European Commission

The EU Mutual Learning Programme in Gender Equality

Methodologies and good practices on assessing the costs of violence against women

Finland, 8-9 July 2021

Comments paper – Portugal

ösb Consulting
Ein Unternehmen der ÖSB Gruppe.

Justice

This publication is supported by the European Union Rights, Equality and Citizenship Programme (2014-2020).

This programme is implemented by the European Commission and shall contribute to the further development of an area where equality and the rights of persons, as enshrined in the Treaty, the Charter and international human rights conventions, are promoted and protected.

For more information see: http://ec.europa.eu/justice/grants1/programmes-2014-2020/rec/index_en.htm

Good practices and methodologies to measure the costs of violence against women in Portugal

Dalila Cerejo

NOVA/FCSH (Universidade Nova de Lisboa- Nova School for Social Sciences)
CICSNOVA (Centre for Interdisciplinary Studies on Social Sciences)
ONVG (National Observatory for Violence and Gender)

Abstract:

In Portugal, from 1974 to 1995, the research developed on violence against women and domestic violence was essentially of a qualitative nature, based on case studies, and carried out by feminist activists. However, this knowledge did not always have the necessary arguments to reinforce the positions of those who, within the central political power, intended to go further in the measures to combat violence and protect the victims. The existing laws were still insufficient and the actions of various state organisations, such as the police and the courts, were clearly timid. But since 1995 Portugal set on a very assertive path to create scientific knowledge that could contribute to the (re)definition of public policies to combat and prevent all forms of violence against women. At the international level, Portugal was the first European Union Member State to ratify the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence – Istanbul Convention on January 21, 2013. This paper will present the relevant national surveys on violence against women (1995) and gender violence (2007) as well as the two reference studies on the Costs of violence against women (2006, 2008). Also, by analysing the proposed methodology presented in the Finnish discussion paper, we will present some ideas on how to resemble such design in the Portuguese context.

1. Relevant country context

Gender-based violence is experienced by at least a quarter of all women in Europe (WHO 2013). It is a social and political problem grounded on transversal and perennial gender power structures (UN 2013) that render women the main victims of psychological, physical and sexual violence. The systematic practice of GBV reinforces those power structures, denying the victims fundamental human rights, thus hampering the development of inclusive and democratic societies. Despite its prevalence, universality and social and economic impacts and costs, there is a serious lack of knowledge available.

In Portugal the latest data from administrative sources, such as the 2020 Annual Homeland Security Report (RASI), revealed that 27,637 complaints of domestic

violence were registered. Of those, violence perpetrated against the spouse/intimate partner, represented 85% of all domestic violence and 75% of all victims, of this type of crime, are women.

But it is important to underline that administrative data do not illustrate the extension of the phenomenon. For this reason, two major national prevalence studies were developed in Portugal. The first one in 1995 revealed that 1 in 3 Portuguese women were victims of some form/act of violence (types of violence considered for international comparisons were: psychological, physical and sexual violence). In 2007, the national survey on gender violence was carried out. This was the first national study on self-reported violence by women and men. The study also aimed at a comparative perspective not only with the 1995 data, but also between men and women's' experience of violence (Lisboa et al., 2009). Data from this survey revealed that more than a third of women aged 18 or older (38.1%) had suffered at least one act of physical, sexual and/or psychological violence. In any case, this is a lower figure than in the 1995 survey (in 1995 the prevalence of these types of violence was 48%).

Compared to 1995, in 2007 violent acts that took place at home or perpetrated by family members (including current or past boyfriends and partners), it was possible to established a decrease in the prevalence of victimization (from 13.1% to 6.1%).

As was the case in 1995, in 2007 violence perpetrated against women, takes on different manifestations. Among the victims, 22.6% were victims of some act of physical violence, 19.1% of sexual violence, 53.9% of psychological violence, and 52.9% of socio-cultural discrimination.

These are, so far the only data from national surveys on violence against women and gender violence.

Worth mentioning to frame Portuguese context regarding gender violence is the data presented by the Fundamental Rights Agency (FRA, 2014) that showed a prevalence of intimate partner violence ranging from 10 %–11 % in Portugal.

But other important studies were developed with a national scope. Examples of these scientific studies are: the study on The Social and Economic Costs of Violence Against Women, promoted by CIDM (Lisboa, Carmo, Vicente, & Nóvoa, 2003; Lisboa et al, 2006), and in 2003 and 2007, respectively, the projects on the Existing Relationships between Women's Health and the Several Dimensions of victimization (Lisboa, Vicente, & Barroso, 2005) and the Economic Costs of Providing Health Care to Victims of Violence (Barros, Lisboa, Cerejo, & Barrenho, 2008), promoted by the Ministry of Health and conducted by the NOVA-FCSH (NOVA University- School for Social Sciences and Humanities/SociNova).

Next we will focus on data available for Portugal concerning the costs of violence against women.

2. The 2 national surveys on the costs of violence against women

As mentioned above, Portugal has two major national surveys on The Social and Economic Costs of Violence Against Women, (promoted by CIDM- today named CIG-Commission for Citizenship and Gender equality (Lisboa, Carmo, Vicente, & Nóvoa, 2006) and another one from 2008 intituled Economic Costs of Providing Health Care to Victims of Violence (Barros, Lisboa, Cerejo, & Barrenho, 2008).

The 2006 study on The Social and Economic Costs of Violence Against Women was a broad scientific study in terms of its scope and results. Also, it was the first Portuguese survey about the economic health costs of the violence against women.

The survey used the following methodology: A sociological survey was carried out on a sample of 1,500 women aged eighteen or older, residing in the mainland, for a margin of error of 3.5% and a confidence level of 95. The sample was stratified according to age, district and population density of the women's place of residence (more and less than 10,000 inhabitants), based on the 2001 census and following a proportional distribution of the Portuguese female population. The sample was calculated to contain a sufficient number of women victims and non-victims (control group) in order to allow for the statistical comparisons between the 2 groups. Briefly the study presented some interesting results namely:

- Regarding Professional [Costs reported by women victims of violence when compared to non-victims]
  - Difficulty in getting a job [69% more likely among the victims]
  - Difficulty in being promoted [74% more likely among the victims]
  - Being discharged and/or voluntary discharged [107% more likely among the victims]
- Costs with children
  - Sick Children [90% more likely among the victims]
  - Children with unhealthy school work environment at home [3400% more likely among the victims]
- Physical health (% more likely among the victims)
  - Bruises [82% +]; Wounds [100% +]; Coma [94% +]; Haemorrhages [94% +]; Intoxications [79% +]; Genital lesions [73% +]; Obesity [57% +]; Asthma [46% +]; Burns [46% +]; Palpitations [44% +]; Tremors [43% +]; Colitis [42% +]; Chronic Headaches [40% +]; Frequent Vomiting [40% +];Dermatitis [37% +]; Gastric-duodenal Ulcer [37% +];Respiratory distress [37% +]; Sweats [36% +]; Hypertension [26% +]
- Psychological health (% more likely among the victims)

- Psychiatrical appointments [200% +]; Desperation – always [56% +]; Felling of void – always [479% +]; Discouragement – always [368% +]; Self-blame – always [355% +]; Sorrow and grief – always [344% +]; Pleasure/happiness – never [211% +]; Self-depreciation – always [128% +]; Anxiety – always [112% +]; Loss of hope [61% +]; Loneliness [58% +]; Audiovisual hallucinations [117% +]; Fainting sensation [200% +]; Suicide plans [300% +]; Suicide attempts [600% +]

Considering the results, one of the authors points out that "the impact of violence on the life of a person is not easy to qualify and quantify, given its wide range: emotional, behavioural, cognitive and physical. This being said, it will not be easy to estimate the associated costs." It is also stated that "health among women victims of violence is weak" (Vicente, 2006: p. 100).

The 2008 study´s main objective was to estimate the additional health care costs to the Portuguese National Health Service (NHS) due to domestic violence against women. Information was collected through a survey addressed to health care centres' female users. Both victims and non-victims of violence were inquired. "The costs were estimated according to five different groups – consultation costs, health care treatment and therapeutic costs, costs of complementary and diagnostic exams, drugs costs and transport costs. The timeframe of the calculations is one year, referring to all costs generated by domestic violence situations in the last twelve months. Essentially costs were estimated through the product of the total number of episodes by the average estimated price per episode. Additionally, for the private costs, we also considered the costs originated by income losses, the opportunity cost of time spent on health care treatments and the work inability caused by sickness" (Barros, Lisboa, Cerejo & Barrenho[1], 2008:p.1).

According to the authors "the results suggest that the victims of domestic violence's additional demand for health care is valued €140 per annum, that is about 22% higher than health care costs of non-victims. A large proportion (90%) of the additional costs associated with domestic violence is supported by the NHS, where consultations and drugs are the most important contributors of such costs. Health consequences of domestic violence result from losses in quality of life and worst health status of victims and correspond to additional permanent economic costs of domestic violence episodes" (Idem, Ibidem).

Having in mind the described methodologies from the studies already developed in Portugal, we will focus next on the methodology described in the discussion paper and the question of its feasibility in Portugal.

[1] Electronic copy available at: http://ssrn.com/abstract=1160306

3. The example from Finland regarding methodologies for assessing the direct costs of violence against women

Portugal has some important data sets on violence against women (including domestic violence). Regarding prevalence studies, the 2 main ones were already identified (there are other prevalence studies by the do not have a national scope (e.g. Lisbon Gender-based violence survey (2016, Lisboa, Cerejo, Rosa, Teixeira); the Azores Gender-based violence survey (Lisboa, Cerejo, Rosa, Teixeira 2008 and 2020). Regarding the administrative data available, it consists of 2 main sources: data from police forces and justice (compiled in the Annual Reports for National Security (RASI)), which present a detailed and separate brief on domestic violence. Also, data from Institutions/associations that work primarily with victims of violence (namely the APAV and UMAR). These NGO compile information related to their data on the number of victims of violence that annually seek their help. As mentioned in the discussion paper, both self-report surveys and administrative data have their pros and cons. Regarding administrative data, they only reflect a partial and probably a relatively small scale of the problem. Nonetheless, having in mind the proposed methodology for the Finnish study on the costs of violence against women, currently under development, the identification of the victims would be also feasible to replicate in Portugal. In addition, a recent Dispatch (no. 5374/2020, of May 11), approved the Single Attendance Sheet, of compulsory use by all the responses of the National Support Network for Victims of Domestic Violence (RNAVVD), which include Shelter Homes, Emergency Shelter and Attendance Structures (monitorization by National Commission for Citizenship and Gender Equality-CIG). Hence, in Portugal like in Finland, data collection from domestic victims' shelters and statistics from offenders and coercive measures is already possible, well established and organised.

What would be more difficult to mimic in Portugal would have to be the quality and apparently well-established data recording within the Finnish health care system. The methodology of the ongoing Finnish study mentions that "After identifying the victims of violence their data will be linked with health administrative data (including information on primary and secondary health care services) and medication data" (p. 6). Data from health care systems regarding victims of violence is, unfortunately, poorly developed. Although the existence of a Health Data Platform (Electronic Health Record- Professional's Portal- HDP) available to record data from each user's, medical records on domestic and/or intimate abuse are scarcely identified (like also mentioned in Finnish case). The exception is perhaps the information complied on female Genital Mutilation. The introduction of a specific tab for recording the situation of female genital mutilation in this platform is available since 2013. In the case of FGM, it became possible to know the characteristics of these women.

3.1 A suggestion for a different approach

The Single Attendance Sheet, of compulsory use by all the responses of the National Support Network for Victims of Domestic Violence (RNAVVD) is, as mentioned above, an important instrument which is coordinated by CIG. This single sheet is also of major importance to the future of the Information Management Platform for the National Support Network for Domestic Violence Victims, a process that has been underway since September 2020, under the EEA Grants. – ViViDo, currently being developed. This developing National Platform promotes the management of online information in the RNAVVD (created by Law 112/2009) for a victim-centred intervention. At the same time this online Platform promotes in the national network: inter-institutional coordination; better information sharing; dynamic and updated risk assessment; assessment of victims' needs and adequacy of the services provided to the needs; better allocation and use of technical/human resources; monitoring of the victim's process; updated information on services and vacancies, needs and gaps; compilation of data on the number and characterization of victims. The ViViDo digital platform will be an innovative tool in information management for an intervention centred on the victim, namely, through the acquisition, storage, organisation and analysis of data in the area of domestic violence.

The gathering of data on the cost of violence in Portugal can be developed in one of two ways:

1. The Single Attendance Sheet requests the victims National Health User's ID. Given the victims consent as well as all the necessary data protection required, this information can be used to signal this person and to link this information to another data set, created within the National Health System, in order to register the victims' medical procedures and other relevant data on costs related to violence.
2. The Information Management Platform for the National Support Network for Domestic Violence Victims can be used as a way to promote the gathering of data on the cost of violence by adding fields of information to the platform. Of course this data would rely on the medical professionals (and others) collaboration in order to record information about the procedures performed by the victim. Again, all necessary data protection requirements and the victims consent would have to be guaranteed.

4. Conclusions and recommendations

At the national level, Portugal should take advantage of the current digital systems and platforms under development and consider adding data gathering on the social, legal and health cost on violence against women following the two suggestions described above. Obviously, their application and operationalisation is always dependent on technical, legal and other possible limitations that might be unveiled by the team leading the Information Management Platform for the National Support Network for Domestic Violence Victims, for instance.

At a European level, it would be advisable to gather and systematize procedures and methodologies on data gathering related to the costs for each participant country (very much like this meeting being promoted by the European Commission) so that one single document could be compiled describing existing surveys or studies methodologies on data gathering on the costs of violence. Next, a task force should be designated (1 person from each participant country) so that a methodological common ground can be proposed and later tested in each country. Finally, after testing the proposed methodology, each country should produce a document listing the main difficulties in the methodology's application as well as the easiest procedures/methods.

From this a final and methodology design should be possible.

Bibliography

Lisboa, M., Vicente, L., Carmo, I., & Nóvoa, A. (2003). Os custos sociais e económicos da violência contra as mulheres. Lisboa: CIDM.

Lisboa, M., Carmo, I. d., Vicente, L. B., Nóvoa, A., Barros, P. P., Roque, A., Silva, S. M., Franco, L., & Amândio, S. (2006). Prevenir ou remediar – Os custos sociais e económicos da violência contra as mulheres. Lisboa: Colibri.

Barros, Pedro P.; Lisboa, Manuel; Cerejo, Dalila; Barrenho, Eliana (2008). "Health Care Costs of Domestic Violence Against Women – Evidence from Portugal", SSRN, 15.

UN (2013). Report of the Special Rapporteur on VAW, its causes and consequences

WHO (2013). Global and regional estimates of VAW

Lisboa, M., Barroso, Z., Patrício, J., & Leandro, A. (2009). Violência e género – Inquérito nacional sobre a violência exercida contra mulheres e homens. Lisboa: Comissão para a Cidadania e Igualdade de Género

Lourenço, N., Lisboa, M., & Pais, E. (1997). Violência contra as mulheres. Lisboa: Comissão para a Igualdade e para os Direitos das Mulheres

European Union Agency for Fundamental Rights [FRA]. (s.d.). Violence against women survey. Data explorer. FRA. Available at: http://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey

Secretaria Geral do Ministério da Administração Interna [SGMAI]. Direcção-Geral de Política de Justiça. Relatório Anual de Segurança Interna (2020). SGMAI.