of public and social life. However, patriarchal traditions and weak legal implementation of current legislation perpetuate discrimination against women and sexual and gender minorities. Sex workers and members of the LGBT community experience high levels of extortion, physical assaults by state agents and police officers, and increased risk of sexual violence. Homophobic and transphobic crimes are not investigated due to the severe stigma faced by sexual and gender minorities.[vi]

Tunisian legislation is strong on gender equality and prevention/response to GBV. The second constitution of Tunisia (2014), upholds citizens' equality before the law, giving equal rights to women and men in education, health, work, and political participation. However, implementation gaps persist, creating lower status for women in reality than on paper.

As around the globe, the majority of female GBV survivors in Tunisia do not report their experiences. Less than half (42%) have ever spoken about violence to anyone, and 73% did not seek any sort of help. Only 18% filed an official complaint, with 4% seeking help from the police and 2% from health service providers.[vii]

INCIDENT LEVEL COSTS

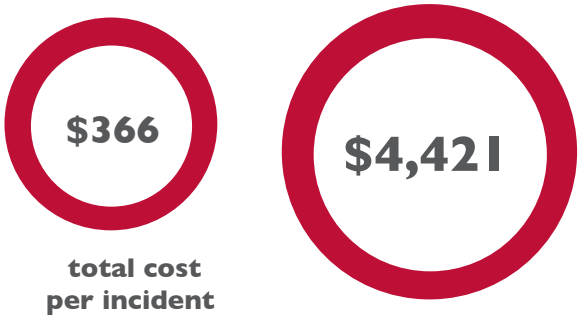
The cost of providing and accessing GBV services adds up quickly. The model below assumes that IPV survivors who seek help through formal sources receive comprehensive treatment across four types of services, and require transport to access these. Similar costs are likely for other forms of GBV, though estimates for these costs are not available. The average total costs of each type of service per episode of physical IPV are summarized in the graphic below.



Thus, the total average cost incurred for this full complement of care is approximately $366 per episode of violence. As represented in the graphic above, this number is the sum of the average costs for medical services, legal services, psychological counseling, transportation and shelter. It is important to note that not all these incident level costs are exclusively borne by the survivor. Therefore, the above comparison of these costs to the GDP per capita in Tunisia only provides a loose comparison of the magnitude of the economic impact of GBV.

The average medical cost considers medical consultation ($45) and other potential medical procedures ($30) for an average of $38. The average cost of $60 for psychological counseling and transportation is calculated in consideration with the median number of follow up visits a survivor is required to make for full treatment.

In seeking legal services, a survivor may choose to pay only a court fee, $15, or also obtain legal advice for $325. The average of these costs is $170.



NATIONAL LEVEL COSTS

The average total cost, assuming all services are used, varies depending on whether a survivor requires post-rape care. These calculations can help us understand how much of Tunisian GDP is invested in services for IPV response. Taking into consideration the national physical IPV prevalence and help-seeking rates [viii] among survivors, these expenditures can add up to $3.5million or 0.003% of GDP in 2014. Even for a simpler package of services, including only counseling, this cost still equates to $1.8 million. It is important to note that these figures do not consider costs related to other forms of GBV.

Support for GBV survivors is provided by the Tunisian government and civil society organizations, such as the National Union of Tunisian Women (UNFT) and the Democratic Tunisian Women's Association (ATFD). There are two government-run shelters, one solely for survivors of GBV. These investments and other spending to respond to GBV represent significant lost opportunity cost. If such violence were prevented, the money that is invested in responding to cases of GBV could instead be invested in public goods like education, which is currently 2.6% of GDP and health expenditures which is 4% of GDP, and to educate society on GBV prevention.

METHODOLOGY

The data presented here were collected via 18 key informant interviews with service providers in Tunisia. The cost estimates include only the direct costs of service access and provision for survivors of IPV and were calculated at the individual level using an accounting methodology. [ix] Due to limitations of the primary data collected, the national level cost estimates relied on extrapolation using secondary data/statistics.

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i. Klugman, J., Hanmer, L., Twigg, S., Hasan, T., McCleary-Sills, J., & Santamaria, J. (2014). Voice and Agency: Empowering Women and Girls for Shared Prosperity Washington, DC: World Bank.
ii. From a national survey conducted by the Office National de la Famille et de la Population Tunisie (ONFP) in 2010. It is important to note that this figure is not equivalent to prevalence estimates in other country profiles, which include only physical and/or sexual violence by partners.
iii. UNICEF. 2012. "Tunisia: Statistics". NOTE: the prevalence of child marriage is calculated as the percentage of women currently 20-24 years of age who were married before the age of 18.
iv. Centre for Research, Studies, Documentation and Information on Women (CREDIF). (2016) Gender-Based Violence in Public Spaces. Tunis.
v. National Survey on Violence Against Women ONFP 2010. http://www.medcities.org/documents/10192/54940/Enqu%C3%AAte+Nationale+Violence+envers+les+femmes-+Tunisie+2010.pdf
vi. Amnesty International. 2015. "Assaulted and Accused: Sexual and Gender-Based Violence in Tunisia."
vii. ONFP 2010.
viii. Where data were available, past year prevalence of IPV was used for this calculation; global figures for formal help seeking were used when country-specific estimates were not available.
ix. Morrison AR & Orlando BM. (2004). The costs and impacts of gender-based violence in developing countries: Methodological considerations and new evidence. Unpublished manuscript