

Gender Violence

Workshop for professionals in training. Valladolid 25 to 26 June 2014. Spain

Intimate Partner Violence and Sexual Violence. The role of health professionals.

Objectives

- Become aware of the role of the health professional to violence against women
- To know the types of maltreatment and its consequences for health
- To be able to perform an early detection in the clinic by identifying risk situations, clues and symptoms of domestic violence.
- To Know how DV is generated and sustained from the gender perspective. Cycle of violence.
- To know and be able to apply specific patterns of clinical interview at the suspect of DV
- To perform a maltreatment diagnosis and to be able to assess its timing, evolution and immediate risk. Adaptation of the intervention to the woman's situation. Phases of change.
- To perform a physical exam and a psychological and social assessment (attitudes and emotional state). To set up and integral and coordinate actuation plan.
- Legal and ethical considerations
- To be able to set up a basic integral action plan (colaborating with the social worker, hospital, social services...).

Gender Violence

- ✓ Seriousness: **Consequences**
 - Mortality
 - Morbidity

- ✓ Magnitude: **Prevalence**

Violence is a factor of risk for women's health with an important (and frequently ignored) cost for the sanitary system.

Violence Against Women



Gerencia Regional de Salud de
Castilla y León

Concepts

The United Nations (UN) recognizes “violence against women” as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm, including threats of such acts, coercion or arbitrary deprivation of whether occurring in public or in private life.

(Resolution of 1993 United Nations General Assembly, Vienna)

“Violence of men against women because of the fact of being women is called **Gender Violence or Male Violence** because it is based on the belief of the superiority of men over women due to the different roles and social position conditioned by gender. It is a social violence”

Violence Against Women

Gender Violence ...

Confinement Sexual harassment at work

Incest Rape Genital Mutilation
Selective abortion Infanticide

Women and girls traffic. Sexual aggressions

Massive raping as a war weapon
Forced prostitution. Partner violence

Why don't we identify it?

- Because it has been an accepted, normalized practice
- Because of its historical roots
- Because no one has been interested in making it visible
- Because of the social acceptance of a domination and hierarchy relationship of men over women in the families
- That is why it has been and invisible, nameless, officially inexistent phenomenon.

RESISTENCE TO THE SOCIAL AKNOWLEGDEMENT OF THE DOMESTIC VIOLENCE PROBLEM



ABSENCE OF EFFECTIVE RESPONSES TO THE PROBLEM

Gender Violence

Types of violence

PHYSICAL: Body injuries intentionally performed: battering, burns, aggressions with weapons, ...

PSYCHOLOGICAL: Humiliations, devaluations, insults, threats, blaming, social isolation, money control, rude and humiliating language, not letting to take decisions... ..

SEXUAL: Acts attempting against woman's sexual freedom and harming her dignity: forced sexual relationships, abuse, rape.

Gender Violence

- ✓ **First order health problem**
 - WHO
 - U.N.
 - OPS
- ✓ **Governments: Specific plans for its approach**
- ✓ **Social priority**
- ✓ **Professional commitment?**

Gender Violence

Figures

Aggressions to women are the **first cause of death** in female population between 15 and 44,...

....more than cancer, malaria, traffic accidents or wars
(World Health Organization W.H.O)

A reflection and comments by students is proposed

Gender Violence

Actual prevalence: UNKNOWN



Data from 48 studies at a world level
2002*
Physical maltreatment : 10-69 %
Psychological maltreatment: ??

Multicountry study WHO 2005**
10 countries. 24.000 women
Physical maltreatment: 13-61%
Psychological maltreatment: 20-71

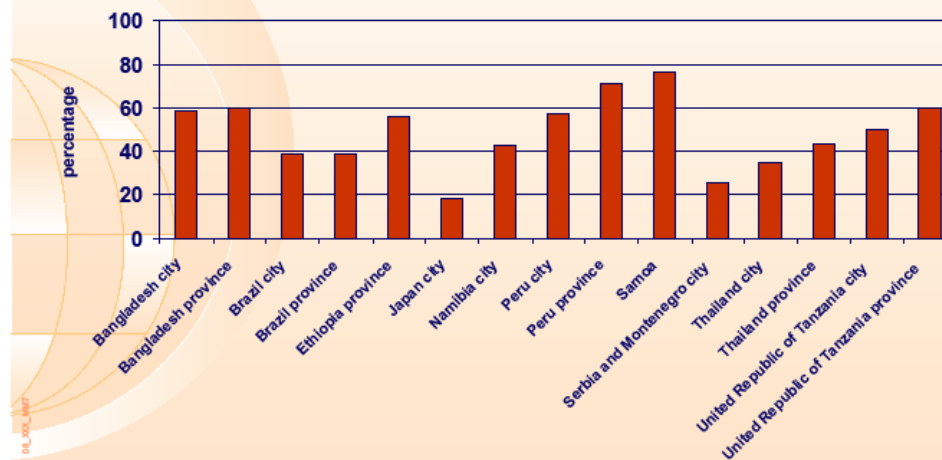


Gender Violence

Prevalence of sexual and physical violence (W.H.O.)

Physical and sexual violence is an extremely common experience in the lives of women

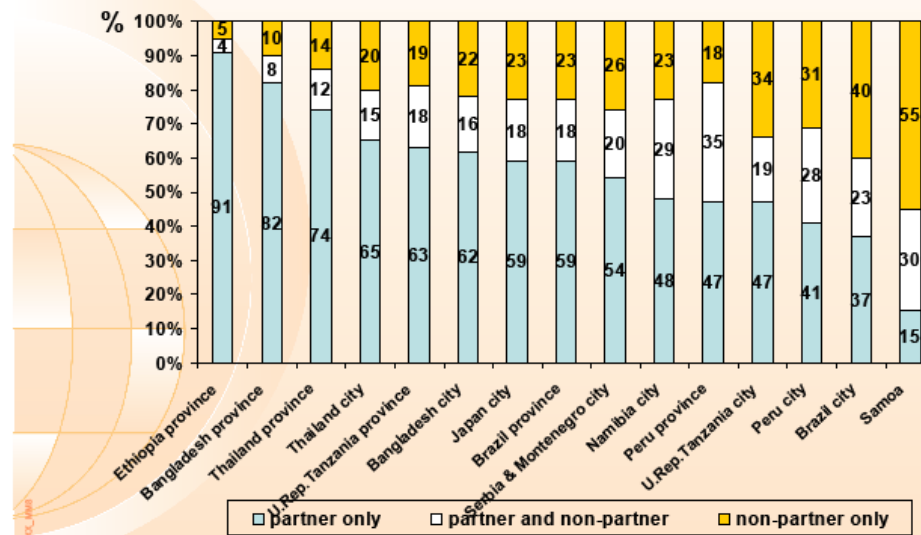
Prevalence of physical or sexual violence against women by anyone (partners and others), since age 15 years



Gender Violence

Maltreatment by perpetrator (W.H.O.)

women are at greater risk of violence at the hands of their partners

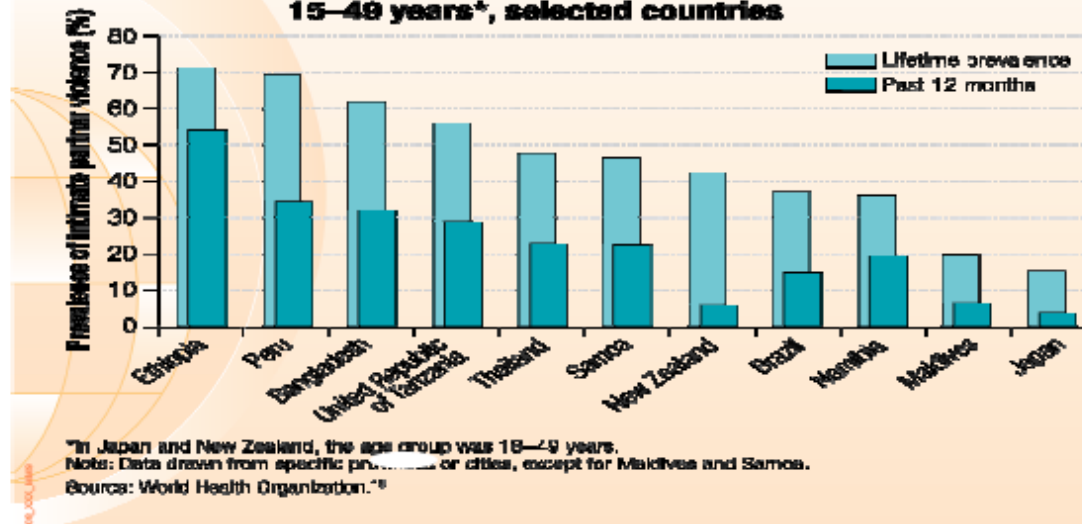


Gender Violence

Prevalence of physical and sexual violence performed by partner or ex-partner.(W.H.O.)

physical and sexual partner violence is an extremely common experience in the lives of women

Figure 4 Prevalence of physical or sexual violence, or both, by an intimate partner among women aged 15–49 years*, selected countries



Gender Violence

Figures in Spain



It is very important to know local facts and figures, the country or region

2011 Survey

From 10,8 % of women have suffered GV sometime in their lives

600.000 women acknowledge maltreatment through the last year (3%)

840.000 children exposed to gender violence

Reduction of 33% of women slaying

7,8% have escaped from this situation.

Gender Violence

Surveys of Prevalence in Primary Care in Spain

SURVEYS OF PREVALENCE OF MALTREATMENT IN PARTNER RELATIONSHIPS IN THE POPULATION REQUIRING HEALTH SERVICES IN PRIMARY CARE IN SPAIN.		
Survey	Number of women participating	% of maltreatment <u>in some moment of life</u>
RUIZ- PEREZ, 2006	1.402	32%
AGUAR-FERNÁNDEZ, 2006	391	48,6%
RUIZ PÉREZ I, 2010	11.475	Of the global sample: 24,8%

Gender Violence

Most violence suffered by women and girls come from men they know and is often performed inside family and home. It can last years and increase in time. This violence may have physical, sexual or psychological consequences.

Very often, physical injuries are not the main effects.

Consequences:

Fatal consequences

- **Victim's death:**
 - Slaying or suicide
 - Death by HIV/AIDS
 - Death by unsafe abortions
 - Mother's death related to pregnancy/birth
- **Neonatal death**
- **Children's death**
- **Aggressor's death, suicide**

Non-fatal consequences

- **Injuries**
- **Psycho pathological problems**
- **Chronical diseases**

1- Campbell L. Health consequences of intimate partner violence. *The Lancet* 2002;359:1331-1336.

2.- Koss MP, Koss PG, Woodruff W J. Deleterious effects of criminal victimization of women's health and utilization. *Arch Intern Med* 1991; 151:342-347

3.- Capbell J, Snow Jones A, Dienemann J, Kub J, Schollenberger J, O'Campo, et al. Intimate partner violence and physical health consequences. *Arch Intern Med.* 2002;162:1157-63.

4.-Sarkar NN. The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *J Obstet Gynaecol.* 2008 Apr;28(3):266-71.

Consequences: On the woman's health

✓ Physical :

- Injuries, fractures,... physical sequels, disability, ... death
- Risky behaviors: accidents, alcohol, tobacco, sedentism

✓ Physical :

▪ **Chronical diseases:**

- Ischemic Cardiopathy
- Arterial Hyper Tension
- Rheumatyc diseases
- Asthma
- Cancer
- Headaches
- Digestive diseases
- Chronical pain
- ...)

Worst perception of the health state

Consequences: On the woman's health

- Non-wished pregnancies
- Late control
- Infections (STDs: IV/AIDS)
- Increase of cervix cancer
- High risk pregnancies
- Abortions
- Haemorrhages in birth
- Sexual disfunctions
- Risky sexual behaviors

- Kids with a low weight at birth

Consequences in sexual and reproductive health

Gender Violence

Testimonies

"The truth is that he already was a little violent, you know?... In the way he expressed himself and talked to me, when he was drunk, or when... always insulting.

Then, when I was pregnant, he said: -I will kick you on your belly and that creature will come out -and things like that...." (E-29).*

Scientist evidence: Studies.

- 1- [Alio AP](#), [Nana PN](#), [Salihu HM](#). Spousal violence and potentially preventable single and recurrent spontaneous fetal loss in an African setting: cross-sectional study. [Lancet. 2009 Jan 24;373\(9660\):278-9.](#)
 - 2- McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy. Severity and frequency of injuries and associated entry into prenatal care. *JAMA*. 1992;267:3176-8.
 - 3- Mullen EP, Roman-Clarkson SE, Walton VA, Herbison EP. Impact of sexual and physical abuse on women mental health. *Lancet*. 1988:842-5.
 - 4- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntryre JA, Harlow SD. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*. 2004;363:1415-21.
 - 5- Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. Violence and reproductive health: current knowledge and future research directions. *Mater Child Health J* 2000; 4: 79-84.
 - 6- Murphy CC, Schei B, Myhr TL, Du MJ. Abuse: a risk factor for low birth weight? A systematic review and meta-analysis. *Canadian Medical Association Journal* 2001; 164: 1567-1572.
 - 7- Parsons LH, Harper MA. Violent maternal deaths in North Carolina. *Obstet Gynecol* 1999; 94: 990-3.
 - 8- [Coker AL](#), [Hopenhayn C](#), [DeSimone CP](#), [Bush HM](#), [Crofford L](#). Violence against Women Raises Risk of Cervical Cancer. *J Womens Health (Larchmt)*. 2009 Aug;18(8):1179-85.
 - 9- [Sarkar NN](#). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *J Obstet Gynaecol*. 2008 Apr;28(3):266-71.
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Gender Violence

Psychological consequences

- Low self-esteem.
- Anxiety.
- Post-traumatic stress syndrome.
- Depression.
- Sleeping disorders.
- Psychopathological disorders.
- Alcohol, drugs and psycho-pharmaceuticals abuse.
- Phobias.

Gender Violence

Testimonies

"Every night, in my dreams, when I already was in the shelter, I lived again, over and over, the nights when he threatened me saying that he was going to kill me and the children, and I couldn't sleep. If I exhausted fell asleep, he cut me some locks of hair. One night, in the shelter, I woke up sweating, frightened, my heart was beating like a hammer, and I had peed on myself... because of the fear. I cried, I felt really ashamed, I just wanted to disappear... How could I said that I had peed on myself?"
(E-28. Shelter)*

Gender Violence

Psychological consequences

- Sexual disorders.
- Eating disorders (anorexia, bulimia)
- Use of violence against her children.
- Psychological dependence on the aggressor (Stockholm syndrome or capture-bonding)
- Suicide attempts.

Gender Violence

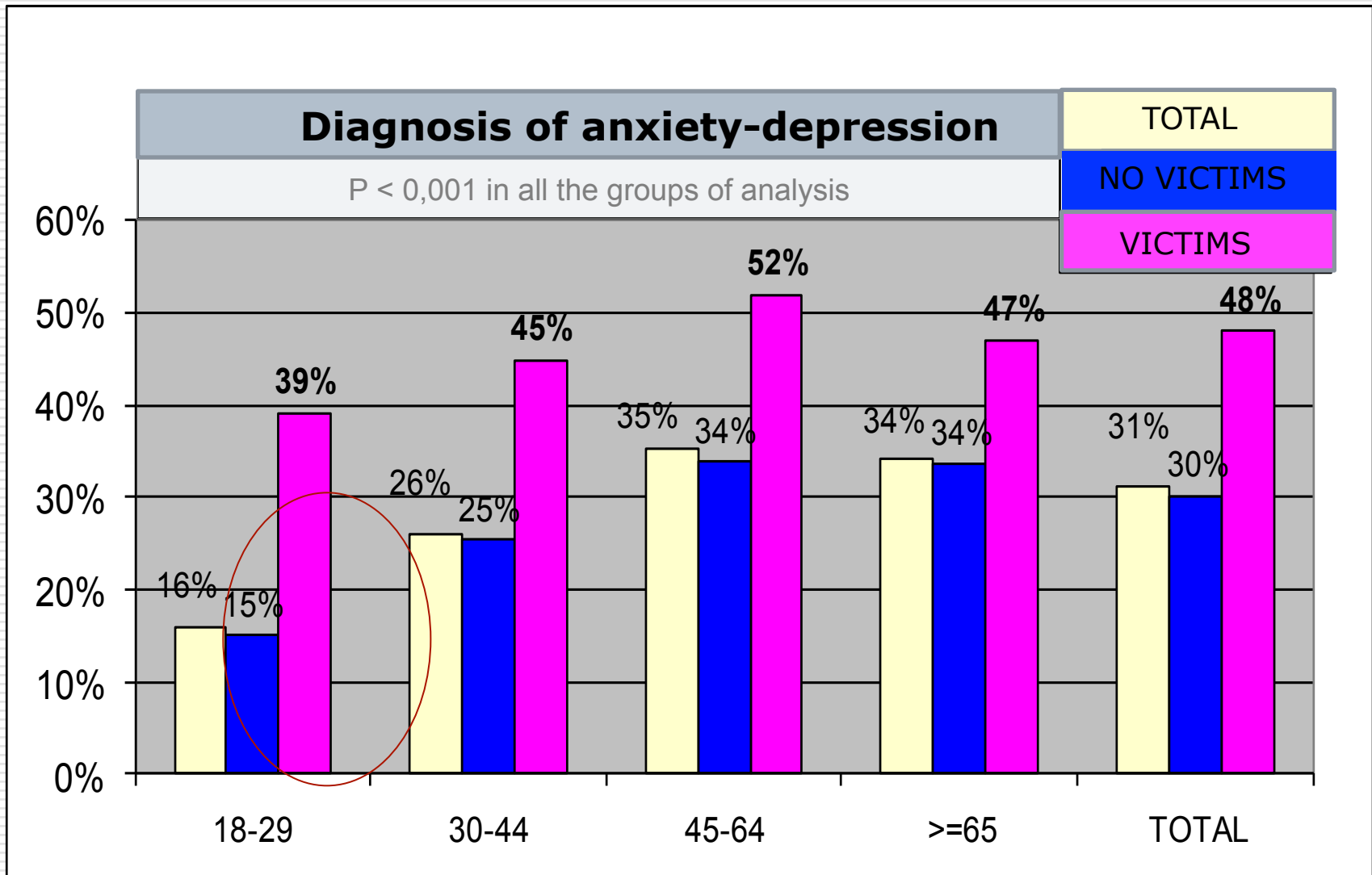
Psychological consequences

- ***"I got divorced twelve years and two months ago and, even I have remade my life, job, and I have provided for my kids, it has been impossible for me to have a normal relationship with a man again. I have tried it, but it hasn't been possible... I don't know, maybe because of the fear to be wrong again, and the mistrust. I have also been in treatment with a psychologist, but I haven't overcome it" (E-24)***

Consequences on teenagers

- Depression.
 - Anxiety.
 - Somatizations.
 - Problems of behaviour.
 - Eating-disorders (Anorexia, Bulimia)
 - Emotional dependency.
 - Alcohol, drugs abuse.
 - Sexually transmitted diseases.
 - Unwanted pregnancies.
 - Miscarriages.
-

RESEARCH THE PROBLEM - A PRIORITY



Consequences on daughters and sons

The exposure to violent acts against the mother makes a direct impact on the minors, with high probability of causing a severe hurt in their growth in short and long terms.

The American Academy of Pediatrics (AAP) recognises that “being a witness of domestic violence can be as traumatic for a kid as being a victim of physical or sexual abuses”

[Children exposed to domestic/partner violence.](#) Holden (2003).

[Metaanalysis](#) : The Effects of Children ´s Exposure to Domestic Violence. Wolfe, Crook, Lee (2003) 41 estudios.

Kitzmann KM, Gaylord NK. Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting and Clinical Psychology 2003;71(2): 339-352. 118 estudios.

Exposure to Domestic Violence. Davies, Evans, Lee (2008) 60 estudios.

Consequences on daughters and sons

- **40.24% of the children had been witnesses of gender violence.**
- **21.34% of the children had been victims of child abuse.**
- **29.27% of the children had been victims and witnesses.**
- **Only the 9.15% of the abused women confirmed that their children had never been neither victims nor witnesses.**
- **The children were present in the 11.84% of the cases of women murders (Spain 2008).**

Consequences for their children´s health

- Comprehensive growth disorders (physical and psychological)
- Learning and socialisation difficulties.
- Psychological dependence on the aggressor.
- Blame for one-self.
- Negation.
- Eating disorders: anorexia, bulimia.

Consequences for their children´s health

- Psychopathological disorders, drugs addiction.
- Loss of the critical conscience.
- Greater tolerance to women´s abuse.
- Aggressive conducts of sons towards their mothers.
- Transgenerational violence.

[1] Ehrensaft, MK, Moffitt E, Caspi, Avshalom. Intergenerational transmission of partner violence. A 20 year prospective study. Journal of Consulting and Clinical Psychology 2003, Vol. 71, No. 4, 741-753.

[1] Kwong, MJ, Bartholomew K; Henderson A, Trinke J. The intergenerational transmission of relationship violence. Journal of Family Psychology. Vol 17(3), Sep 2003, 288-301

Consequences on the perpetrator

- Risk of detention and prison sentence.
 - Isolation and loss of social recognition.
 - Risk of loss of wife and children
 - Family and social exclusion.
 - Failure, frustration and resentment feelings.
 - Difficulties for asking for for psychological or psychiatric help.
 - Greater risk of depression and suicide.
 - Loss of productive ability (confinement)
-

Socio-labour consequences.

- **Social consequences:** isolation, social rejection, changes on the place of residence, loss of the social network.
 - **Labour consequences:** work absenteeism, loss of employment, decrease of the mother and children´s quality of life.
 - **In the use of health service:** increase of consultations, increase of medicine consupcion.
 - In the use of **social, legal and penal resources.**
-

Socio-labour consequences:

"Women who suffer mistreatment have a greater work absenteeism, have a greater use of health, social and legal resources and generate high economic costs to society".

Other consequences

✓ Economic consequences:

Direct costs:

- Loss of years of life.
- Health resources.
- Social resources.
- Legal and penal system.

Indirect costs

- Decrease of productivity.
- Loss of working days.
- School absenteeism, school failure.

Other consequences

✓ Use of health resources

Increase of frequency: Primary care, Gynaecology, Mental Health, Emergency Department (Peterson 2001)

- **Hospitalizations** (Coker 2000, Mc Cauley1995)
- **Number of days staying in bed** (Lesserman 1996)
- **Number of surgical interventions** (Leserman 1996 y Mc Cauley 1995)
- **Medicine consuption** (various)

But there are some other consequences which are more difficult to quantify:

The suffering of women, the suffering of their sons and daughters, the despair, the terror suffered during years, the embarrassment, the stigma, the humiliation, the social rejection...

We are in the face of a problem:

- With severe consequences in health.
 - With high prevalence.
 - With great social and economic repercussion.
 - Reiterated and which lasts on time.
 - INFRADETECTED.
-

Infradetection

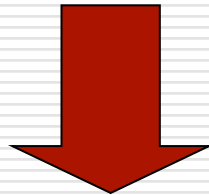
Why we don't identify it?

- Historical support.
- Social acceptance of a domination and hierarchy relation in the family.

These have been the reasons which it has been an invisible phenomenon, without name, officially nonexistent.

Infradetection

Resistance to the social recognize of the problem
of violence against women.



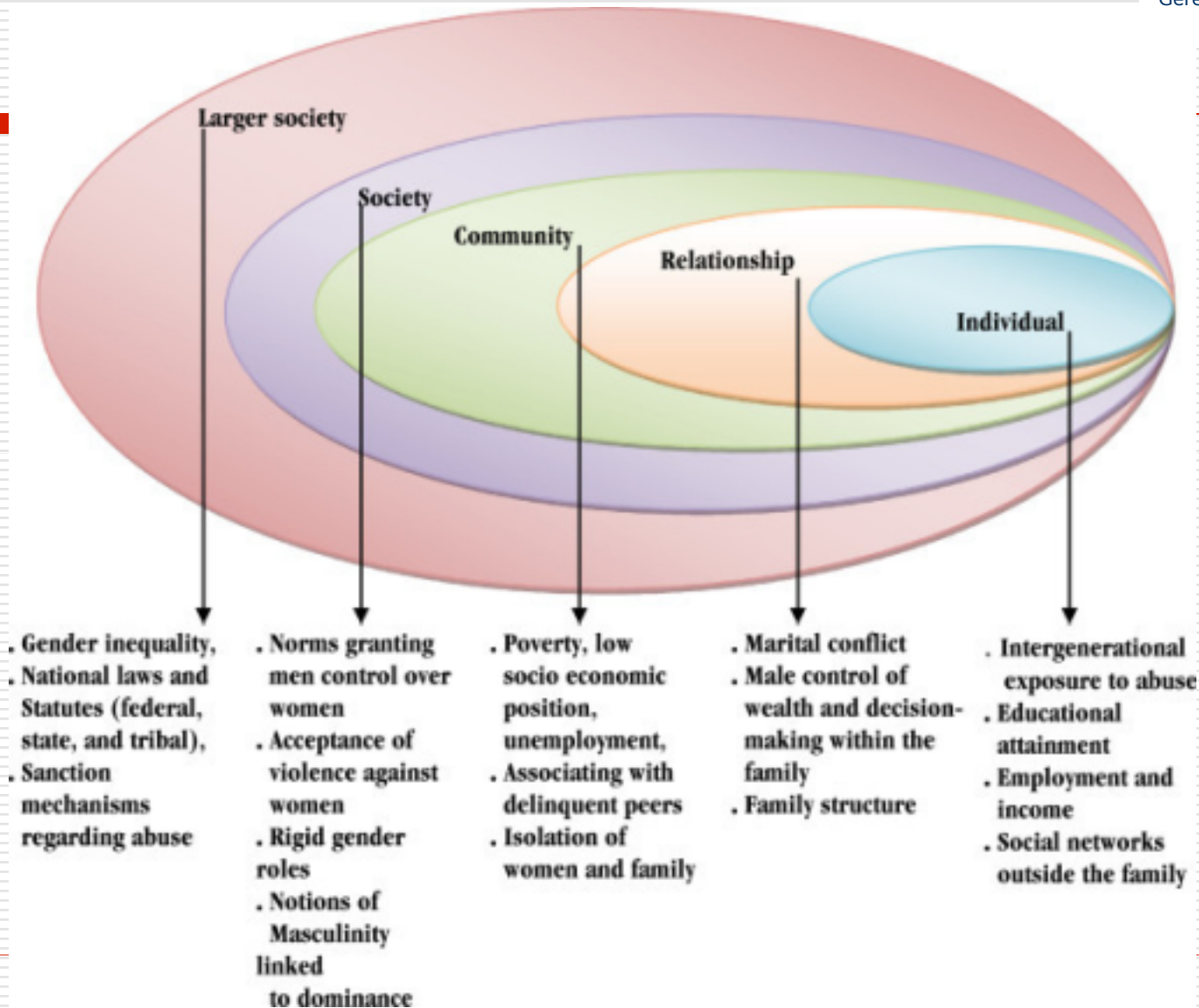
Absence of effective responses to the problema.

Gender Violence

Causes

Culturals:

- Cultures and beliefs that legitimize GV in conflict resolution.
- Separately socialization by sex.
- Cultural definition of gender roles and expectations assigned to each of them: gender mandates.
- Patriarchal culture: values and beliefs that prepare women to accept male domination.
- Cultural reinforcements to maintain this patriarchal code: religion, law, literature, philosophy.



Gender Violence

Speaking about gender...

We refer to the social differences constructed between men and women and the way that they interact and how do they divide their functions.

The behavior of "masculine" and "feminine" are not attributes of birth. It is what society teaches us typical of women and of man.

The **differences are socially constructed** so they are **modifiable** and vary according to time, the social context, social class, ethnicity, age, religion.

Sex and gender

SEX:

- It refers to the biological characteristics that differentiates men from women.

GENDER:

- Assignment of cultural and social attributes, normative concepts, institutional patterns and social representations by sex; expressed in fulfilling roles in the hierarchical position against resources, and behaviors of everyday life

GENDER IDENTITY

- It is the self-perception that each person has of itself, determining how to feel, to think about ourselves, and to feel and think about the world in which we live, that determines at the same time our behavior.

GENDER ROLE

- The expectations that society has, over behaviors that everyone considers appropriate for their sex
-

Gender Violence

Gender stereotypes...

Socially prevailing beliefs about the characteristics of men and women who feed the feminine and masculine ideals

Culturally considered different characteristics for men and women:

Personality traits

Role behaviors

The occupations

Physical appearance

They are the result of a **learning process** through socialization..

Gender Violence

Causes

- Learning social roles (submission, psychological dependence, economic) that link women with the aggressor.
- Overvaluation of marriage and motherhood
- "Subordinate" role assigned to women at every level: family, social, economic.
- Conception of the family as a private sphere under the control of male
- Beliefs about the innate superiority of the male

GENDER ROLES

Differential socialization in the traditional model of society.

WOMEN

- Consider as weaker sex (less force, less capacity is required).
- Emotion and emotional needs.
- It enhances the sensitivity and expression of affection.
- It expects no less from them. Less pressure for professional success and competitiveness.
- Responsabilization of reproductive role, breeding and care.
- They are exempted from paid work.
- It is believed that they are more vulnerable; subject of risks and hazards, and thus the need for overprotection and limitation of freedom is warranted.
- It is repressed the independence and fearlessness
- It encourages prudence, delicacy, tenderness, docility, submission

GENDER ROLES

Differential socialization in the traditional model of society.

MEN

- It is considered the stronger sex: bigger demand and pressure for success.
- Not enough development of their affective sphere.
- His emotions and sensitivity are repressed.
- His fear and insecurity are repressed.
- Competitiveness is encourage.
- They have the responsibility for the productive role (financial support and paid work as required)
- Courage, challenges, bravey and aggressiveness (the defense of the family) is promoted.
- They are socialized to progress in the public sphere (work, professional, political ...).
- It is repressed everything that is considered feminine attributes (weakness, expression of feelings, tenderness).

Gender Violence

Factors that favor and maintain GV

- ECONOMICS:
 - Economic dependence of women and restrictions on access to money.
 - Discriminatory laws on inheritance, property, etc.
 - Restrictions on access to employment (formal and informal)
 - Restrictions on access to training and education
-

Gender Violence

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- LEGAL / POLICY
 - Legal inferiority of women (formal and real)
 - Laws on divorce, child care, pensions, inheritance
 - Low level of legal literacy of women.
 - Underrepresentation of women in spheres of power and limited participation in organized political system.
 - Conception of GV as a private matter
-

Gender Violence

Gender violence **is not an end** in itself, **it is an instrument of domination** and social control in order to subdue the woman.

It is a social phenomenon installed in the structure of the organization social system, therefore it affects:

- Women of any social class
- At any time in their lives
- Affects social norms and behavior patterns

All types of violence emerge in contexts where their system of beliefs and values allow or legitimize the abuse of power and violence on its victims

Death

Physical abuse:

assaults with weapons,
struck by an object,
punching, kicking,
slapping, sexual abuse, rape

Psychological abuse:

threats, humiliation, insults,
devaluations isolation, control, annulment,
economic abuse, denial abuse, blaming,
impede her making decisions,

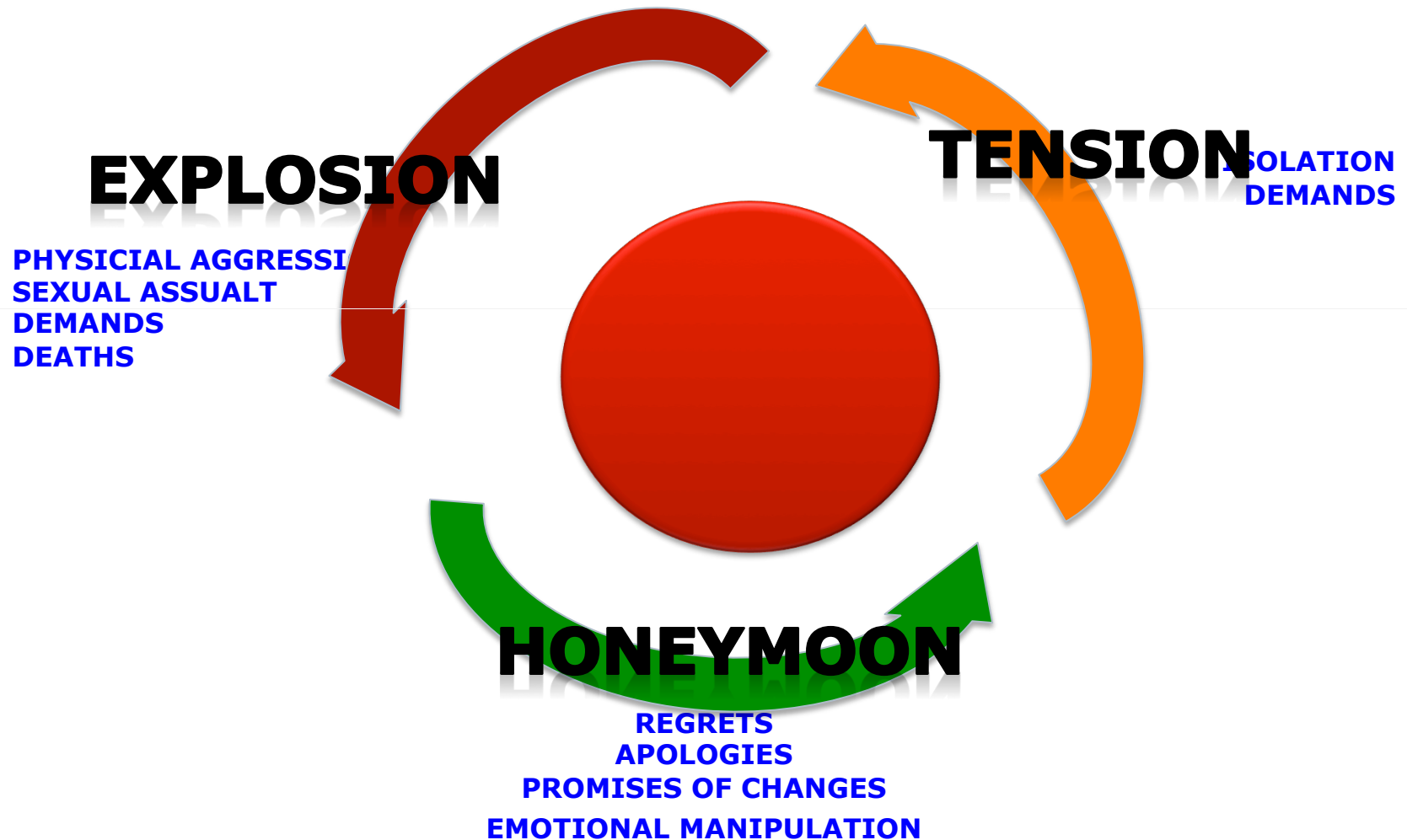
Low intensity violence:

pressures, friendships control, mobile, mail, movements, tastes, controlling
money, social isolation starts, the control of the friends, family separation,
disqualifications, anger without reason, emotional distance, minimization of
abusive behavior themselves

Inequality:

Taking the command, impose their ideas, their tastes, overburden with domestic and maternal
duties and prevent her in developing other personal aspects (labor, social), not value their qualities
or triumphs, paternalistic attitudes, overprotection, infantilization in the deal, deciding for her.

CYCLE OF VIOLENCE



Gender Violence

**What can we do from health
professionals' consultation ??**

How to intervene?



Terms of intervention

- That respond to the needs: - Social
 - Health
 - Psychological
 - Legal
 - To ensure continuity and complementarity of services offered
 - To ensure intersectoral coordination and interprofessional
 - That includes attention to the victim, the children and the man who mistreats
 - Guaranteeing the essential conditions for the development of the planned measures and the necessary resources.
-

Need for multisectoral and multidisciplinary approach

A NETWORKED APPROACH

ENTRE TODOS PODEMOS

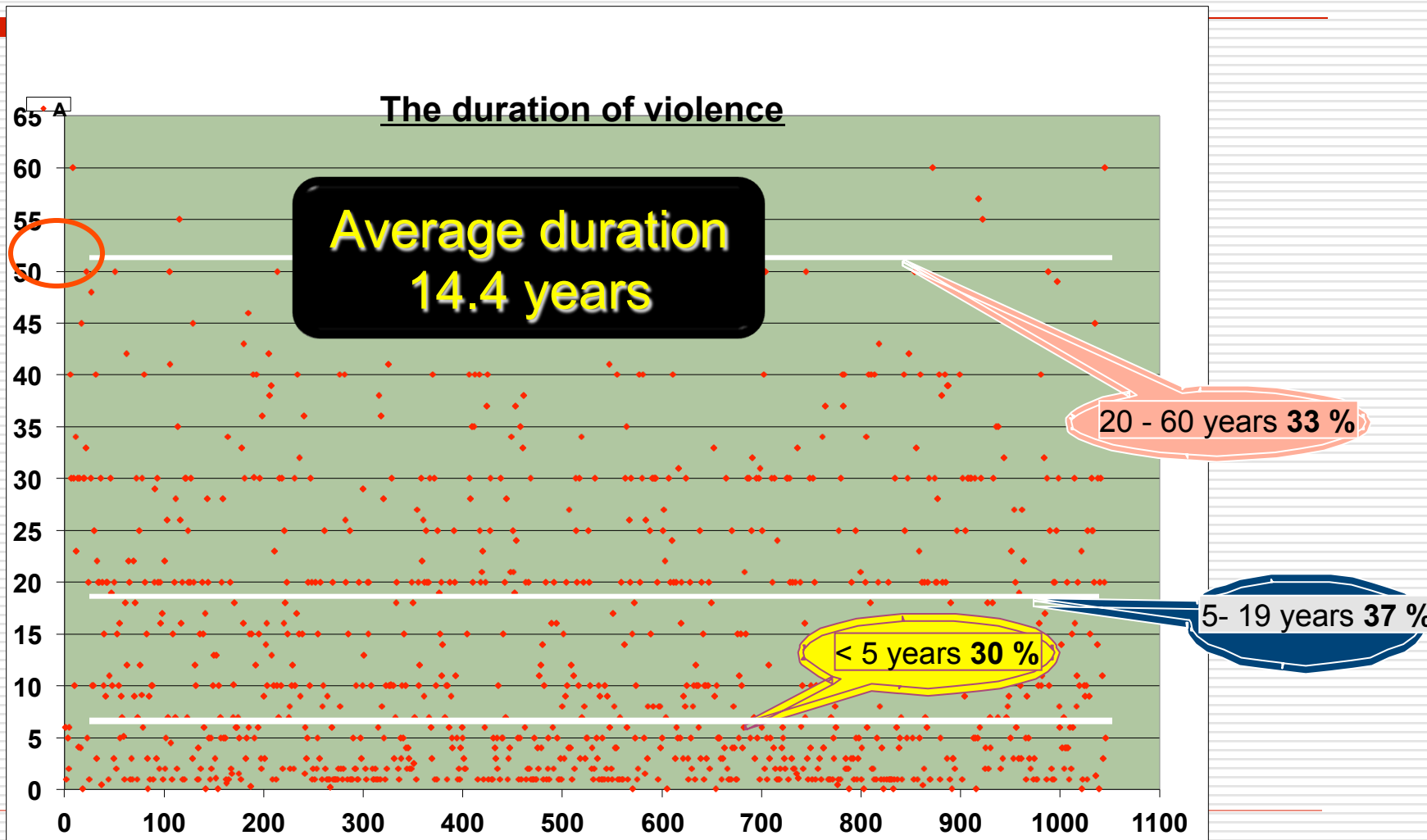


A LA VIOLENCIA DE GÉNERO

Gender Violence

"The medical staff has a strategic role in the early detection of women who suffer violence, prevention, and care, guidance and monitoring of these women who go frequently to health services, as well as in addressing their sons and daughters. "(WHO)

INVESTIGATE THE PROBLEM - A PRIORITY



It is possible that, we do not understand

- Why she is not going away?
- Why she is not separated?
- Why is she giving up?
- Why is she excusing him?

It is important to understand “why”

Why?

- ❑ **Shame**
- ❑ **Fear:**
 - A retaliation against women or children
 - To have nowhere to go or live (dependency economic)
 - Lack of support
 - A legal aspects
 - Stigma
- ❑ **For psychological dependence of the abuser**

Psychological dependence : Paradoxical Adaptation Syndrome Abuse

Set of psychological mechanisms that determine the forming a bond of dependence between the victim and aggressor.

- It is based:
- In the dynamic alternating reinforcements punishment
- The inherent uncertainty of repeated violence

Factors influencing this:

- Fear (generates a paralyzing processes)
- Perceived lack of solutions to the situation
- Lack of resources
- Cognitive distortions influenced by culture and religion
- Dissociative state with denial of violent behavior of the aggressor

Protective factors :

- Having a social network
- Psychological support
- Positive experiences to the life crises
- It is critical: early action

Gender Violence

"No health professional can perform their work properly without understanding how violence affects women's health.

"No practical assistance can be considered excellent if it is ignored, does not recognize or does not consider this serious and widespread health problem." (WHO)

"Do not be afraid to ask. Faced with to popular belief, most women are willing to disclose abuse if they are asked directly and without judging. In fact many are silently hoping someone asks you "(WHO)

Next sesion

How to act in the consultation :

- Interview: how to ask women
- Initial acting: Assessment and first steps
- Case management

They work by submitting a case through **role playing and subsequent analysis of the same and group discussion**
