VIOLENCE AGAINST WOMEN: 
THE SPANISH RESPONSE

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Summary: Violence against women is now well recognised as an urgent public health and women’s health priority, as well as a human rights violation. Evidence across the world demonstrates the short and long-term health effects of intimate partner violence on women. In Spain, important initiatives to raise awareness in the health sector about gender-based violence include the establishment of an epidemiological surveillance system to document women’s health problems; the creation of the Commission Against Gender-based Violence to co-ordinate programmes; National Health Service actions to implement specific commitments made in Spain’s law on gender-based violence, including training for health professionals; and the development of a common protocol for a health care response to gender-based violence.

Keywords: Gender-based Violence, Health Effects, Gender Inequality, Spain

A sizeable problem

Violence against women is now well recognised as an urgent public health and women’s health priority, as well as a human rights violation. It is also recognised that this violence is rooted in gender inequality and, in turn, serves to perpetuate this inequality. Nationally, representative surveys in Europe have estimated the lifetime prevalence of physical and/or sexual partner violence among women. For example, such prevalence rates are 32% in Finland, 27% in Norway and 25% in Germany. In Spain, the prevalence of intimate partner violence is estimated to be 43% for emotional abuse, 8% for physical abuse and 12% for sexual abuse. In 2011, Spain reported 61 women killed by a partner or ex-partner. In Spain, following the passing of the Law on Gender-based Violence in December 2004, there has been increased awareness of the issue among both the general population and professionals from all sectors (health, education, justice and the media). During its tenure of the European Union Presidency in 2010 Spain also played a key role in promoting actions to address gender-based violence at the European level.

There is clear evidence across the world of the short and long-term health effects of intimate partner violence on women. These include, for example, physical health outcomes such as having difficulty walking, difficulty with daily activities, pain, memory loss, dizziness and vaginal discharge in the previous four weeks, as
well as mental health outcomes such as significantly more emotional distress, suicidal thoughts, and suicidal attempts, among women who have suffered violence compared to women who have not. Intimate partner violence has been associated with injuries, disabilities, unwanted pregnancies, abortions, sexually transmitted infections, including HIV/AIDS, depression, Post Traumatic Stress Disorder and other anxiety disorders, and a range of chronic health problems. When it occurs during pregnancy it has been associated with miscarriage, premature labour and low birth weight babies. Intimate partner violence has also been associated with increased infant and child mortality.

Women’s Health Observatory has been instrumental in collecting data and raising awareness of women’s health problems. In September 2004, the Spanish National Health Service (NHS) approved the creation of the Commission Against Gender-based Violence. This was the first step towards coordination of programmes and health care actions that were already being undertaken in some of Spain’s regions (autonomous communities). Subsequently, and over time, the NHS took action to implement the specific commitments made in the 2004 Law on Gender-based Violence. It was approved by parliament at the end of 2004. The law included, among other things, training for health professionals.

Concha Colomer played a critical role in moving these issues forward within the Ministry of Health, and more recently she had put in place the strategy for the identification of, and response to, violence against women in the health system. She brought to this a sound public health approach based on surveillance/data collection coupled with a firm commitment to a gender equality perspective and to equity. As the Head of the Women’s Health Observatory and later as Deputy Director of Health Planning, Quality and Healthcare of the Ministry of Health, Social Policy and Equality she oversaw the production of yearly reports on Gender and Health and on Gender-based Violence starting in 2007. Reducing gender-based inequalities in health was the goal, through generating and disseminating knowledge that could enable a gender analysis of health problems and promote the integration of equity and gender equality in health policies and systems.

In relation to violence against women, important steps were taken to harmonise actions across all of the autonomous communities through the development of a common protocol for a health care response to gender-based violence. Similarly, a set of common indicators on health care provision in cases of gender-based violence were developed and substantial amounts of resources were dedicated to building the capacity of providers in primary health care and in specialist services, such as those for mental health and emergency care.

Concha Colomer’s legacy

All of these programmes were dear to Concha’s heart. I last saw her on 15 March 2011, only a few weeks before she died, presiding, along with the Deputy Minister, over a technical workshop to review the progress and achievements made in the implementation of the common protocol on the health care system response to gender-based violence. At the meeting, experiences were shared by the different autonomous communities in relation to training, the use of the common indicators and the implementation of the common protocol. The tremendous progress made was acknowledged while identifying the many things that still needed to be put in place. We closed the meeting together and she highlighted that the next step would be to update the protocol in two ways: first,
to include more specific interventions for the children of women suffering partner violence, an important step indeed if we are to break the cycle of violence; and secondly, to include vulnerable groups of women, such as immigrants, older women and women in rural areas.

At the moment, the Women’s Health Observatory is working on the collection and dissemination of good practices in the prevention and early identification of gender-based violence in the NHS.

We shall miss Concha’s leadership, vision, good humour and joie de vivre, but we shall continue to be guided by her vision, her perseverance and her commitment to gender equality, women’s health and addressing gender-based violence.

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Acknowledgement: The author would like to thank Rosa Ma. López Rodriguez, Coordinator of Programmes at the Women’s Health Observatory in Spain who reviewed the article to check the accuracy of dates, names, and other references.

New Observatory publication

Governing Public Hospitals
Reform strategies and the movement towards institutional autonomy

Edited by: Richard B Saltman, Antonio Durán, Hans FW Dubois

European Observatory Study Series No. 25
Copenhagen: World Health Organization, 2011

Number of pages: 259
Freely available to download at: www.healthobservatory.eu

The study focuses on hospital-level decision-making and draws together both theoretical and practical evidence. It includes an in-depth assessment of eight different country models of semi-autonomy. The evidence that emerges throws light on the shifting relationships between public sector decision-making and hospital-level organisational behaviour and will be of real and practical value to those working with this increasingly important and complex mix of approaches.

Part I of the volume analyses the key issues that have emerged from developments in public-sector hospital governance models and summarises the general findings. Part II looks in detail at hospital governance in eight countries.