Gender Violence 2005 Report

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Summary

The aim of this document is to fulfil the commitment undertaken by the National Health System, with regard to gender violence, of issuing an Annual Report on the state of the problem and its public health responses. This first report takes in the information on months prior and subsequent to the approval of the Organic Act 1/2004; i.e. the period extending from June 2004 to June 2005. It has been written by general assent and cooperation in the Commission To Combat Gender Violence of the National Health System's Interterritorial Council. The Observatory on Women's Health of the Quality Agency pertaining to the Ministry of Health and Consumers that assumes the secretaryship of the Commission has carried out the compilation and synthesis as well as the inclusion of results yielded by commissioned studies.

The information gathered is of interest as a first step to better know the magnitude of the problem, the different responses contributed by public health services and the existing needs, in order to improve both their monitoring and their being met. The main conclusion is that there exists widespread concern about the problem in the National Health System as a whole, that translates, on the one hand, into the numerous and diverse responses from the autonomous health services which aim at informing, raising public awareness and training the general public and healthcare staff, and, on the other hand, into the establishment in all Autonomous Communities of welfare protocols for the healthcare of women victims. Nevertheless, the need has been detected to reinforce research applied to the development of health and gender violence indicators to allow the monitoring of how the problem evolves, and the assessment of interventions, in the fields of prevention, early detection and assistance. It also emerges that the areas in need of more initiatives are related to improving the coordination with other sectors and agents, and to the attention to women in a situation of special vulnerability.

Introduction

This document intends to honour one of the National Health System's commitments on gender violence; that of the accountability for their performance issuing and disseminating an annual report which explicitly states the actual extent of the problem and its sanitary responses. This first report will be taken as the base reference for later analysis and gathers the information on months prior and subsequent to the approval of the Organic Act 1/2004, i.e. the period from June 2004 to June 2005.

The essential aspects concerning structure, contents and methodology for the gathering of the information were carried by general consent at the Commission To Combat Gender Violence pertaining to the Interterritorial Council of the National Health System; the fact that Autonomous Communities have contributed their own information is, in terms of collaborative work, an added value.

The Observatory on Women's Health of the Quality Agency of the Ministry of Health and Consumers that takes on the secretaryship of the Commission has carried out the compilation and synthesis of the information provided by the Autonomous Communities as well as the inclusion of the results yielded by the studies assigned to academic and research institutions.

1. Gender violence as social problem

Gender violence is not a problem confined to the private sphere, but the most brutal symbol of the inequality ingrained in our society. It is a violence directed at women for the sheer fact of being so, for being considered by their assailants as lacking the basic rights of freedom, respect and capacity to decide.

Article 15 of our Constitution proclaims the right of all people to life and to physical and moral integrity and that they may in no case be subjected to either torture, physical abuse, debasing or inhuman treatment. Also, these rights bind all public authorities and only by law may their exercise be regulated.

In Spain, a greater awareness of the problem is at present a fact, thanks largely to the effort made by women's organizations in their struggle against all forms of gender violence.

Spanish public authorities are not indifferent to gender violence which stands as an attack on basic rights such as freedom, equality, life, security and non-discrimination proclaimed in our Constitution. These same public

authorities are obliged under the terms of article 9.2 of the Constitution, to adopt positive action measures, in order to make these rights real and effective removing any obstacles that may stand in the way to their full implementation.

In the last few years, Spanish legislation has seen a number of advances in the fight against gender violence including Organic Act 11/2003 of 29 September on Specific Measures relating to Citizen's Security, Domestic Violence and the Social Integration of Foreign Nationals[1]; Organic Act 15/2003 of 25 November, amending Organic Act 10/1995 of 23 November of the Criminal Code[2], or Act 27/2003 of 31July, regulating the Protection Order for Victims of Domestic Violence[3] in addition to the laws enacted by different Autonomous Communities whithin the scope of their powers. The provisions of these legal texts have had a repercussion on different civil, criminal, social or educational areas.

Act 1/2004 attempts to implement the recommendations of international bodies in that it means providing a global response to the violence exercised against women. We can quote to this respect the Instrument of Ratification of 16 December 1983, issued at the 18 December 1979 Convention on the Elimination of All Forms of Discrimination Against Women held in New York on 18 December 1979[4]. United Nations Declaration on Eradicating Violence Against Women, issued in December 1993 by the General Assembly; the Resolutions of the last World Conference on Women held in Beijing in September 1995; Resolution 49.25 of the World Health Assembly declaring violence a priority public health problem, issued by the WHO in 1996; the European Parliament Report of July 1997; the Resolution of the United Nations Human Rights Commission of 1997 and the Declaration of 1999 as the European Year for Action to Combat Violence Against Women, among others. Just recently, Decision 803/2004/EC of the European Parliament approved a Community programme of action (2004-2008) to prevent and fight violence against children, young adults and women, and protect its victims and groups at risk (the Daphne II programme), which sets out the stance and strategy on this issue of the representatives of Union citizens.

The Act extends its scope to preventive, educational, social, welfare and victim support aspects, as well as to the civil law regulations applying to the family or cohabitation setting where most agressions take place and to the principle of public administration subsidiarity. It is also resolute in addressing the punitive response to be meted out to all manifestations of the violence dealt with.

Gender violence is approached from a comprehensive, multidisciplinary standpoint starting from the processes of education and socialization. The pursuit of equality and respect for human dignity and individual liberties must be a priority objective at all levels of socialization.

The Act introduces public awareness and intervention measures in the educational sphere. It also seeks to reinforce, with actual reference to the advertising field, an image of women who respect their dignity and equality. Support is given to victims by recognising their right to information, free legal counsel and other measures of social protection and economic assistance. It thus provides a comprehensive legal response that encompasses both procedural regulations, creating new instances, and substantive civil and criminal legislation, including specific training for the health, police and judicial personnel entrusted with obtaining evidence and enforcing the law.

Public awareness and intervention measures are likewise established in the public health sector to optimize early detection as well as physical and psychological care dispensed to victims in conjunction with other support measures.

2. National Health System's commitment against gender violence

> **Artícle 16. Interterritorial Council of the National Health System.**
> "Integrated in the Interterritorial Council of the National Health System, and within one year of this Act coming into force, a Commission to combat gender violence shall be constituted to provide technical support and guidance on the planning of the healthcare measures contemplated in this chapter, assessing and putting forward those necessary to the application of the healthcare protocol or whatsoever other measures that may be deemed necessary for the healthcare sector to contribute to the eradication of this form of violence. The Commission to Combat Gender Violence of the National Health System's Interterritorial Council shall be formed by representatives from all Autonomous Communities with competence in the matter. The Commission will issue an annual report which shall be submitted to the National Observatory on Violence against Women and the Plenum of the Interterritorial Council.

General Act 14/1986, of 25 April, on Healthcare gave response and development to constitutional provisions, establishing the principles and substantive criteria which helped create the National Health System (NHS) conceived as the whole of Autonomous Communities' Healthcare Services conveniently coordinated. Both the State and the Autonomous Communities as well as

the rest of competent public authorities shall organize and develop all healthcare actions within a comprehensive conception of the Health System.

Likewise, the Act created the Nationeal Health System's Interterritorial Council, permanent organ of coordination, cooperation, communication and information of all healthcare services among themselves and with the State Administration, that aims at promoting the cohesion of the National Health System through the effective and equitable guarantee of citizen rights throughout the State territory, and that approaches its functions in a spirit of consensus attainment, experience sharing and mutual learning.

In Plenary Session of the NHS Interterritorial Council held on 22 September 2004, the Plenum agrees on the creation of a Commission Against Gender Violence, chaired by the Health Secretary General and made up of the Directorate General of the NHS Quality Agency, representatives from each Autonomous Community, from the General Secretariat of Equality Policies and from the Women's Institute. The secretaryship is entrusted to a representative from the Observatory on Women's Health. This Commission was gestated in line with the Organic Act on Measures of Comprehensive Protection Against Gender Violence.

The Commission in its first meeting on 17 November 2004, decided to adopt the following work lines for 2005:

- Go through existing projects and strategies in health areas of Autonomous Communities, this including revision of protocols, guides and documents
- Promote study of methodologic proposals for getting to know the real impact of this phenomenon and for its early detection and diagnosis.

The report issued meets these commitments and has been drafted with information handed by the Autonomous Communities according to the measures they themselves developed, and that stemming from studies promoted from the Observatory on Women's Health of the Ministry of Health and Consumers, carried out by a number of institutions highly experienced at research in gender violence.

I. Gender violence: conceptual aspects

> **Article 1. Purpose of the Act**
> "Gender violence to which this Act refers encompasses all acts of physical and psychological violence including offences against sexual liberty, threats, coertion and the arbitrary deprivation of freedom."

Violence against women as social concern has sparked off considerable and intense debate and constantly developing research lines. Any attempt to set boundaries for analysis risks being limited and limiting of its complexity. However, reaching an agreement on what to deal with and how to define it, is essential to progress in the knowledge of the appraisal of gender violence magnitude, enabling the adoption and follow-up of existing measures to give it response[5].

The United Nations 1933 "Declaration on the Elimination of Violence Against Women" defines violence against women as "any act of violence inflicted on the female sex that may result in physical, sexual or psychological harm or suffering for women, as well as threats of such acts, coercion or arbitrary deprivation of freedom, arising both in public or private life"[6].

This term, adopted by internationally reputed agencies such as the European Union and the World Health Organization, identifies women as main sufferers of violence perpetraded on them by men. However, this concept has been used to refer to many realities such as murder, moral and sexual harassment, physical and psycho-emotional violence, threats, prostitution, genital mutilation and pornography[7].

World Health Organization (WHO), in 2002, in its First Report on Violence and Health referred to Intimate Partner Violence as any behaviour within an intimate relationship, present or former, that causes physical, psychological or sexual harm[5]. The Panamerican Health Organization, nearly a year later, integrated the concept of Gender Violence, claiming the need to bring attention to the fact that acts included in the concept of Intimate Partner Violence, take place in a setting of gender inequality[8].

II. The problem setting in Spain

Violence against women started to show up in England and the United States halfway through the XIX Century, on occasion of public claims for conjugal separation and divorce legalization. The problem was so accepted socially that it was not until the 1960's and 70's that the first voices were heard demanding economic support for the victims, emergency help lines and self-help groups[9]. A key development, at that time, for gender violence starting to be considered a true social problem was its inclusion in the agendas of the 1979 United Nations Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), at the III World Conference on Women held in Nairobi in 1985 and in the IV World Conference on Women held in Beijing in 1995.

In Spain apart from the aforementioned events, the activities of feminist groups and women networks, Democracy development, the creation in 1983 of the Institute of Women and the Penal Code reforms on sexual abuse and rape[10], proved to be decisive.

The media did not stay out of this process of the gender violence problem social and political construction. In the mid-70's, the violent events that traditionally hit the headlines without apparent relation among them, started to be treated as part of the same problem. The social alarm prompted by the first figures of prevalence and mortality explains, partly, this change in the journalistic approach to the subject. On the other hand, the fact that precisely at that time in England and the United Stated the first joint actions between feminist groups and Government[11] took place, must have had an influence on the course of events.

In Spain, the subject started to appear in the press following the media coverage given to the first demands of feminist groups around the rape problem in the middle 80's. Subsequently, newspapers and news programmes started to include in their informatory routines the initial moments of delegitimization and official condemnation of violence against women[12]. These events did not translate however into an increased volume of news on the subject as happened with other indicative cases of social relevance[13,14,15]. The impact on the Spanish media of Ms. Ana Orantes's case at the end of 1997[12], is especially recognized.

In subsequent years, The significant events against gender violence arisen in the Spanish sociopolitical sphere have had a reflection in Spanish mass media and not only have they contributed to a qualitative change of the jour-

nalistic coverage of the subject - murder and violence events are no longer the major players - but also suggest that the media may have promoted an increasing social awareness of the problem and of the sociopolitical responses that have alongside been developed[16,17].

III. Drafting of the 2005 annual report

The present report has been drafted by general assent and cooperation within The Commission to Combat Gender Violence, of the National Health System's Interterritorial Commission . The information it contains comes from the reports contributed by the Autonomous Communities according to the Table of Contents agreed on by its members. Results of studies obtained from bibliography or from those carried out by the Observatory on Women's Health in cooperation with academic institutions, have also been included in some of the subjects.

The different sections of the Table of Contents are closely related to the articles of the Act that refer to health commitments and that have also been part of the working script agreed upon with the Autonomous Communities and approved in the 5 June Meeting of the said Commission. At this same Meeting the Work Plan to issue the Report was approved; this Work Plan's terms have been met in which refers to information submission deadline in October and First Draft revision and discussion deadline in November same year.

The Observatory on Women's Health, DG of the Ministry of Health and Consumers' Quality Agency that assumes the secretaryship of the Commission, has carried out the compilation and synthesis of the information forwarded by Autonomous Communities and experts, the editing tasks and the follow-up of the cooperation process, propeller shaft of the report. This process, which has benefited from the participation of all Autonomous Communities and the rest of the Commission's components, has turned out to be highly productive and satisfactory for all parties involved and has laid the foundations for the work to come.

IV. Getting to know the magnitude of the problem

In gender violence, as in dealing with any other problem related to public health, information about frequency, morbility, mortality, causes and consequences is important, to be able to take action against it effectively. However, the study of this problem is a complex task whose first difficulty resides in the laying down of universal criteria to get to the case definition itself, the second being the scarcity and heterogeneity of indicators and sources of information.

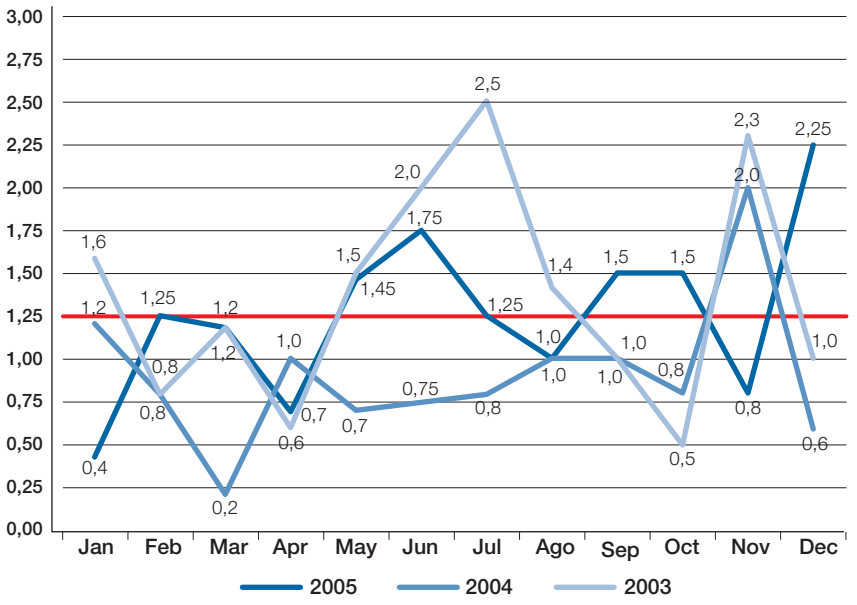
With respect to the epidemiologic surveillance of gender violence, although indicators and common information systems are still unavailable there do exist initiatives that allow the follow-up and evolution monitoring of some of the problem's aspects. To this end, information sources listed on Table 1, amongst others, can be used.

Although they are largerly based upon reported violence, that is to say, cases which resort to the police, that are part of judicial statistics or appear in the news, they are useful to the construction of incidency indicators and mortality by cause of gender violence. Hence, for instance, data on deaths published on the Federation of Separated and Divorced Women and Queen Sofía Centre's web sites for the study of violence, have made possible for members of the University of Alicante's services of Preventive Medecine and Public Health to develop a system of epidemiologic surveillance by calculating the "epidemic index of intimate partner violence against women"[18] [Figure 1].

Table 1. Sources of information to get to know the magnitude of gender violence

Registering Organization	Register Types	Data Source	Observations
Reina Sofía Center for the study of violence Available at: http://www.gva.es/violencia/	Battered women and femicides	Ministry of Interior, Women's Institute, Police	Statistis on battered women since 2000 and on femicides since 2001
Federation of Separated and Divorced Women Available at: http://www.separadasydivorciadas.org/muertas2005.html	Women's mortality caused by gender violence	Media	List and description of gender violence mortal victims since 1998
Ministry of the Interior. Statistical Yearbooks. Available at: http://www.mir.es/sites/mir/otros/publicaciones/catalogo/unidad/secgenTecnica/periodicas.html	Offences, Misdemeanours, women's deaths caused by domestic, spousal or equivalent violence	Police sources	Section on domestic violence victims since 1997 statistic yearbook
General Council of the Judiciary's Observatory on Domestic and Gender Violence Available at: http://www.poderjudicial.es/eversuite/GetRecords?Template=cgpj/cgpj/principal.htm	Reports, deaths, withdrawn reports, protection orders, nterim measures, "fast-track" procedures, failure to fulfil precautionary measures, relation between victims and defendants way of ending, procedures submitted, indicted persons.	Judicial statistics.	Contains access to different reports on judicial treatment of domestic and gender violence since year 2000.

Fig 1. Epidemic index of intimate partner violence against women Spain 2003-2005 (*)



(*) Ratio between women deceased by cause of intimate partner violence in the month concerned (cases accumulated up until last day of each month) and deaths average from the previous quinquennium. In terms of comparison, values equal or beyond 1,25 are considered to be high

Comparison of this indicator over years 2003, 2004 and 2005, points to 2003 and 2004 summer months – above all June and July – and November and December at the end of the year – as those presenting higher risk in terms of mortality. However, in 2005 a sharp drop can be seen, even in those same months, with the sole exception of November with a high risk or epidemics score.

Population surveys can be used in order to know the prevalence of gender violence and to study both the causes or factors to it associated and its consequences on health. Some have been carried out in Spain; country-wide as the ones promoted by the **Women's Institute** in 1999 and 2002[19], or at a regional level like those carried out by some Autonomous Communities such as **Andalusia**, **Principality of Asturias** and the **Madrid Community**[20,21,22,23,24].

The different approaches from the conceptual and methodoloogical points of view used in each of them make comparison of the results somehow difficult; results that range from a 45% prevalence of women suffering

psychological violence[23] to 6.2% women claiming to have suffered violence in the last year[24]. From this first approach to the subject the need emerges to analyze what stands and to give some recommendations to improve these tools in terms of their better enabling the knowledge and comparison of different situations, aspects and evolution of the problem.

A different populational approach to the awareness of gender violence prevalence and its relation to health, is the inclusion of questions about it in health surveys. In this sense, the Ministry of Health and Consumers, through the Health Information Institute and the Observatory on Women Health, in cooperation with a group of experts, has promoted the revision of the National Health Survey (NHS) with the purpose of improving its usefulness to gain knowledge about women's health and gender inequalities; some specific questions about gender violence having actually been included which will allow to know more about this problem already in the 2006 NHS.

Something to be considered too, is the gathering of information on gender violence in Health services. There already are experiences of specific surveys conducted among users in hospital emergency services where a 20% prevalence of gender violence along entire life was found, together with a 16% during year in course at the time; 13% of women had been battered by their partners while pregnant[25]. And also in Primary Care, as in the study carried out in the Autonomous Communities of Madrid and Valencia with a sample of 1,400 women where it was found that 32% claimed to have suffered some kind of ill-treatment along their lives, either physical, psychological or sexual[26].

But in our country the absence of validated specific tools to identify the problem, stands, undoubtedly, as one of the main obstacles to get to improve the knowledge about it. In the international sphere and, most of all, in the United States, a number of screening and diagnostic tools have been developed. Some of them only measure physical violence, while others also include sexual and psychological violence. A validation and adaptation to Spanish of the *Index of Spouse Abuse (ISA)* has been made in Spain, as part of the cooperation between the Observatory on Women's Health and the Andalusian College of Public Health. This is a widely used, self-administered, North American scale that consists of 30 items that can be answered in less than 5 minutes, and that measures both physical violence (sexual violence included) and non-physical one. Likewise, a briefer sifting tool has also been adapted and validated –the shorter version of the *Woman Abuse Screening Tool*-, that consists of two easily understandable questions for women, that can be easily used by healthcare personnel in consultations.

With regard to routine systems of health information, the following must be said:

- Gender Violence is not included in the section "Cause of Death" in Life Statistics.
- The Minimum Basic Data Set (MBDS) includes deaths and gender violence case diagnosis in the so-called "External Causes" with no specific mention whatsoever. It does contain, however a code in which the executor is named "couple abuse perpetrator" which could be taken as a rapprochement to the actual subject.
- Related Diagnose Groups (RDG) display ill-treatment specific headings and are divided into children and adult categories but are not broken down by sex, with which they do not serve the purpose of knowing gender violence cases seen in hospitals.
- As regards other international classifications, the last one effected by WONCA International Classification Committee (World General Practitioners Organization) CIAP does not include any specific or explicit code for gender violence, among reasons for consultation, although they do have codes such as Z12, Z255, Z16 and Z20 that refer to different problems arising from aggression, abuse or relations among different members of the family

Autonomous Communities have made efforts to improve this situation, devoloping gender violence registers in hospital centres, emergency and primary care services as well as the existing ones in Autonomic equality organizations. At present, the existing variety of approaches is indicative of the interest shown by all administrations, which has prompted a proposal for the creation of a work group at the Commission to Combat Gender Violence dependent on the National Health System's Interterritorial Council, intending the study of needs and experiences.

We have gathered here some of the experiences developed in Autonomous Communities' Health Administrations in the period covered by this report, and that were duly documented for their inclusion in it:

One of the most widely used measures is the creation of telephone calls records. In some cases to the emergency service 112, as in the case of the Communities of Aragon, **Canary Islands**, **Castile-La Mancha** and **Murcia**. In all cases the initiative was promoted by the **Women's Institute** in these communities. These records contribute to the knowledge of the problem extent. They also tell about the use women victims make of this kind of service. Similar initiatives have been implemented in **Catalonia** and **Valencia** as well as in the Minorcan Women Counseling Centre and the Ibiza Women's Information Office both pertaining to the **Balearic Islands** Autonomous Community, where records are kept of calls received by information and counselling telephone lines at 24-hour call centres. There is also a 24-hour information service hot line for counselling and attending to emergency situations at the Aragon Women's Institute, pertaining to Aragon Autonomous Community.

Statistics have been kept of calls received and motive for the call since its creation. An information leaflet on maltreatment of women published by the Aragon Women's Institute is being offered to all women users in primary care centres.

In **Catalonia**, the 24-hour attention hot line for women in situations of violence is a free and confidential service provided by the Catalan Institute of Women, dealing with all claims related to situations of violence against women, in whatever shape or form. On this line, professional experts who attend to cases in a specialized manner and who, if needed, can contact emergency services, deal with information requests at two different levels: a primary attention level provided by social workers within a broad spectrum of general care, and a second, more specialized, level of attention where psychologists and lawyers deal with claims (direct or deriving from 112, 012 or from "Sanidad Responde" (Healthcare Responds) database.

In emergencies, the person is directed to law enforcement if she wishes to contact them herself; otherwise, professionals in charge of telephone attention themselves are to convey those data to law enforcement. One or two hours later the affected woman is given a call to see if she is all right. If the emergency call takes place at a week-end or on a bank holiday (when social services are off duty) it is law enforcement personnel or someone from the emergency service itself who find temporary accomodation for women compelled to leave their homes. Women contacting this service can express themselves in Catalan, Spanish, French, English, Arabic or Russian. To spread the word about this telephone hot line, the Catalan Institute of Women has created documentary material in a variety of forms.

Another type of register is that of women and children in refuges of Women's Institutes in the Autonomous Communities of **Asturias**, **Murcia** and **Balearic Islands**.

An increasing number of autonomical administrations are establishing case records from healthcare assistance. In **Asturias**, since 2003 they have the Healthcare in Violence Record (Vimpa) that furnishes information on the particulars of each request for care due to aggression, first aid interventions by health care services, diagnosis made by medical personnel and sociodemographic data referred to affected women.

Since 2004 there is a Case Register in the **Canary Islands** made up from information drawn from grievous bodily harm forms. In the **Valencian Community** regulations were approved in June 2005 for the medical personnel of primary healthcare centers and hospitals to use the new Medical Report on Alleged Domestic Violence (Adults) and so notify the judges of cases of suspected gender violence. This report replaces the Grievous Bodily Harm general certificate that had been being used until recently in the event of ill-treatment.

In **Navarre**, cases detected in primary healthcare are registered under special codes, with previous consent from, and in the event of help being sought by the affected woman. This enables access to quantitative information on psychic and emotional abuse between spouses and on problems stemming from physical abuse by child or spouse, rape or sexual assault.

In **Castile and Leon** a specific Register on Gender Violence has been created as part of their 2003 Management Plan's objectives. This register has been progressively established in all healthcare centres and Continued Care Sites, having reached in 2004 a coverage of 100% of Primary Care centres. All treated persons' personal data allowing a socio-demographic characterization of this collectivity are registered while ensuring confidentiality. Register management at Healthcare Centres and extra-hospital emergency services concerns the Primary Care Management Directorate. Data source in hospital service units is the Hospital Information General System (emergencies CMBD).

In the **Cantabrian Community** the software of the Protocol for Healthcare Intervention in Cases of Women Maltreatment, has been designed in OMI-AP with the purpose of developing a recording system useful for achieving a closer approachment to the real size of the problem within healthcare services and for evaluating the protocol itself.

Likewise, in the **Canary Islands** a "Proceeding Protocol for Application in Gender Violence Cases within the Domestic Sphere" comes as part of the computerized clinical history.

All the registers and alternatives for the measuring of the problem that have been developing in Spain draw an apparently complex outline but central to the development of a gender violence surveillance, control and prevention system.

V. Procedures in healthcare services to attend to gender violence cases

> **Article 15. Awareness and training.**
> 15.1. "Health Authorities, through the Interterritorial Council of the National Health Service, shall promote and facilitate actions amongh health professionals for the early detection of gender violence, and will put forward all measures they may deem necessary to optimize the health sector's contribution to combating this type of violence".

From the perspective of public health, actions oriented towards problem prevention can arise from three levels of intervention[5]:

- Primary; interventions oriented to avoid occurrence of violence.
- Secondary; measures focussed on first responses once violence has arisen such as comprehensive attention given in primary care or emergency services, or treatment of sexually transmissible diseases after a rape, in view of diminishing its impact on health.
- Tertiary; Interventions focussed on long-term attention, subsequent to violent acts, as that given in refuges; psycho-social attention to affected women or rehabilitation of aggressors, with the aim of preventing recurrence and sequelae.

The above mentioned levels of intervention are thus defined according to whether they take place before the events occur (primary prevention), immediately after (secondary) or on a long-term basis (tertiary).

A different approach to gender violence is taking into account the population to which interventions are addressed:[5]

- General interventions; addressed to the entire population.
- Selective Interventions; addressed to women, in that they are a population group at higher risk of enduring gender violence.
- Directed Interventions; meant for persons with a violence record

Thus, gender violence prevention may be implemented through strategies applied at different stages of the problem's evolution and be directed at different population groups.

After the brief period since the Act Against Gender Violence came into force, a number of initiatives led by Healthcare Administrations may be described, as we will further on, that are contributing to prevent gender vio-

lence and to increase the quality of healthcare dispensed to affected women, in each Autonomous Community.

1. Primary prevention

In the **Basque Country**, Emakunde (Basque Women's Institute), in cooperation with the rest of institutions, has lead an initiative of distribution of leaflets and brochures among the users of healthcare centres, defining battering suspicion, and encouraging people to apprise healthcare personnel. This represents an experience that contributes to a greater implication of the population in the responses given to the problem, as well as to the prevention from a populational approach.The **Balearic Islands**' initiative led by the Healthcare Services and put into action in cooperation with the Balearic Women's Institute shares similar objectives, when placing informative panels on the services and resources that this Institute offers women in case they suffer battering. And the **Galician Healthcare Service**, that in cooperation with the Secretary of Equality, designed informative posters to be distributed among Healthcare Centres through their respective Primary Care Offices. Within this same type of informative intervention but aimed at healthcare professionals, the experience developed by the Woman's Department of Vigo and the Pontevedra-Vigo Primary Attention Office, of designing and distributing a three-page leaflet, is worth mentioning.

In **Cantabria** informative posters and leaflets have been designed conveying that violence against women is a health problem in need of healthcare attention. These posters and leaflets are distributed to the different healthcare centres as they progressively get the necessary training enabling them to attend to affected women.

2. Secondary prevention

In general terms, the use of tests for early detection of health problems is a means of strengthening secondary prevention of the latter. They are intended to be identified in order to be treated before they harm the health and quality of life of the people who suffers from them[27,28]. In clinical epidemiology, the sifting, sieving or screening of an unnoticed disease or illness, means its identification through tests, explorations or other that may be applied promptly[28].

Early detection strategies may be implemented in two ways: performing tests on all persons forming the target population (as done within the present breast cancer screening programme) or just singling out the most

accessible population groups supposed to present a higher risk, as the users of healthcare services (an example of this type of strategies is high blood pressure detection in people that resort to primary attention dispensaries for various reasons). Both types of strategies present different indications, beneficial and harmful effects on health, quality of life and costs.

Approaches to gender violence early detection, as a public health concern, should align with the basic principles that govern screening or sifting strategies. This principles state:

- The concern is common and harmful, its natural history is known and there exists a latent or pre-symptomatic phase during which it can be detected.
- Reliable, valid and reproducible screening tests (singly or in combination) are available, that can be accepted by the population, easily performable, sensitive, specific and at a feasible cost.
- There is a treatment available, accessible and acceptable to affected persons with clear guidelines about how and whom should be treated and there exist facilities for the diagnosis and ongoing treatment.
- There is scientific evidence that sustains that early detection succeeds in avoiding or minimize the disease or its consequences and entails more benefits than risks.

When considering gender violence, apart from appraising the responses to these principles from a public health point of view, an added complexity must be taken into account, namely: violence against women is a criminal offence, that healthcare personnel confront.

An additional complexity is that gender violence profoundly influences victims' psychological and emotional dimensions, being as they are, immersed in a process that undergoes different stages in which acknowledgement and acceptance of the problem as well as the intention and capacity to confront it, change in accordance with various factors that must be identified and taken into account when the problem is diagnosed and attended to.

When analysing the present state of research into gender violence screening tests, especially those which apply to general population, the first conclusion is that an investigative effort is still needed to increase empiric evidence on the matter. At least one controlled random trial would be necessary to know the effectiveness of tests already used for gender violence early detection[29,30]. It is equally urgent to carry out studies which provide information on the consequences of early detection of ill-treatment to women and effectiveness of available treatments and interventions in which concerns the reduction of recurrence risk and improvement of affected women's quality of life[20,21,31].

On the other hand, were a screening test or set of tests available for use, both the adequate knowledge and attitude of primary and hospital care per-

sonnel should be assessed and improved if necessary, for them to apply the said tests. According to the results of a systematic survey, 33%[32] of medical professionals are in favour of the application of an instrument for early detection of ill-treatment against women.

When it comes to making decisions on whether or not to put into action a populational screening programme, it is equally important to take into account that a deeper scientific knowledge is required that guarantees women and healthcare professionals, safety against adverse effects derived from its establishment, as could be the case for false positives (being diagnosed with ill-treatment when there is no such case). Upon revision of existing evidence concerning screening tests for gender violence early detection, it may be concluded that proof sustaining their being recommended, is insufficient, as, in terms of sensitivity, specificiy, predictive value, positive and negative, and taking into account a prevalence of 11.1% (according to the data from the Women's Instute Macro-survey[19]), it is estimated that, if implemented, 160,530 women would be erroneously diagnosed as ill-treated and 1,362,076 real cases of ill-treatment would not be detected [33].

To increase evidence and ensure effectivity, acceptability and usefulness of early detection tests, is not only part of the quality of the attention women are entitled to, but it may also be a key starting point for the generation of other types of interventions performed from the healthcare system on the problem, apart from its important ethical component.

Summarizing, available information at present, does not justify populational implementation of gender violence early detection screening tests, although it is indeed advisable for healthcare professionals to be able to recognize signs and symptoms of ill-treatment and to inform women on existing means to confront gender violence[34,35].

Faced with the perceived need of implementing early detection and gender violence diagnosis at healthcare services, most of the Autonomous Communities claim they are revising their healthcare protocols with the purpose of giving adequate responses to these commitments.

Apart from dispensing assistance, the **Canary Islands Health Service** uses a Course of Action Protocol when facing Gender Violence in the Domestic Domain for Primary Health Attention, whose fundamental aim is to facilitate and orientate actions for early detection of cases. Suspicion indicators stand out in its contents that help professionals detect a situation of violence and ask about it in an adequate manner. It also provides information for the assessment of violence and on the woman bio-psycho-social and safety situations, providing different plans of intervention and follow-up according to the level of risk detected and the degree of danger the victim is exposed to.

The Autonomous Community of **Castile-La Mancha**, with their Course of Action Protocol for Women Victims of Maltreatment received at Primary Attention unifies the grievous bodily harm certificate and the criteria to be taken into account in the medical history; it incorporates the social resources existing in the region so that the professionals may know where to refer affected women; and clarifies possible doubts about legal aspects in relation to maltreatment in the domestic domain. This protocol has been developed by professionals from different work areas related to women and gender violence. Thus, in addition to healthcare professionals from the Public Health and Participation Directorate General and the SESCAM Primary Care Teams, Castile-La Mancha Women's Institute has contributed its cooperation; members of the Judiciary and Legal Medicine have contributed their counseling - judicial and legal aspects related to both healthcare professional practice and legislation currently in force with regard to maltreatment, being one of this protocol's most relevant aspects.

In **Aragon**'s health system, healthcare staff have been given action guidelines that may provide them with some guidance on when to suspect a maltreatment situation and how to identify it. They are also instructed on the partner's possible attitude when they accompany the victim. This course of action has been particularly designed for Primary Attention although they are equally valid for Specialized Attention as is the case of Obstetrics, Gynecology, Mental Health and Internal Medicine, and even for Emergencies. If a violence situation is suspected, a screening clinical interview must be conducted and, to this end, personnel must be instructed on how to proceed and attitudes to be avoided during questioning, providing them with a printout of specimen questions aimed at identifying violence in general, and a specific one to identify the kind of violence suffered by women (physical, psychic or sexual).

In **Castile and Leon** a "Healthcare Protocol for Domestic Maltreatment" has been drafted and distributed by the Interterritorial Council, and is being used in all healthcare centres and emergency services, after its updating in 2004 by Regional Health Management Directorate. This Protocol is accompanied by a leaflet containing information on all socio-healthcare resources available in the Castile and Leon Community for this population group.

VI. Awareness programmes and activities for the ongoing training of healthcare providers and social health workers

> **Article 15. Awareness and training.**
> 15.2. "In particular, awareness and ongoing training programmes shall be organized for healthcare professionals in order to improve and promote early detection, care and rehabilitation of women suffering gender violence situations to which this Act refers"
> 15.3. "The competent educational authorities shall ensure that contents aimed at the training for prevention, early detection and support to victims of this kind of violence are included in both degree and diploma syllabuses and social work and healthcare professionals's specialization programmes".

Spanish Healthcare Administrations have covered a long trajectory and gained wide experience in the planning and execution of activities related to healthcare personnel training, including, in the frame of present autonomous plans and in the former national plans against gender violence, training and awareness activities for health professionals.

From the **Ministry of Health and Consumers** (Observatory on Women's Health and National Health College), in cooperation with the **Autonomous Communities** and the **Women's Institute**, ongoing training activities for persons responsible of gender violence programmes in Autonomous Communities have been developed, with the central purpose of promoting an interterritorial and inter-sectorial support and experience-exchanging network.

Among the various sensitization and ongoing training activities developed in all Autonomous Communities in the period covered by the present report, only those that contribute differential elements to the habitual programmes common to all of them, have been highlighted, like those directed to the coaching of trainers and some experiences aimed at specific collectivities or to the coordination with non-sanitary institutions for the introduction of the issue of gender violence in educational programmes.

In **Cantabria** the Healthcare Action Protocol for cases of Maltreatment has been designed and put into action. This Protocol has been devised by a multidisciplinary healthcare team and agreed by consensus with a representation of associations of affected women who are experts in gender violence in its maltreatment form. This Protocol is aimed at early and systematic detection of gender violence against women at healthcare services, principally Primary Care, with the integrated and coordinated action of all bodies concerned. Establishment of this Protocol has entailed an increase in healthcare resources both human and material. Thus, more medical, nursing and social work personnel has been allocated to Primary Care Teams, and psychologists to Mental Health Units.

The training of teaching professionals is an effective approach to multipliy the impact of the efforts made and has been advocated both for continued training and for school and university education.

Aragon Health and Consumers Department, in cooperation with the Aragon Institute of Health Sciences and the Aragon Women's Institute, initiated the programme identifying the persons to be trained in each Office that composes the structure of the Aragon Health System, this including the Emergencies Office and Healthcare Emergencies, appointing in each of them, 3 persons sensitive to the issue and motivated to effect the training of the rest of the team. Assessment made by participants was positive in terms of institutional support received and available resources. In addition, a CD has been released that contains material regarding healthcare attention to women victims of domestic maltreatment and that includes:

- Material published by the Health and Consumers' Department: Healthcare Attention Guide for women victims of domestic violence in the Aragon Health System, decision charts for primary care and emergencies, forms to be filled in (grievous bodily harm, notification to the judge, authorization for the taking of photographs).
- Basic State laws regarding gender violence.
- Basic bibliography such as the WHO Report on Health and Violence referred to in the MHC's Report.

This material enables professionals to approach the domestic violence issue from a scientific perspective and for those with a further interest, to go deeper in the subject which has been very welcomed and represents an important post-training support for healthcare professionals. Distribution encompasses primary care and specialized care.

A specific link for women has also been created and named "Women and Health" at the Health and Consumers' Department's URL. All the material released by the Health and Consumers' Department has been posted at this link as well as all digitalized forms, which allows professionals a faster and more secure method of filling in, as they can modify their records.

In the **Murcia Health Service**, a person responsible for domestic violence is appointed for each primary care team and primary care emergency service, who acts as direct interlocutor with their Primary Care Office, as instructor of instructors and as team coordinator in which the issue is concerned. Furthermore, a number of gender violence-related continued training activities for Primary Care (PC) and PC Emergency Services' Teams have been conducted in cooperation with other organizations (Regional Women's Institute, Healthcare National School).

Other organizing approaches entail, as the one adopted by the **Principality of Asturias**, delegating the design of the courses addressed to the rest of the healthcare staff, to the group of instructors; or the solution given by the **Canary Islands Health Service** where Primary Care personnel of all the islands have been trained through an onsite and multiprofessional (Medicine, Nursing, Midwives and Social Workers) online system of instruction of instructors (which has meant reaching three thousand professionals) and the subsequent inclusion of Gender Violence in the Primary Care Offices' Ongoing Programme; or at the **Autonomous Community of La Rioja** providing each center with at least one person better prepared about the Programme, in a position to directly dispense counselling and ongoing training to the Primary Care Team.

The **Valencian Community's** "Conselleria de Sanitat"'s training offer, apart from ongoing programmes, has included the organization of specific workshops to raise awareness in concrete professional groups: professionals from the Attention and Information to the Patient services, healthcare social workers and basic social services' staff, as well as primary care and emergency services' physicians.

As far as other levels of healthcare staff training are concerned, the **Cantabrian** experience is worth mentioning: namely the cooperation between the Public Health General Directorate, the University of Cantabria, and the Schools of Medicine and Nursing, for the inclusion of the issue in the syllabus of university trained healthcare staff.

In the **Castile and Leon** Regional Health Directorate's training programmes, specific formative programmes have been included for healthcare providers' sensitization towards the problem and improvement of their knowledge and skills for early detection and correct approach to domestic violence cases, stressing on the importance of early detection through assessment of risk factors, proceedings to be implemented when maltreatment is suspected, and support institutions and community emergency services' addresses to which such cases should be directed.

In the **Basque Country**, training in skills for facing maltreatment was included as a subject in the Intern Medical General Practice syllabus. Implantation of the Healthcare Protocol to deal with domestic maltreat-

ment, gets strengthened when its application to the different cases is discussed in the clinical sessions each regional health centre has established. After presentation and comments by each health centre, a regional inter-disciplinary workshop is promoted where representatives of forensic medicine, of the Bar Association and in some cases of the Judiciary take part, in addition to the healthcare professionals of health centers.

Subsequently, the decision was taken to include in the Services Portfolio in the shape of programme-contract, systematic interventions in compliance with the healthcare protocol both in the hospital emergencies sphere and in healthcare centres.

Worthy of mention in **Andalusia** is, thanks to its contribution to the measures set out in the chapter of education of the present Act Against Gender Violence that also includes coeducational activities addressed to the alumni of Secondary Education Institutes (SEI), the Inter-sectorial Action Programme "Forma Joven" of the Health Council, Education Council and Andalusian Institute of Youth, that is being run in the SEI themselves under supervision of healthcare staff in cooperation with teaching personnel and youth mediators, publishing support material and biannually organizing an andalusian encounter for the exchanging of experiences. Likewise, the Balearic Institute of La Dona, in collaboration with the Presidency and Education Departments, have produced educational material to prevent gender violence under the slogan "0 Tolerance", addressed to pupils, teachers and parents in the **Balearic Islands**' nursery schools, primary and secondary education, and professional training centres. Also in the Community of **Castile-la Mancha**, the "Gender Violence in the School Sphere Prevention Programme", has been conveyed to all educational centres and consists of the drafting of didactic material as an instrument to enable educators, parents and other agents involved in education, to act in favour of gender equality.

In **Catalonia**, the Training Plan, through the Health Studies Institute, includes among training activities on gender violence in this period, some basic courses on healthcare attention to battered women and a number of workshops to deepen in the detection of and attention to the maltreated woman. The programme, developed in the different healthcare regions, contains Sensitization conferences, basic Courses on healthcare attention to gender violence, advanced seminars for detection of and attention to maltreated women and workshops for case analysis.

In **Cantabria** continued training of Primary Care Teams is being conducted. It must be pointed out that these courses are part of the Continued Training Programme, and theTeam of Primary Care as a whole is taking part in the latter.

VII. Inclusion of objectives and activities related to gender violence in public healthcare plans

> **Article 15. Awareness and training.**
> 15.4. "The pertinent National Health Plans shall include a section on the prevention and integral intervention in cases of gender violence".

Gender violence has tradionally been dissociated from health plans, as it was a problem included in specific plans against gender violence. However, as a result of the special mention of this issue that figures in the present Act, a change in this sense is expected, as health plans are gradually renewed.

Health Plans that already contain a specific area about the issue, are, in most cases prior to the present Act Against Gender Violence and are briefly outlined hereafter:

Interventions and priority actions proposed in the **Catalonia** Health Plan (2002-2005) focus on violence against women and mention the improvement undergone by instruments for detection, treatment, reporting and conveyance of cases and suspicions of gender violence against women in healthcare services; promotion of sensitization and training of healthcare professionals; development of an information system to monitor this problem tendency; and development of mechanisms for inter-sectorial coordination and cooperation, to approach this issue from different sectors, institutions and services involved.

In the **III Andalusian Health Plan** (2003-2008) awareness strategies are undertaken from childhood, adolescence, in the working environment and among general population, on prevention of gender violence that interconnect and evolve, in cooperation with the Andalusian Institute of Women in the Plan for the Eradication of Violence Against Women and the Programme to Prevent Violence Against Women.

Within the Health Plan for the **Balearic Islands** (2003-2007) the Health and Consumers Department states as one of its specific objectives, the development of actions and actitivities aimed at making the general population and healthcare professionals aware of the importance of the violence issue. It is also considering the publishing of a detection guide and a redirecting of

violence cases protocol, for professionals in the healthcare and social domains, the development of a psychological assistance programme for persons victims of violence and of rehabilitation of agressors, setting up of a unified system of information on violence addressed to professionals from the educational, healthcare, police, judicial, social, municipal and insular sectors.

One of the objectives included in The **Galicia** Health Plan (2002-2005), is to decrease the impact, maltreatment causes in women and to that purpose, it proposes the implementation of awareness campaigns among the general population, the development of education programmes for health on gender violence, publicizing information on existing social services and improvement of "hidden violence" early detection capacity.

In the **Region of Murcia**, the 2003-2007 Health Plan, though drafted prior to the present Act 1/2004 against gender violence, already includes among new forms of social exclusion, women subjected to domestic violence.

Asturias Health Plan (2004-2007) makes a special mention of gender violence stating operational objectives related to the improvement in this Autonomous Community of available resources for battered women (refuges, ward homes amongst others), research on this matter, training of healthcare staff, aimed at improving their ability to deal with affected women, implementation of a protocol on attention to victims and psycho-social attention to women victims of gender violence.

In **Cantabria** the Action Plan "Health for Women" (2004-2007) undertakes among its priority courses of action, reduction of health risks for women derived from gender violence, through early detection and intervention at healthcare services, by establishing the pertinent protocol, coordination proceedings among the various authorities that take part in this issue, tailoring centres and services' structural and organizational conditions to ease access of affected women, offering information on panels and leaflets and through suitable sensitization and training programmes for healthcare personnel.

In addition, and subsequent to the issuing of the Act Against Gender Violence, **Extremadura** Healthcare Plan (2005-2008) lists as its priority actions the training of professionals from different areas (healthcare, educational, social and police), promotion from the educational sphere of actions directed to the developing of syllabuses and activities concerning equality between sexes and combating gender violence; the developing of strategies to decrease violent conduct; and the promotion of activities aimed at improving family cohabitation.

The **Valencian Community** in its 2005-2009 plan has devoted a section to deal with domestic violence, where gender violence is included, envisaging an improvement of general population knowledge about this type of violence as one of its objectives, also promoting coordination among different

social institutions/bodies/organizations/ working at different levels of prevention and assistance to victims, sensitization of the various professionals integrated in assistance teams, putting forward measures to avoid victimization or institutional mistreatment in cases of gender violence and establishing systems for the recording of domestic violence cases in the healthcare/ social/ judicial system.

VIII. Inter-sectorial coordination and collaboration

> **Artícle 19. The right to integral social assistance,.**
> 19.1. "Women victims of gender violence are entitled to receive care, crisis, support, refuge and integral recovery sevices. The organization of such services by Autonomous Communities and local authorities shal reflect the principles of round the clock attention, urgent action, specialized assistance and professional multidisciplinarity".
> 19.3. "Services shall adopt organizational formula that by virtue of the specialization of their personnel, their characteristiics of convergence and integration of actions, ensure the effectiveness of the said principles".
> 19.4. "These services shall act coordinately and in collaboration with Security Forces, Violence on Women Magistrates, healthcare services and institutions responsible for providing victims with legal counsel, in the corresponding geographical zone. The said services will be entitled to request the Judge the urgent measures they may deem necessary".

All Autonomous Communities have protocols to effect attention to victims of maltreatment, that contain as priority objectives, the coordination of the healthcare sector with other relevant spheres upon intervention in gender violence cases, such as police forces or the Judiciary. In parallel, in all Autonomous Communities, reference is made to the existence of inter-institutional agreements for the improvement of the attention and security offered to women victims of maltreatment.

In addition, in some Autonomous Communities other types of strategies have been implemented with the aim of favouring integral action against gender violence. To this respect, it is worth mentioning the interdepartmental protocol for the amelioration of the attention to women victims of gender violence, and the Asturian Institute of Women's integrated register of gender violence files in cooperation with the **Principality of Asturias**'s healthcare system, and the Education for Health at School Regional Plan (2005-2010) of the **Murcia Region** devised by the Education and Culture Department in cooperation with the Healthcare Department and the Murcia Health System. Also in the Autonomous Community of Murcia, they rely on the Bio-psycho-social Attention to Women Malaise Programme, led by the

Ministry of Work and Social Affairs' Women's Institute in cooperation with healthcare professionals and the Mental Health Network of the Murcia Health System.

As a different way of promoting comprehensive action against gender violence, Emakunde deserves mentioning with their wide experience in programmes in the educational sphere in the **Basque Country**. In actual terms, and during the period covered by the present report, "Naniko", Pilot-Programme for the Prevention of Domestic Maltreatment in the School Sphere (2003-2005) and other areas, must be highlighted.

Finally, an example of wide integration of sectors involved in violence against women stands out; namely: Local and National Police, Emergencies Coordination Centre, Violence Public Prosecutor's Office, Local Court, Women Departments, taking part of a work board that becomes "a counselling, intervention and coordination organ among all sectors to promote and give more effective responses to this issue in the local sphere". Such is the case of the **Canary Islands** from the Canaries Healthcare Service in cooperation with other Inter-Island Council institutions and Local Councils.

Aragon Government has created by Decree the Inter-Departmental Commission for the Follow-up of the Comprehensive Plan for Prevention and Eradication of Violence Against Women in Aragon. There is a Health and Consumers' Department's representation on this Commission and proceedings among health and social services as well as among other departments are being coordinated.

In **Catalonia**, the Programme for the Comprehensive Approach to All Types of Violence Against Women is one of the cornerstones of the 2005-2007 Catalonia Plan of Action and Development of Women's Policies, conducted with the participation of researchers, professionals, aldermen, women's organizations' members, trade unions' representatives and both Generalitat and Catalan Institute of Women (Catalan ICD) Departments. The Health Department and the Catalan Institute of Women (ICD) have worked and are currently working jointly to achieve gender violence eradication. The novelty of Health Department's gender policies lies both in the importance of the transverse work developed together with other departments and Institutions, and the comprehensive approach adopted, with the involvement of many health authorities (public health, sexual and reproductive, social, mental health amongst others). The Health Department's participation in this Plan introduces new gender policies that complement those already into effect. It also makes Health Department's policies fall within a wider context and reinforces both commitment and inter-sectorial work endeavour.

It is worth mentioning during this period the drafting of the *Outline Protocol and Attention Circle to Violence* undertaken with the cooperation of the relevant departments and under ICD's leadership.

IX. Special procedings aimed at both the prevention of gender violence and the provinding of assistance to women subjected to higher risk

> **Article 32. Cooperation plans.**
> 32.4 "On implementing the actions prescribed herein, particular attention shall be given to the situation of women whose personal and social circumstances put them at higher risk of suffering gender violence, or may hinder their access to the services planned herein, such as those belonging to minorities, immigrants and those suffering social exclusion or disability".

This section includes activities undertaken by healthcare administrations in order to prevent gender violence and assistance to women in situations of higher vulnerabily, such as those suspected of having been maltreated or/and sexually assaulted, or when maltreatment and/or sexual assault are confirmed. Also women above 65 years of age, women with mental health problems stemming from a situation of maltreatment, women immigrants, disabled women and women presenting drug dependency.

Among the programmas implemented in AACC to this end the following deserve special attention:

The **Andalusian Health Service**, that in 2004 included in their primary attention services portfolio, as preferential action area, the attention to people at social risk, among which women suspected of being maltreated or/ and sexually assaulted or in a confirmed situation of matreatment and/or sexual assault, are included.

Murcia, that during 2005 have worked on the drafting of the Regional Protocol on prevention and violence detection, addressed to women over 65 years of age having included among their main objectives the prevention of elderly women maltreatment; early detection of such situation; improvement of the coordinated action of healthcare and non-healthcare personnel and promote the aggressor's change of conduct.

Balearic Islands, where the Balearic Institute of "La Dona" given the

incidency of a diversity of mental disturbances occurred in women after having been subject to violent conducts, has organized: "Scientific Workshops on Mental Health and Women", addressed to social and healthcare professionals; on Social Work; on Social Education and on Psychology. A programme for the psychological assistance to daughters, sons and relatives of women victims of violence gender actions has also been implemented.

In **Madrid**, the Coordinating Regional Office of Mental Health together with Women's Directorate General have devised a specific operational mechanism named "Institutional Reference Counsel. ATIENDE Programme, whose aim is in broad terms to assess the mental health of women under Protection Orders as well as their children's with the purpose of issuing the relevant clinical report in advance of legal use, undertaking the assistance and follow-up when needed and the directing to the most suitable resources.

With regard to programmes developed for women immigrants as a condition subject to an increased risk of suffering maltreatment, there is a study in **Catalonia**, currently underway, on the analysis of trajectories of well-being keeping related to health, on a number of immigrant women collectivities, aimed at identifying and improving the acceptance processes within the receiving society in the frame of social policies. Also the Health Strategy for Immigrant Population in the **Madrid Community** that advocates a strategic approach to tackle the problem of gender violence on immigrant women, as a more vulnerable population.

In addition, the Action Plan For the Disabled in the **Madrid Community** (2005-2008), incorporates strategies to deal with and prevent ill-treatment to women in situation of greater vulnerability due to disability. This Plan explicitly states that "It is imperative that programmes to combat gender violence be designed and implemented to tackle the needs of disabled women.

Finally, among initiatives aimed at women from drug dependency assistance centres, mention must be made of those led by the Galician Healthcare Department, that has developed a Protocol to Tackle and Prevent Violence Situations, included in the Welfare Catalogue of the **Galician** Plan on Drugs.

X. Other proceedings

One more activity, Healthcare Authorities have invested considerable effort on, focus on research about different aspects related to gender violence, as outlined in the present section.

The Health Service of the **Principality of Asturias**, in cooperation with the Asturian Women's Institute, proposes participation in projects with the purpose of identifying those interventions effective at improving health and welfare of women that endure violence in the family sphere and publishing good practice guides for each one of the identified interventions. The need to promote and co-participate in research projects aimed at locating sources of information that may improve the recording of the clinical information contained in bodily harm reports that are forwarded to Courts is also envisaged in the project. Along these lines, the use of new encoding systems such as the WONCA International Classification of Primary Care (ICPC-2) and the OMS International Classification of External Causes of Injury (ICECI) is under study.

The Community of **Castile and Leon** also participates in and leads different research projects on gender violence. A first research project financed by the Health Research Fund, convened in 2004 and integrated as a node in the Researh Thematic Network of Primary Attention Preventive and Health Promotion Activities, deals with the effectivity of activities devoloped concerning the awareness and training of healthcare personnel. Also, from the Health and Social Welfare Departments a different research project has been financed on knowledge and attitudes of General Practitioners with regard to domestic violence. Finally, in cooperation with the Castile and Leon Victims of Maltreatment and Sexual Aggressions Association, an opinion survey among victims of domestic violence is being carried out on attention paid by general practitioners to maltreatment.

With the added value of being planned and implemented by Women's Associations or other groups involved in responses to the gender violence problem, in the Autonomous Community of **Extremadura**, projects on Education for Health are being subsidized. Equally, on the regulating conditions of subsidies from the Health and Consumers Department, Gender Violence is classified among priority items.

The Promotion of Health Service of the Public Health Institute of the **Madrid Community** has issued a Technical Document in support of attention to health of women subject to violence that reflects research of qualitative nature entitled "Couple Violence against Women and Public Health Services". In it, an analysis of the process of attention to victims is made, conside-

ring on the one hand, the experiences of women having themselves endured violence, and on the other, the opinions and attitudes of professionals of the Healthcare System. In order to appraise the magnitude of the phenomenon and its cost for the Community public healthcare system, the epidemiologic research "Healthcare Costs of Couple Violence Against Women in the Madrid Community" is being carried out within the framework of a Cooperation Agreement signed by the Public Health Institute and the Laín Entralgo Agency. Data are being analyzed at present and shortly, publishing of its results will be effected.

In the **Balearic Autonomous Community**, the "Fundación Balear contra la Violènce de Gènere" has been created. It is a Balearic Islands Government non-profit organization that represents a platform for the dissemination and research into pioneering means of combating violence against women and contributing new formulas to prevent it. Its specific objectives focus on the prevention and awareness, education and training, immediate attention to women victims of domestic violence and social and economic resources. Likewise, in the **Castile-La Mancha** Community through the 18 December 2003 Research Order, public incentive schemes were called with the aim of promoting the undertaking of research and studies related to women.

Conclusions

The information collected in the 2005 Report is of interest as a descriptive stepping stone to acquire a better knowledge of the problem's scope, the different responses given from health services and the existing needs to, thus, improve both its surveillance and its attendance.

This report spans implemented proceedings from June 2004 to June 2005, and this is considered to be too short a period to allow the approach to, and undertaking, upon backed up criteria, of a serious and effective assessment of the progress and improvement of healthcare given to women suffering gender violence by services integrated in the National Health System. Nevertheless, in spite of the little time elapsed, the drafting of this report has brought about the opportunity to outline a series of conclusions that may be taken as starting points to channel relevant developing actions or those still to be developed in greater depth within the Health System. This allows envisaging the engineering of the suitable appraisal system fit to evaluate the various proceedings and endeavours in course at the different health services. To this end, a work group shall be created within the Commission to Combat Gender Violence at the NHS's Interterritorial Council.

- The main conclusion of the Report is that there exists wide concern about the problem in the National Health System as a whole, that reflects on the multiple and diverse responses from autonomous health services to prevent gender violence and attend to its victims.
- As regards the gaining knowledge on the magnitude, particular traits and consequences of gender violence as health issue, the lack of valid health sources of information and of consensual common indicators stands as evident.
- The most developed preventive and awareness activities are largely oriented at informing women, for them to be able to identify the problem and to better know the available resources, and to the training of healthcare personnel for the detection and comprehensive attendance to the problem. In this latter sort of interventions the outstanding feature is the wide variety of approaches, some of them similar and others that differ substantially both in their conceptualization and in their methodology.
- There are some initiatives related to early detection of violence, over which diverse approaches and tools are being applied. This is one of the areas where the need to improve production and dissemination of relevant scientific knowledge is pressing. The appraisal of interventions in order to revise and unify actions taking into account their

effectiveness and the problem's ethical and legal aspects reveals itself equally necessary.

- All Autonomous Communities have established welfare protocols for the healthcare assistance to women victims that present differences among them, concerning both the contents and the putting into action processes.
- There is a widespread increasing tendency to include violence in Autonomous Health Plans as a healthcare issue, and hopefully with oncoming updates the trend will gradually set in.
- Inter-sectorial coordination and collaboration are complex and involve processes that are slow to be established which probably explains why existing initiatives related to commitments of this kind are scarce, This is therefore an area in need of greater impulse.
- The attention to women in situations of special vulnerability is barely developed. Hence, this is another area in which greater effort will have to be invested in the future.

Proposals for action

- To promote research and development of methods and techniques to effect epidemiologic monitoring, revise experiences, existing sources and healthcare information systems and propose indicators to enable a better knowledge of the magnitude and consequences of gender violence on health and on the healthcare system. Actions to attain these objectives include creation of a work group on this subject in the Commission to Combat Gender Violence of the National Health System's Interterritorial Council, that after carrying out the pertinent analysis should issue their recommendations.
- To describe and analyze the contents, methods and results obtained from raising public awareness, training and attendance actions developed so far in order to identify and share the most effective and efficient practices and create a Nation Health System's Experiences and Resources Directory on these subjects. Actions aimed at achieving these objectives would include addressing these interventions in the course of work group meetings of an appointed group from the Commission to Combat Gender Violence of the National Health System's Interterritorial Council, for them to analyze and promote assessment on interventions in these subjects and to issue relevant recommendations.
- Describe and revise aspects as well as ethical and legal implications gender violence arises for professionals working within the National Health System. Actions aimed at reaching such an objective include creation of a work group for this matter within the Commission to Combat Gender Violence.
- To promote from the Ministry of Health and Consumers, inter-sectorial collaboration with other Ministries involved in the prevention and comprehensive attention to gender violence, especially Social Affairs, Education, Interior and Justice, to make easier the inclusion of these aspects in educational programmes at school, university, healthcare and specialization levels (MIR, PIR, FIR, Work Medicine, Forensic Medicine among others) and in socio-healthcare strategies, to help solve healthcare personnel concerns when faced with the ethical and legal implications of the matter and to better attend to the most vulnerable population groups.

Appendix 1

Articles of Organic Act 1/2004 concerning public health

Organic Act 1/2004 of 28 December on Comprehensive Protection Measures against Gender Violence.

Purpose of the Law.

1. The purpose of this Act is to combat the violence exercised against women by their present or former spouses or by men with whom they maintain or have maintained analogous affective relations, with or without cohabitation, as an expression of discrimination, of the situation of inequality and the prevailing power relations of men over women.
2. The present Act establishes comprehensive protection measures whose goal is to prevent, punish and eradicate this violence and provide assistance to its victims.
3. Gender violence to which this Act refers encompasses all acts of physical and psychological violence, this including offences against sexual liberty, threats, coercion and the arbitrary deprivation of liberty.

Chapter III. In the healthcare sphere

Article 15. Raising awareness and training.

1. Health Authorities, through the Interterritorial Council of the National Health Service, shall promote and facilitate health professionals' actions for the early detection of gender violence, and will put forward all measures they may deem necessary to optimize the health sector's contribution to combating this type of violence".
2. In particular, awareness and ongoing training programmes shall be organized for healthcare professionals in order to facilitate and improve early detection and the care and rehabilitation of women in situations of gender violence referred to in this Act.

3. The competent educational authorities shall ensure that contents aimed at the training for prevention, early detection and support to victims of this kind of violence are included in both degree and diploma syllabuses and social work and healthcare professionals's specialization programmes".
4. The pertinent National Health Plans shall include a section on the prevention and integral intervention in cases of gender violence".

Article 16. The Interterritorial Council of the National Health Service. Integrated in the Interterritorial Council of the National Health System, and within one year of this Act coming into force, a Commission to combat gender violence shall be constituted to provide technical support and guidance on the planning of the healthcare measures contemplated in this chapter, assessing and putting forward those necessary to the application of the healthcare protocol or whatsoever other measures that may be deemed necessary for the healthcare sector to contribute to the eradication of this form of violence.

The Commission to Combat Gender Violence of the National Health System's Interterritorial Council shall be formed by representatives from all Autonomous Communities with competence in the matter. The Commission will issue an annual report which shall be submitted to the National Observatory on Violence against Women and the Plenum of the Interterritorial Council.

Title III. Institutional tutelage.

Artículo 32. Cooperation plans.

1. Public Authorities will draw up collaboration plans which ensure the regulation of their initiatives in prevention and prosecution of gender violence and the care of its victims, which should implicate Health Authorities, the Judiciary, national law enforcement and security forces, social services and equality organizations.
2. To achieve implementation of these plans, protocols shall be drawn up whose agreed procedures ensure a global comprehensive effort by the various authorities and services concerned, and secure probative activity during the proceedings under way.
3. The authorities with health competences shall promote the application, regular update and dissemination of protocols setting out uniform procedures for healthcare providers in both the public and private domain and especially the Protocol approved by the National Health System's Interterritorial Council.

Such protocols shall promote prevention, early detection and continuous support to women subjected to or at risk of enduring gender violence.

Apart from referring to procedures to be undertaken, protocols shall explicitly refer to relations with the Judiciary in those cases in which verification or well founded suspicion of physical or psychical harm caused by these agressions or abuse, arises.

4. On implementing the actions prescribed herein, particular attention shall be given to the situation of women whose personal and social circumstances put them at higher risk of suffering gender violence, or may hinder their access to the services planned herein, such as those belonging to minorities, immigrants and those suffering social exclusion or disability.

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The aim of this document is to fulfil commitment undertaken by the National Health System, with regard to regard to gender violence, of issuing an Annual Report on the state of the problem and its public health responses. This first report takes in the information on months prior and subsequent to the approval of the Organic Act 1/2004; on the period extending from June 2004 to June 2005. It has been written by general assent and cooperation in the Commission To Combat Gender Violence of the National Health System's interterritorial Council. The Observatory on Women's Health of the Quality Agency pertaining to the Ministry of Health and Consumers Affairs that assumes the secretary ship of the Commission has carried out the compilation and synthesis as well as the inclusion of results yielded by commissioned studies.

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