

# Appendix 21: Violence against women and girls and health

## (See General Recommendation 19 and Article 12)

The Department of Health (DoH) has stated that without a sustainable strategy for funding services for women experiencing violence and abuse, the sector faces a 'real and damaging crisis'.<sup>1</sup>

*"A woman is more likely to be sexually assaulted than she is to get breast cancer. But, unlike cancer, sexual violence is rarely discussed. There is a stigma attached to sexual crime, the result of attitudes that lay the blame on the woman for the rape, not the perpetrator. Women may also blame themselves, and can be reluctant to ask for help for fear of not being believed."*<sup>2</sup>

VAWG is a health issue because of the physical and psychological injuries that are sustained which lead to a plethora of other problems with potentially long-term impacts such as mental health problems, lost income, costs to health services. Women who experience domestic violence (DV) require twice the level of general medical services and three to eight times the level of mental health services.<sup>3</sup> Half the women of Asian origin who have attempted suicide or self-harm are DV survivors.<sup>4</sup> VAWG has both immediate and long-term effects and can result in minor to serious physical injuries and even death. It can have significant impacts on women's reproductive and sexual health and their mental health (see below) causing sexually transmitted infections, unwanted pregnancy, gynaecological problems, and eating disorders.<sup>5</sup>

DV has a considerable impact on women's health and wellbeing, and that of their children. As a result of DV, women may need medical treatment both immediately and in the long-term. DV is recognised as a major public health concern and as a risk factor for chronic ill health and premature death in women. Physical health problems of DV include gynaecological problems, chronic pain, neurological

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<sup>1</sup> Taskforce on the Health Aspects of Violence Against Women and Children (2010) *Responding to violence against women and children – the role of the NHS*

[http://www.health.org.uk/media\\_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf](http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf)

<sup>2</sup> Kali, A., Joy, I. And Jarvinen, J. (2008) *Hard Knock Life: Violence against women. A guide for donors and funders*. New Philanthropy Capital: London

<http://www.thinknpc.org/publications/hard-knock-life/>

<sup>3</sup> Women's National Commission (2010) *A Bitter Pill To Swallow: Report from WNC Focus Groups to inform the Department of Health Taskforce on the Health Aspects of Violence Against Women and Girls*. WNC: London <http://wnc.equalities.gov.uk/work-of-the-wnc/violence-against-women/news-and-updates/309-a-bitter-pill-to-swallow-report-from-the-wnc-focus-groups.html>

<sup>4</sup> Women's National Commission (2010) *A Bitter Pill To Swallow: Report from WNC Focus Groups to inform the Department of Health Taskforce on the Health Aspects of Violence Against Women and Girls*. WNC: London <http://wnc.equalities.gov.uk/work-of-the-wnc/violence-against-women/news-and-updates/309-a-bitter-pill-to-swallow-report-from-the-wnc-focus-groups.html>

<sup>5</sup> Home Office (2007) *Cross Government Action Plan on Sexual Violence and Abuse*

<http://webarchive.nationalarchives.gov.uk/+/homeoffice.gov.uk/documents/sexual-violence-action-plan.html>

symptoms, and gastrointestinal disorders. Direct and immediate physical effects also include various injuries and complications of pregnancy. DV often starts or gets worse during pregnancy, affecting an estimated 4-8% of pregnancies,<sup>6</sup> and it has been identified as a prime cause of miscarriage and still-birth, and of maternal deaths during or after childbirth.<sup>7</sup> The results of DV can also be long-term and may cause or worsen, chronic health problems, including asthma, epilepsy, digestive problems, migraine, hypertension, and skin disorders. It may also lead to increased use of alcohol, drugs and other substances.

Women experiencing DV sometimes turn to alcohol or drugs as a response to and an escape from the violence:

- Women experiencing DV are up to 15 times more likely to misuse alcohol than women generally.
- Women who report DV are up to nine times more likely to misuse drugs (including prescription drugs) than other women.
- 42% of Asian women who seek treatment for alcohol misuse are experiencing DV.
- Between 50% and 90% of women attending substance misuse services may have experienced abuse, either in childhood or adult life, or both.<sup>8</sup>

Women who misuse alcohol or drugs are in a particularly vulnerable position, and are likely to find it even harder to report DV than other women. They are likely to suffer from a sense of shame because of the stigma of being an 'alcoholic' or a 'drug addict' and may feel even more powerless. If they have children, they might also be afraid of their children being taken away - and their abuser may hold this as a threat over them to prevent them from approaching anyone for help. If they do seek help, the response of the service providers may be unsatisfactory. They may blame women for the abuse they are experiencing. Some service providers will see the substance use as the main problem, and insist on women entering treatment first, without any consideration for their safety or the likely ineffectiveness of treatment while they remain with their abuser.<sup>9</sup>

- During the worst incident of DV experienced, 46% of women sustained a minor physical injury, 20% a moderate physical injury, and 6% severe injuries.<sup>10</sup>

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<sup>6</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London  
<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservvulnmigrantwomen2012.pdf>

<sup>7</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.  
<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

<sup>8</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.  
<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

<sup>9</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.  
<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

<sup>10</sup> Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the 2001 British Crime Survey*. Home Office Research Study 276. Home Office: London  
<http://webarchive.nationalarchives.gov.uk/20110218135832/rds.homeoffice.gov.uk/rds/pdfs04/hrs276.pdf>

- 70% of incidents of DV result in injury, (compared with 50% of incidents of acquaintance violence, 48% of stranger violence and 29% of mugging).<sup>11</sup>
- Chronic physical health problems e.g. irritable bowel syndrome, backache and headaches are associated with VAWG.<sup>12</sup>
- Women who experience intimate partner abuse are more likely to have a gynecological problem than non-abused women. These problems include chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection and infertility.
- Sexual abuse, especially rape, can cause physical and mental trauma. In addition to damage to the urethra, vagina and anus, abuse can result in sexually transmitted infections, including HIV/AIDS. (See Appendix: 24)
- Women who have been sexually abused are much more likely than non-abused women to have had their partner stop them from using family planning and have a partner refuse to use a condom to prevent disease.
- Abuse during pregnancy has been linked with delays in obtaining prenatal care, increased smoking and drug/alcohol abuse during pregnancy, poor maternal weight gain and depression.
- Violence against women in the form of childhood sexual abuse (CSA) has been shown to increase the probability of risky sexual behaviour later in life. Such behaviours include consensual sex at an earlier age, multiple partners, transactional sex, and heavy use of alcohol or drugs. These behaviours also increase the risk for HIV, other Sexually Transmitted Infections and unintended pregnancies.<sup>13</sup>
- Many women use substances as a response to and a way of dealing with abuse. Many women who access drug and alcohol services will have current or past experience of DV.
- Women experiencing DV are up to 15 times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally.

Violence experienced by migrant women includes forced marriage, (See Appendix: 29) 'honour'-based violence, trafficking and female genital mutilation (FGM). (See Appendix: 33) Primary healthcare services are likely to be the first and possibly the only professional contact for many women suffering domestic abuse, and groups such as vulnerable migrant women may have very little idea of where else to turn.<sup>14</sup>

Violence against women has significant financial costs to the NHS:

<sup>11</sup> Dodd, T. Nicholas, S., Povey, D. & Walker, A. (2004) *Home Office Statistical Bulletin: Crime in England and Wales 2003-2004*. Home Office: London

<sup>12</sup> Campbell, J.C. (2002) 'Health consequences of intimate partner violence'. *The Lancet* 359(9314):1331-6. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(02\)08336-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(02)08336-8/abstract)

<sup>13</sup> World Health Organisation (2005) *Addressing violence against women and achieving the Millennium Development Goals*. <http://www.who.int/gender/documents/MDGs&VAWSep05.pdf>

<sup>14</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London  
<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservvulnmigrantwomen2012.pdf>

- It costs the NHS £1.2bn a year for purely physical injuries with an added £176m for mental health care.
- Each rape costs on average over £76,000.
- The estimated cost of DV to hospital, ambulance, GP and prescription health care services is £1,220,247,000.
- It is estimated that the cost of treating depression in women who have experienced DV is £105,252,000. Given that this figure is based on data from the early 1990s, it is likely that the actual figure would be much higher.<sup>15</sup>

Implementing the Alberti review's<sup>16</sup> recommendations are key to supporting women and girls who have experienced violence. The recommendations must remain a priority for the NHS regardless of planned reforms, such as recommendations regarding training and awareness-raising around VAWG for NHS staff. Patients are rarely asked about domestic or sexual violence and health workers have little or no training in how to respond to disclosures about any form of gender-based violence. There is little in-service guidance for professionals on how to interact with a woman to enable her to disclose her experience of gender-based violence.<sup>17</sup>

Furthermore, it is important that the key role of the women's voluntary and community sector in public service delivery is acknowledged, highlighted and supported. However, many organisations within the women's sector are at risk of closure due to a lack of sustainable funding, meaning that women who do disclose to healthcare professionals will have a constantly diminishing number of places to go for additional support.

Women's organisations offer the needs-led, empowering and accessible services to which the DoH aspires in its vision for modern and responsive health services.<sup>18</sup> However, there is a very real danger of losing the knowledge and skills of the women's voluntary sector as they are further marginalised within these policy agendas. The DoH's approach to gender inequality and VAWG has been fragmented and inconsistent. Section 64 funding (now replaced by the Innovation, Excellence and Service Development Fund) has consistently marginalised women's organisations. Since 2002, women's organisations have seen a decrease in their funding from 2.94% in 2002/3 to 1.43% in 2007/8. This has corresponded with an increase in funding to generic health and social care providers. At the local level, it has been found that "*across the nations and regions stakeholders report*

<sup>15</sup> Walby, S. (2004) *The Cost of Domestic Violence*. Women and Equality Unit: London.  
[http://www.devon.gov.uk/cost\\_of\\_dv\\_report\\_sept04.pdf](http://www.devon.gov.uk/cost_of_dv_report_sept04.pdf)

<sup>16</sup> Taskforce on the Health Aspects of Violence Against Women and Children (2010) *Responding to violence against women and children – the role of the NHS*  
[http://www.health.org.uk/media\\_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf](http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children%E2%80%93the-role-of-the-NHS.pdf)

<sup>17</sup> Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London  
<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservvulnmigrantwomen2012.pdf>

<sup>18</sup> Women's Resource Centre (2008) Briefing: *Violence Against Women, Health and the Women's Voluntary and Community Sector*. WRC: London

*extreme difficulty in engaging local Primary Care Trusts (PCTs) with the VAW agenda.”<sup>19</sup>*

Failure to effectively address the health impacts of VAWG is costly to the public, private and voluntary sectors, as well as individuals directly affected (including family and friends). It also shows an appalling disregard for the many women and girls experiencing violence. The focus on (short-term) ‘efficiency savings’ in commissioning, at the expense of broader social and environmental outcomes will have detrimental consequences to service users, particularly the most vulnerable and marginalised.<sup>20</sup>

It also breaches domestic, European and international obligations to address violence against women,<sup>21</sup> including European Convention on Human Rights,<sup>22</sup> the Human Rights Act 1998,<sup>23</sup> the Beijing Platform for Action,<sup>24</sup> Convention on the Rights of the Child<sup>25</sup> and the CEDAW Convention. Acknowledging and addressing VAWG as a health issue would contribute to the overall reduction of VAWG as well as ensuring that appropriate and accessible support is available for the many women and girls who are experiencing violence and abuse.<sup>26</sup>

### **VAWG and mental health (See Appendix: 22)**

DV can have an enormous effect on women’s mental health lasting long after the violence has ceased. It is now well accepted that abuse (both in childhood and in adult life) is often the main factor in the development of depression, anxiety, PTSD and other mental health disorders, and may lead to sleep disturbances, self-harm, suicide and attempted suicide, eating disorders and substance misuse.<sup>27</sup>

- Abused women are at least three times more likely to experience depression or anxiety disorders than other women.
- One-third of all female suicide attempts and half of those by Black and ethnic minority women can be attributed to past or current experiences of DV.
- Women who use mental health services are much more likely to have experienced DV than women in the general population.
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.

<sup>19</sup> Coy, M., Lovett, J. & Kelly, L. (2008) *Realising Rights, Fulfilling Obligations: A Template for an Integrated Strategy on Violence Against Women for the UK*. End Violence Against Women: London. <http://www.endviolenceagainstwomen.org.uk/resources/38/realising-rights-fulfilling-obligations>

<sup>20</sup> Women’s Resource Centre (2008) *Briefing: Violence Against Women, Health and the Women’s Voluntary and Community Sector*. WRC: London

<sup>21</sup> Women’s Resource Centre (2008) *Briefing: Violence Against Women, Health and the Women’s Voluntary and Community Sector*. WRC: London

<sup>22</sup> European Convention on Human Rights [http://www.echr.coe.int/NR/rdonlyres/D5CC24A7-DC13-4318-B457-5C9014916D7A/O/Convention\\_ENG.pdf](http://www.echr.coe.int/NR/rdonlyres/D5CC24A7-DC13-4318-B457-5C9014916D7A/O/Convention_ENG.pdf)

<sup>23</sup> Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

<sup>24</sup> Beijing Platform for Action <http://www.un.org/womenwatch/daw/beijing/platform/>

<sup>25</sup> Convention on the Rights of the Child (CRC) [www.unicef.org/crc/](http://www.unicef.org/crc/)

<sup>26</sup> Women’s Resource Centre (2008) *Briefing: Violence Against Women, Health and the Women’s Voluntary and Community Sector*. WRC: London

<sup>27</sup> Women’s Aid (2009) *Women’s Aid: the survivor’s handbook*.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

- Children who live with DV are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life.<sup>28</sup>
- The World Health Organisation estimate that up to 60% of women in the UK mental health service population have been sexually abused in their lifetimes and 20% of victims of sexual violence will use health services in the first year, but by the second year, 50% are 'heavily embedded' in the health system.
- Women's experience of child sexual abuse and DV are linked to long term mental illness and also with physical and sexual health problems.<sup>29</sup>
- Rape victims are far more likely than victims of other violent crime to experience long-term mental health problems.
- A study of the impact of child sexual abuse on mental health found a clear association with child sexual abuse and increased rates of a range of mental disorders in child and adulthood. These included: major affective disorders, anxiety disorders, personality disorders and disorders of childhood.<sup>30</sup>
- Nearly 13% of suicides and suicide attempts may be attributed to DV.<sup>31</sup>

An audit in Greenwich found that 60% of mental health service users had experienced DV. Another survey of women using mental health services in Leeds found that half of them had experienced DV and a further quarter had suffered sexual abuse.<sup>32</sup>

Women diagnosed with a mental health disorder often find it even harder to report DV than other women. They may suffer from a sense of shame because of the stigma attached to having mental illness of any kind and may feel even more powerless. Furthermore, the response of the service providers is also likely to be more problematic, due to the stigma of being 'mentally ill'.<sup>33</sup>

### **Recommendation:**

**The DoH is in a unique position to make a significant contribution to reducing VAWG. Extending screening for domestic violence to all forms of VAWG and in all areas of health care; implementing gender sensitive approaches – particularly where it is well known that violence and sexual abuse are underlying other problems (e.g. mental health, self-harm and suicide) and championing the work of women's voluntary organisations by acknowledging**

<sup>28</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

<sup>29</sup> Department of Health (2002) *Women's mental health: into the mainstream, Strategic development of mental healthcare for women*. DoH: London

<http://www.nmhdu.org.uk/silo/files/into-the-mainstream.pdf>

<sup>30</sup> Spataro, J., Mullen, P.E. et al (2004) 'Impact of child sexual abuse on mental health'. *The British Journal of Psychiatry*, 184: 416-412. <http://bjp.rcpsych.org/content/184/5/416.full>

<sup>31</sup> Walby, S. (2004) *The Cost of Domestic Violence*. Women and Equality Unit: London. [http://www.devon.gov.uk/cost\\_of\\_dv\\_report\\_sept04.pdf](http://www.devon.gov.uk/cost_of_dv_report_sept04.pdf)

<sup>32</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

<sup>33</sup> Women's Aid (2009) *Women's Aid: the survivor's handbook*.

<http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=0001000100080001&sectionTitle=The+Survivor%27s+Handbook>

**their role as health service providers. Also, raising awareness amongst commissioners will lead to better health outcomes for women (and wider society) in the short and long-term and will result in significant cost savings to the health service**