This is the published version

Priest, Naomi and Paradies, Yin 2010, Economic costs of racism in Australia: scoping project report, Social Justice Initiative, University of Melbourne, Melbourne, Vic.

Available from Deakin Research Online

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Social Justice Initiative (SJI) was founded at the University of Melbourne in 2007. The aim of the SJI is to facilitate interdisciplinary research of international standing and strengthen the growing interest in questions of social justice at the University of Melbourne and beyond.
Background

While there is increasing recognition that racism has serious health, social and economic consequences for affected individual and their families, there is no published research that quantifies the financial cost to society as a whole.

Evidence from a number of studies suggests that racism is an ongoing problem in Australia. It affects people in everyday contexts as well as in their access to housing, health-care, employment and education. Furthermore, racism has serious consequences for those affected:

- People experiencing racism face a higher risk of developing a range of mental health problems. It has a particular impact on young people as it has the potential to negatively effect their psychological adjustment and thereby their wellbeing into adulthood;
- Racism has an impact on individual productivity, with consequences for achievement in both education and employment;
- Racism affects people’s access to other resources which are vital for health and wellbeing, such as employment, health services and education;
- Children of parents affected by racism are at higher risk of developing behavioural and emotional problems.\(^1\)

While there has been no comprehensive research assessing the economic costs of racism in Australia, such costs are understood to be considerable; including those associated with:

- Responding to grievances through formal complaints mechanisms. Estimates made on the basis of 1999 New South Wales data indicate that when all costs are considered these averaged around $55,000 per case;\(^2\)
- Reduced productivity and absenteeism. An estimated 70% of workers exposed to racism and other forms of discrimination take time off work as a result;\(^2\)
- Racism can also affect overall workplace morale and productivity;\(^3\)
- Staff turnover, and recruiting and inducting replacement staff;\(^4\)
- Health care and social service costs associated with the long- and short-term consequences of racism (e.g. treatment and rehabilitation, income support payments).

Racism has also been implicated in the disproportionate exposure of those from certain ethnic/racial groups to a range of other social and economic problems, including unemployment, early school leaving, poor educational outcomes and involvement in the criminal justice system.\(^5\) These problems are themselves associated with direct economic costs as well as compromising economic growth.\(^6\) Addressing racism as a contributor to poor mental health is likely to result in increased workforce participation. A recent paper produced by the Productivity Commission found that among six common conditions, mental health and nervous conditions, when addressed have the largest impact on workforce participation.\(^7\)
Scoping Project

Funding was received from the Social Justice Initiative at the University of Melbourne to conduct a comprehensive scoping project to assess the viability of an ARC linkage application to determine the economic costs of racism in Australia. In particular, this scoping project aimed to deliver:

1. A comprehensive review of the literature on existing models to cost social phenomena;
2. A review of the availability of suitable datasets in Australia to carry out a costing.

Summary of Findings

1. Existing models to cost social phenomena

Methods for estimating the impact of health problems and risky behaviours such as burden of disease methodologies and estimates of disability-adjusted life years (DALYs) and quality-adjusted life years (QALYs) for disease and injury categories are well established internationally. However, estimating the costs of social phenomena, such as domestic violence and racism/discrimination, further extends these methods due to the complex nature of such social issues.

Vos et al\(^8\) have applied the burden of disease methodology to estimating the impact of intimate partner violence (IPV) in Victoria using several relevant national datasets that measure both the prevalence of IPV as well as the associations between IPV and various key health outcomes. This work has been expanded further by Access Economics who have produced an extensive report on the cost of domestic violence to the Australian economy.\(^9\) Methods for calculating the costs of social issues such as substance abuse, including drug and alcohol use and smoking, have also been developed and international guidelines exist regarding appropriate methods for estimating costs in this content area.\(^10,11\)

Across these various approaches there are a number of key data elements identified as necessary to estimating the cost of social phenomena. At a minimum, quality data is needed regarding:\(^12\)

- population level prevalence data on exposure to the risk factor in question;
- health and/or social outcomes associate with exposure to the risk factor in question (longitudinal rather than cross sectional is preferable but not necessary);
- burden of disease/injury/social outcome estimates;
costs associated with each disease/injury/social outcome.

Furthermore, a solid international evidence base establishing that a given exposure to the risk factor under investigation is associated with particular outcomes further strengthens the minimum data required above by triangulating findings and extends the quality of evidence linking exposure to outcomes beyond specific datasets and national contexts. Ideally, all three of these data elements are available and can form the basis of such an economic costing of social phenomena (see Appendix One for more detail on how the cost estimate is calculated).

Given these data requirements, consideration of existing datasets in Australia relevant to identifying the economic costs of racism is a critical step to determining the feasibility of such a project.

2. A review of the availability of suitable datasets in Australia to carry out a costing

Methods

A number of Australian population level representative studies were identified as being potentially relevant to identifying the economic costs of racism:

- Australian Survey of Social Attitudes\textsuperscript{12-14}
- Challenging Racism Surveys\textsuperscript{15}
- Community Indicators Victoria\textsuperscript{16}
- Living Diversity Study\textsuperscript{17}
- Longitudinal Survey of Immigrants to Australia\textsuperscript{18}
- Mapping Social Cohesion Scanlon Foundation Surveys\textsuperscript{20}
- Personal Safety Survey\textsuperscript{19}
- National Aboriginal and Torres Strait Islander Health Survey\textsuperscript{21}
- National Aboriginal and Torres Strait Islander Social Survey\textsuperscript{22,23}
- Longitudinal Study of Indigenous Children\textsuperscript{24,25}
- Western Australian Aboriginal Child Health Survey\textsuperscript{26,27}

Data was extracted for each of these studies on a number of relevant variables:

- Year of data collection
- Sample size and composition
- Racism/discrimination items
- Health outcome items
- Data access issues

Table 1 provides detail regarding data extraction for general population studies and Table 2 provides detail regarding studies specific to the Indigenous population.

Findings

While information on burden of disease estimates in DALYs/QALYs and health care costs associated with diseases/injuries is available from the Australian Institute of Health
and Welfare (AIHW), there are currently limited quality Australian population level data across diverse population groups that measures both individual experiences of racism/discrimination and health outcomes within the same study. Studies that have measured prevalence of racism/discrimination have either included no health related outcomes measures (Challenging Racism Prevalence Study\textsuperscript{15}; Living Diversity Study\textsuperscript{17}) or only included self report of life satisfaction rather than explicit health outcome measures (Australian Survey of Social Attitudes).\textsuperscript{12-14}

Conversely, studies that have included health outcome measures in appropriate populations (e.g. migrants) have included limited racism/discrimination items. Wave two of the Longitudinal Survey of Immigrants to Australia (LSIA)\textsuperscript{18} collected data about participants’ views on whether people in Australia display a lot of tolerance towards people of other races, cultures, and countries, and on whether there is a lot of racial discrimination and a lot of religious discrimination in Australia. While closely related to an individual’s personal experience of racism or discrimination, it is debatable whether these items actually measure individual experience or, rather, are reflective of more general perceptions of society influenced by both individual experiences as well as the experiences of others. Accordingly, this raises some questions regarding the validity of linking these items to individual health outcome measures. Two further items of relevance in the LSIA include racial discrimination as one of a number of reasons why participants may have had difficulties finding housing and finding work. Again, the context specific nature of these items presents some challenges for linking them to individual health outcomes more generally, and means that any prevalence rate for experiences of racism based on these items would likely be an underestimate due to the limited settings they cover.

The Australian Survey of Social Attitudes\textsuperscript{12-14} collected data on attitudes towards migrants but not on individuals’ experiences of racism or discrimination. Similarly, Community Indicators Victoria\textsuperscript{16} includes data about how satisfied participants reported they were with feeling part of the community, as well as whether they felt it to be a good thing for society to be made up of people from different cultures. It does not, however, include data regarding individual’s experiences of racism or discrimination. The Personal Safety Survey\textsuperscript{19} collected data on the experience of physical or sexual violence by different type of perpetrator but does not ask about the perceived reason for violence.

Much better data are available for Indigenous Australians (refer to Table 2) through the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 2004-5\textsuperscript{21}, the National Aboriginal and Torres Strait Islander Social Surveys (NATSISS) 2002 & 2008\textsuperscript{22,23} as well as the 2001-2 Western Australian Aboriginal Child Health Survey.\textsuperscript{26,27} The Longitudinal Study of Indigenous Children (LSIC), the first wave of which will be released mid 2009, will also include data on children’s experiences of racism and their health outcomes.\textsuperscript{24,25}

Surveys related to Indigenous Australians, as well as the LSIA as discussed above, highlight ongoing issues with standardised measurement of racism/discrimination (demonstrated through varying prevalence figures) including lack of agreement on
appropriate items and whether measurement tools need to be population specific (i.e. separate tools for different cultural groups or geographical contexts) or more general in focus. Internationally, it has recently been acknowledged that the conceptualisation and measurement of racism is one of most challenging issues within the field of racism and health research. Racism can occur across a range of levels, including internalised, interpersonal, and systemic, each of which brings its own measurement challenges. That experiences of racism, and that the social and health impacts of such experiences, are all highly context dependent further compounds the complexity of these measurement issues. Furthermore, while a number of instruments have been developed to measure racism, few of these measures describe their conceptual foundations or have been validated further than checking for internal consistency. Consequently, addressing limitations of current measures of racism has been recommended as an important area of future work.

Nonetheless, the datasets that are available for Indigenous Australians do allow for the development of a case study to estimate the costs of racism in Australia for this population. These cost estimates could then potentially be extrapolated to other population groups, while advocating for improved data collection regarding both racism prevalence and health outcomes across the wider Australian population in order to inform more accurate costings. Such advocacy has previously been successful and has lead to the inclusion of racism items in the most recent NATSSIS conducted by the ABS. Other surveys conducted by the ABS not specifically focused on the Indigenous population that already include health outcome items and that may have scope to also include racism items are the National Health Survey (to be conducted next in 2010-2011) and the General Social Survey (to be conducted next in 2010). Consultations regarding the next collection of these surveys are planned for early 2009 with initial feedback from the ABS suggesting that inclusion of racism items in the National Health Survey is a distinct possibility. Data from both of these surveys are likely to be released in 2012. It may also be useful to explore the potential for items to be included in the next Personal Safety Survey regarding the perceived reasons for violence, including race-based violence.

Conclusion

At present, there are limited high quality data in Australia regarding the prevalence of racism/discrimination and its impact on health outcomes available for the general population in order to model the economic costs of racism. Data that are available for immigrants to Australia is somewhat limited by the measures of racism used. Even for data relating to Indigenous Australians, measurement issues that are unsurprising in the nascent field of study suggest careful sensitivity analysis is required before economic modeling can be attempted. Such an analysis requires data that can only be sourced from a state or nationally representative prevalence survey of racism and health that is ideally longitudinally in nature to allow confidence in robustness of prevalence figures.

The data that is available for Indigenous Australians does allow for the development of a case study, albeit with the necessary caveats regarding measurement and variability in reporting of prevalence rates. It may then be possible to extrapolate such findings to other
population groups in Australia, while simultaneously advocating for better data collection across the entire Australian population regarding racism experience and health outcomes.
References


Table 1: Existing datasets that include racism and health outcome items – Non-Indigenous populations

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Year of data collection</th>
<th>Sample characteristics</th>
<th>Racism related items</th>
<th>Health outcome items</th>
<th>Access issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Survey of Social Attitudes[12-14]</td>
<td>2003 2005 2007</td>
<td>4,000 Australians aged 18 or above selected randomly from the AEC’s Electoral Roll</td>
<td>Has items regarding attitudes towards migrants/immigrants but none on personal racism experiences</td>
<td>No explicit health items</td>
<td>Need to purchase reports</td>
</tr>
<tr>
<td>Challenging Racism Prevalence Study[15]</td>
<td>2001 2006 2007 2008 2008</td>
<td>Attitudes on cultural diversity and racism, Queensland and NSW 2001 n=5056</td>
<td>Tolerance of cultural difference, perceptions on the extent of racism, tolerance of specific groups, ideology of nation, perceptions of Anglo-Celt privilege, racialism Including how often, if ever, had experienced racism within work, education, housing and policing settings, in a shop or restaurant, at sport of public event, by way of disrespect, by way of mistrust, by insults and name calling</td>
<td>No explicit health items</td>
<td>From author</td>
</tr>
<tr>
<td>Dataset</td>
<td>Year of data collection</td>
<td>Sample characteristics</td>
<td>Racism related items</td>
<td>Health outcome items</td>
<td>Access issues</td>
</tr>
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</tr>
<tr>
<td>Community Indicators Victoria (^{16})</td>
<td></td>
<td>(total n of all studies on attitudes to cultural diversity and racism=12512 plus 4020 national on experiences of racism)</td>
<td></td>
<td></td>
<td>Online access</td>
</tr>
<tr>
<td>Living Diversity Study (^{17})</td>
<td>2002</td>
<td>Victorian population data</td>
<td>Satisfaction with feeling part of the community</td>
<td>K 10 Psychological distress</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Whether it is a good thing for society to be made up of people from different cultures No explicit items regarding personal experience of racism</td>
<td>Personal Wellbeing Index Self reported health (from SF36)</td>
<td></td>
</tr>
<tr>
<td>Longitudinal Survey of Immigrants to Australia (^{18})</td>
<td></td>
<td>National n=1437 Filipino n=406 Greek n=401 Lebanese n=400 Somali n=401 Vietnamese n=400 Indigenous n=56</td>
<td>Racism as a social issue facing Australian society/extent to which Australia is perceived as a tolerant society</td>
<td>No explicit health items</td>
<td>SBS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wave 2 items: Do people in Australia display a lot of tolerance towards people of other races, cultures and countries, some or only a little? Is there a lot of racial discrimination in Australia, some or only a little? Is there a lot of religious discrimination in Australia, some or only a little? Discrimination against immigrants as a reason for difficulties in finding housing and discrimination against</td>
<td>Long-term conditions that restrict you in any physical activities or doing work? Self reported health status; Use of health care; Self reported mental health.</td>
<td>Department of Immigration and Citizenship, Australian Government</td>
</tr>
</tbody>
</table>

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11
<table>
<thead>
<tr>
<th>Dataset</th>
<th>Year of data collection</th>
<th>Sample characteristics</th>
<th>Racism related items</th>
<th>Health outcome items</th>
<th>Access issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia between September 1999 and August 2000. - LSIA 3 surveyed migrants who either: arrived in Australia between December 2004 and March 2005; or were granted their visa onshore between December 2004 and March 2005</td>
<td>Information on the migrating unit, spouse, other members of the household also collected in LSIA 1 and 2</td>
<td>(racial/ethnic background) as a reason for difficulties in finding housing.</td>
<td>Life satisfaction</td>
<td>Monash University</td>
<td></td>
</tr>
<tr>
<td>Dataset</td>
<td>Year of data collection</td>
<td>Sample characteristics</td>
<td>Racism related items</td>
<td>Health outcome items</td>
<td>Access issues</td>
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</tr>
<tr>
<td>Personal Safety Survey&lt;sup&gt;19&lt;/sup&gt;</td>
<td>2005</td>
<td>Approximately, 11,900 women and 4,600 men, in both metropolitan and non-metropolitan areas, were interviewed to provide reliable estimates for females in the larger States and Territories and primarily national estimates for males.</td>
<td>Experience of sexual or physical violence by type of perpetrator (current partner, previous partner, boyfriend, girlfriend or date, other known man or woman, and stranger) No explicit racism or discrimination questions</td>
<td>No explicit health outcome items</td>
<td>ABS</td>
</tr>
</tbody>
</table>

Table 2: Existing datasets that include racism and health outcome items – Indigenous Australians

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Year of Data collection</th>
<th>Sample characteristics</th>
<th>Racism related items</th>
<th>Health outcome items</th>
<th>Access issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Aboriginal and Torres Strait Islander Social Survey 2002&lt;sup&gt;23&lt;/sup&gt;</td>
<td>August 2002 to April 2003</td>
<td>9,400 Indigenous Australians aged 15 years or over across all states and territories of Australia, including people living in remote areas. Can you also add the sub-sample for which racism items were administered for each of these surveys. For the ABS</td>
<td>There was one item on racial discrimination. It was listed as a type(s) of personal stressors experienced in last 12 months: Discrimination/racism</td>
<td>Self assessed health status</td>
<td>ABS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Whether suffering from any health conditions or disabilities, whether respondent ever needed a carer Impact of health conditions on work Frequency and amount of alcohol consumption Use of pain killers/tranquilizers/methadone, for</td>
<td></td>
</tr>
</tbody>
</table>
National Aboriginal and Torres Strait Islander Social Survey 2008[^22]

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
<th>Racism and Discrimination:</th>
</tr>
</thead>
</table>
| 2008 | An estimated 5,700 households across Australia, data was collected using an adult questionnaire, child questionnaire (0-14 years) and household questionnaire | - Whether felt discriminated against in last 12 months  
- Situations or places felt discriminated against  
- Frequency of discrimination in last 12 months  
- Whether avoided situations due to past discrimination  
- Types of situations avoided due to past discrimination  
Bullying and unfair treatment (child proxy)  
- Whether child bullied or unfairly treated because indigenous  
- Whether child bullied at current preschool or school  
- Types of perpetrators of bullying  
- Whether perpetrators of bullying are indigenous  
- Whether changed school because of bullying  
- Whether bullying was physical or verbal  
- Whether child's attendance at school affected due to bullying  
- Whether child's progress at school affected due to bullying  
- Affects of bullying on child  
- Whether child unfairly treated at current school or preschool |

| | | Self assessed health status |
| | | Health compared to one year ago |
| | | Emotional wellbeing in last 4 weeks (happiness, high energy, nervous, despair, restless, fatigue, sadness), whether health professional sought in regards to negative feelings |
| | | Whether suffering from any health conditions or disabilities, whether respondent ever needed a carer |
| | | Impact of health conditions on work |
| | | Frequency and amount of alcohol consumption |
| | | Smoking history/efforts made to quit |
| | | Use of pain killers/tranquilizers/methadone, for treatment and when not sick |
| | | Use of amphetamines, marijuana, heroin, cocaine, hallucinogens, designer drugs, inhalants, kava, ever and in last 12 months |

[^22]: ABS (to be released Feb 2010)
### National Aboriginal and Torres Strait Islander Health Survey 2004/5

- Types of perpetrators of unfair treatment
- Whether perpetrators of unfair treatment were indigenous
- Whether changed school because of unfair treatment
- Whether child's progress at school affected due to unfair treatment
- Affects of unfair treatment on child

#### Discrimination:
How do you feel you were treated when you sought health care in the last 12 months compared with non-Indigenous people?
In the last 12 months, do you feel you have been treated badly because you are (an Aboriginal/Torres Strait Islander) person?
When you are treated badly because you are an Aboriginal/Torres Strait Islander person, how do you usually feel?
When you are treated badly because you are an Aboriginal/Torres Strait Islander person, what do you usually do about it?

As with NATSISS, type(s) of personal stressors experienced in last 12 months: Discrimination/racism

### Longitudinal Study of Indigenous Children (LSIC) 2008

- 10,439 Indigenous Australians
- Discrimination:
  - Self assessed health status
  - Disability status
  - Smoker status
  - Alcohol risk levels
  - Substance use
  - Mental wellbeing
  - Social and emotional wellbeing

Two questions on racism for both carers and children:
Have you/your child been treated unfairly or discriminated against because you are Aboriginal/Torres

A range of health outcome measures and socio-demographic items

FaCHSIA Data publicly available from mid 2009
| Western Australian Aboriginal Child Health Survey<sup>26,27</sup> | 2001-2 | Interviewers gathered data on 5,289 children  Data also gathered on families from: 2113 primary carers 1040 other carers 1073 young people aged 12-17 School principal and teacher(s) of surveyed children in 388 WA schools | Strait Islander? Discrimination as a reason why a child did not see a doctor when (he/she) needed one.  Young people aged 12-17 were asked ‘In the past six months have people ever treated you badly or refused to serve you because you are Aboriginal?’ Young people who reported racism were asked how often they had experienced racism in a range of settings: at school from other kids; at school from teachers; in shops or shopping centres; on public transport; in the street; at home; or when playing sport. Young people were also asked if they were bullied at school. | 2009 | Youth reported: Drug Use (Cigarettes, Alcohol, Marijuana) Self Esteem Suicidal thoughts Youth report SDQ (social and emotional difficulties) Physical exercise and organized sport | Telethon Institute of Child Health, WA. Payment required and must access onsite in Perth. |
Appendix One: Calculating of Economic Cost of Racism

Step 1

Regression analysis to calculate the relative risk (RR) of health outcomes for those exposed to racism compared to those unexposed to racism (including across levels of risk where appropriate). Where possible, repeat for each survey wave and for different age cohorts.

Step 2

Compare magnitude of RR between racism and health outcomes for Population Attributable Fraction (PAF):

\[
PAF = \frac{\sum_{i=1}^{k} p_i (RR_i - 1)}{\sum_{i=1}^{k} p_i (RR_i - 1) + 1}
\]

\[p_i = \text{prevalence of exposure level } i\]
\[RR_i = \text{relative risk of disease in exposure level } i\]
\[k = \text{total number of exposure levels}\]

Step 3

PAFs are then applied to burden of disease estimates in DALYs or QALYs for relevant disease/injury category using simulation modeling techniques which present uncertainty ranges around point estimates that reflect the main sources of uncertainty in the calculations based on standard errors of the prevalence and relative risk estimates.

Step 4

Calculate costs of the burden of disease, injury or social outcome estimated above (see Table 3 below).
Table 3: Calculating costs of disease, injury or social outcome burden

<table>
<thead>
<tr>
<th>Cost category</th>
<th>Type of Cost Included</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, Suffering and Premature Mortality</td>
<td>Costs of pain, suffering attributable to exposure, measured by assigning a value to the Quality Adjusted Life Years lost as a result of injury and illness. Costs of premature mortality measured by attributing a statistical value to years of life lost.</td>
<td>Australian Institute of Health and Welfare (AIHW) estimates</td>
</tr>
<tr>
<td>Health Costs</td>
<td>Includes private and public health costs associated with treating the effects of racism</td>
<td>Health cost data for conditions associated with racism available for purchase from AIHW</td>
</tr>
<tr>
<td>Production Related Costs</td>
<td>Short-term costs of: Lost production (wages plus profit) from absenteeism. Search and hiring costs. Lost productivity of victim, perpetrator, management, co-worker, friends and family Lost unpaid work. Retraining costs. Long-term costs of: Permanent loss of labour capacity.</td>
<td>Production, consumption, second generation, administration and transfer costs were estimated by Access Economics for intimate partner violence. However, the validity of these estimates and their replicability in relation to racism is not presently known.</td>
</tr>
<tr>
<td>Consumption Related Costs</td>
<td>Short-term costs of: Bad debts. Long-term costs of: Lost economies of scale in household operation</td>
<td></td>
</tr>
<tr>
<td>Second Generation Costs</td>
<td>Includes private and public sector costs of: Childcare Changing schools Counselling Child protection services Remedial/special education Increased future use of government services Increased juvenile and adult crime</td>
<td></td>
</tr>
<tr>
<td>Administrative costs</td>
<td>Includes private and public sector costs of: Legal/forensic services Temporary accommodation Paid care (i.e. housekeeper) Counselling Interpreter services</td>
<td></td>
</tr>
<tr>
<td>Transfer costs</td>
<td>Transfer payments include: Victim compensation Income support Accommodation subsidies</td>
<td></td>
</tr>
</tbody>
</table>
Lost taxes
Financial help from friends and family to victim
Child support

**Associated economic costs comprise:**
Deadweight losses in funding
government payments and services