Health and economic impacts of violence against women and domestic violence. Examples from Spain

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Brief overview of research conducted by the academia and the health sector

METHODOLOGY	FINDINGS
Survey Data (Interviews and self-administered questionnaires)	Intimate Partner Violence
- Random sample of women attending primary healthcare services - Spanish National Health Survey - High schools randomly selected: questionnaires to all students	- Data comparing IPV and other forms of domestic violence and VAW show that the impact on the physical and psychological health of IPV victims are higher. - In most of the studies women in close relationships are the target group - Three forms of violence were analysed: physical, psychological and sexual. There is no research on new forms of violence, such as grooming, sexting, etc. (cyber violence).

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METHODOLOGY	FINDINGS
Survey Data (Interviews and self-administered questionnaires)	Intimate Partner Violence
- Age groups: Most of the studies cover women aged 18 – 70 years. - Intersectional approach: few studies analyse how gender intersects with other factors such as age, migrant status, poverty.	- There is an association between intensity (severity) and duration of the abuse and poorer physical health (chronic health problems and time spent in bed). - Early detection of abuse is an objective for health professionals to avoid such an impact on women's health

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SPECIFIC FINDINGS

HEALTH CONSEQUENCES

- Higher prevalence of chronic disease in women who suffered some type of IPV in their lifetime (36% vs 30%): Hypertension, asthma, diabetes, chronic pain –back and neck pain, psychological distress and poorer self-perceived health; higher use of analgesics, tranquilizers, antidepressants and drugs.

- Adolescents students: 43,7% females and 34,8% had experienced IPV. Females had a higher ratio for depression, panic attacks, eating disorders and suicidal ideation. Women are more likely to suffer different forms of violence while men disclosed being exposed to one form of violence, mainly psychical violence.

Early identification - Needs of the primary health professionals

- The Ministry of Health, Social Services and Equality conducted a research to analyse the problems doctors of Primary Health Care encounter to effectively attend victims:
  - 73% of doctors have never asked women about their family relationships
  - 85,3% never asked about the intimate relationships
  - 96% of victims wouldn’t mind the doctor asking about their relationships.

Early identification - Needs of the primary health professionals

- Obstacles:
  - Difficult to recognize and identify IPV victims (mainly if victims don't want to recognized it)
  - Lack of time and knowledge to inquiry or approach the problem
  - It is competence of other professionals such as social workers or psychiatrists
  - Anticipation of problems if they got involved in the criminal proceedings
  - Issuance of an injury report is seen as a way of not commit to the problem
  - The Code of Ethics prevents the doctors from reporting such cases without the victims' consent (the duty of confidentiality)
  - Reporting the case can damage the relationship of trust between the doctor and the patient

The involvement of the doctors to report IPV cases has increased (11% of total criminal proceedings were initiated by them)

If a woman don't recognize the abuse and the professional is not acting= normalization of the violence against women.

Common Protocol for a Health Response to Gender-based Violence (2012)

- Early detection / Prevention
- Common guidelines for attending and monitoring IPV cases

- Women must accompanied throughout all the process - Specialization
- Multi and Interdisciplinary care
- Coordination and cooperation with other sectors (education, Public Prosecutors Office, law enforcement, forensic, etc.)

Forensic-Medical Protocol for the urgent risk assessment

- Practical tool for the judiciary to decide on protection orders and specific measures
- Main sources of information:
  - Interview
  - Medical examination of the perpetrator and the victim
  - Medical and psychiatric information of the perpetrator

Challenges:

- Medical information/records of the victims are not taken into account. Health problems, such as anxiety, depression could be assessed as factors or evidences.
- The medical examination is related to the physicial injuries rather than other harms caused by the abuse, such as detrimental of mental health.
- Physicality is not necessary an essential component of violence.

ECONOMIC COSTS OF VIOLENCE RELATED TO HEALTH CONSEQUENCES

- High percentage of the economic costs of violence are related to the health consequences.
- Methodology of the costing studies: Public and individual expenditure to carry out the treatment but also other methodologies: YLL: Years of Life Lost; QALY: Quality of Life Years, DALY: Disability Adjusted Life Years, to measure losses incurred form harms done.

ECONOMIC COSTS OF VIOLENCE RELATED TO HEALTH CONSEQUENCES

- Challenges:
  - to measure the importance of positive health; subjective well-being (happiness and flourishing –resilience, self-esteem….)
  - Evidences associated to second generation impacts –Children's health and well-being-: sleep and eating disorders, bed-weting, frequent illnesses, speech problems, drop outs, developmental disorders, suicidal thoughts, abnormal behaviour, etc. No reliable data to estimate the number of children affected and of the additional health costs.

SPANISH MACROSURVEY ON VAW (2015):

Almost in half of the households where women disclosed being victims of GBV were minors living there.

- 21% of the minors knew what was happening but did not suffer violence directly

- 37,7% the children suffered direct violence