

# Hit where it hurts: Healthcare access and Intimate Partner Violence

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## French minister proposes tightening health aid to ‘irregular’ foreigners

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New Interior Minister wants to restrict cover

France’s new Interior Minister Bruno Retailleau says he wants to reduce healthcare funding for illegal immigrants and foreigners in an ‘irregular situation’ in France.

The minister, who is from the right-wing *Les Républicains* party, was appointed by prime minister Michel Barnier earlier this week. He says he wants to shake-up the current *aide médicale d'État* (AME), that provides healthcare for immigrants.

“We’re one of the European countries that offers the most benefits, and I don’t want France to stand out, to be the most attractive country in Europe for a certain number of social benefits and access to healthcare,” said the minister in an interview with [TF1](#).

His plans would see the AME replaced with an urgent care fund for foreigners – which would only cover healthcare costs in emergency situations for illegal and undocumented immigrants in France – with a drastically reduced budget.

AME is a politically contentious topic, and its reduction or removal has been frequently discussed, including in the recent debates on the 2024 immigration bill.

A similar reform was  
implemented in Spain  
in 2012

Restricted Access to  
the healthcare system  
for undocumented  
immigrants (right-wing)

The Universality of the  
system was restored in  
2018 (left-wing)

1) Impact on mortality  
of affected population  
(previous paper)

2) Impact on reporting  
behaviour of IPV  
victims (current paper)

3) Impact on  
Reproductive Health  
(ongoing work)

# 1) Mortality



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## The deadly effects of losing health insurance<sup>☆</sup>

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### ABSTRACT

The number of undocumented migrants in developed countries has increased in recent years, which has generated discussions about the extent to which access to public programs should be restricted for this population. This is the first paper that estimates the effects of restricting access to one of these public programs, health care, on mortality rates of undocumented immigrants. We exploit the natural experiment that arises from a reform implemented in Spain in September 2012 that introduced this restriction. We show that during the first three years of implementation, the restriction increased the monthly mortality rate of undocumented immigrants by 0.31 deaths per 100,000 individuals (which corresponds to 82 additional deaths each year). We also document small changes in the composition of the treated population with 5% of middle educated individuals being substituted by lower educated ones. However, this selective migration can only account for 3.45% of our mortality effects. Our results show the large effects of health insurance coverage on the health status of vulnerable populations and have important policy implications for developed countries currently receiving sizeable migration flows.

## 2) IPV

Access to health care may affect reporting behavior of IPV victims



Causal relationship between health care access & IPV reporting: Two channels:

- 1) Direct: Doctors must report evidence of IPV to judges
- 2) Promote reporting: information rights, referral to SS



How? Exploit a reform that restricted access to health care system for undocumented immigrants (Spain, 2012)

# The Reform: September 2012

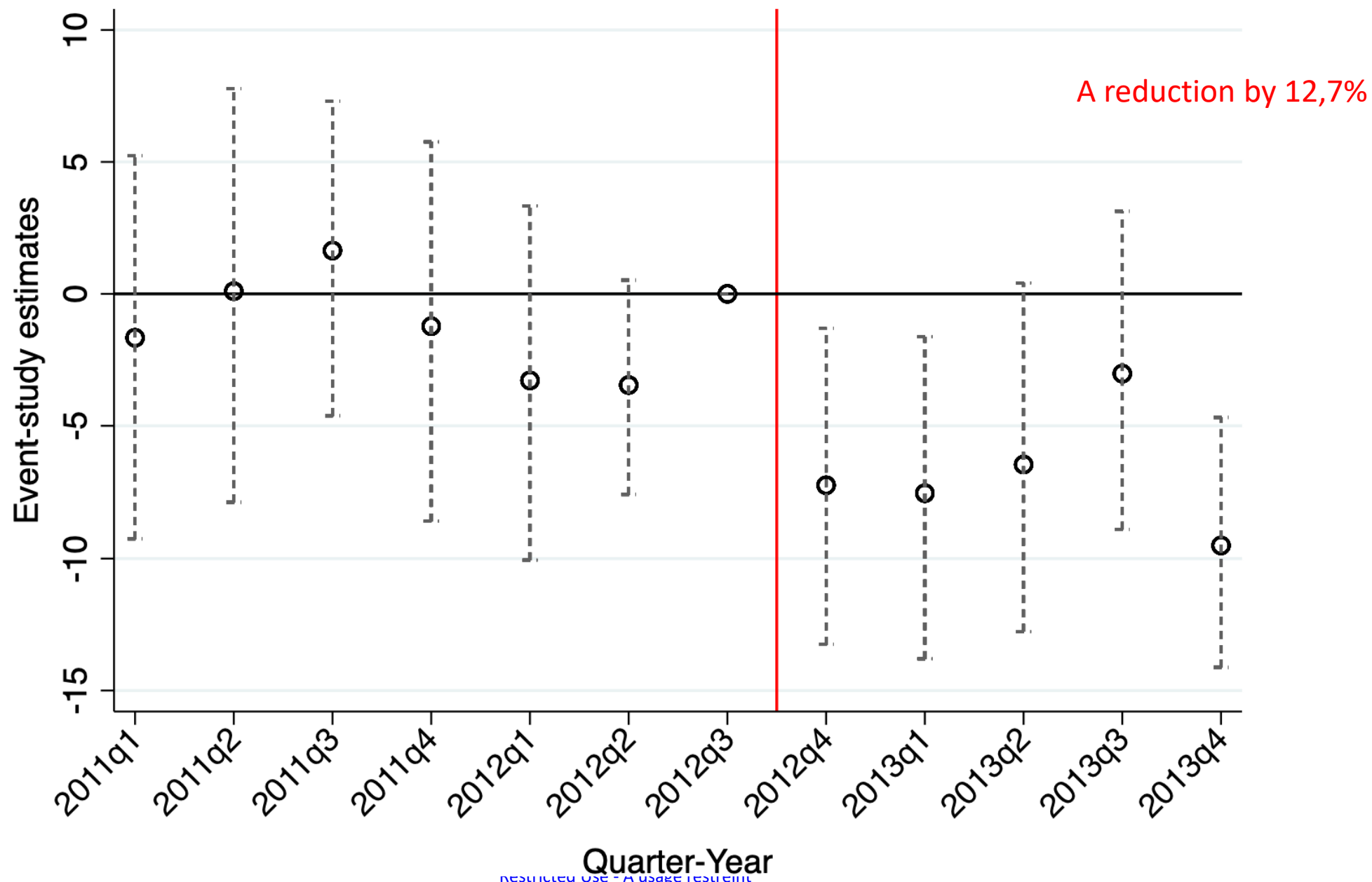
## Content

- Restrict free access to the health care service
- Health care was cancelled if does not have a residence permit

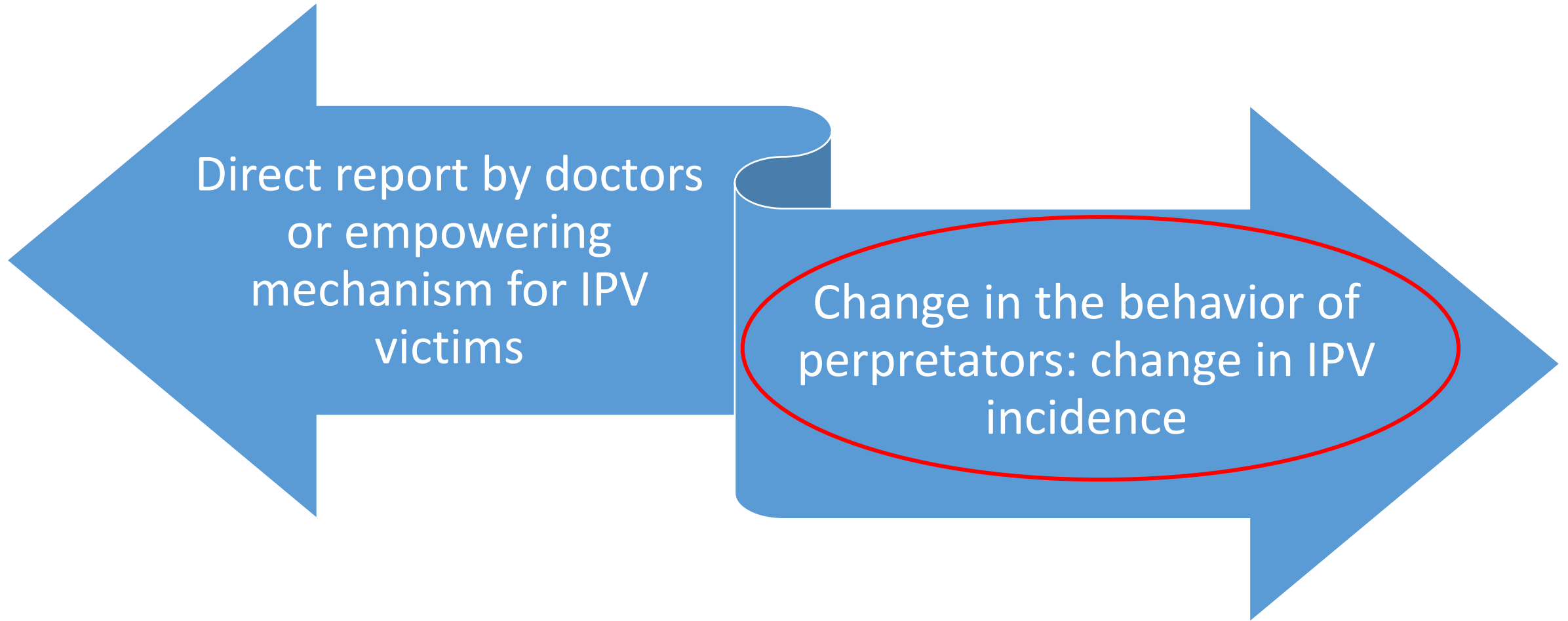
## Potential Impact of the Reform

- Government reports that 873,000 health cards were cancelled (13.87% of immigrant population & 1.86% of total population in 2012). Some LEGAL immigrants affected.

## IPV reports per 10,000 women



# Potential Mechanisms



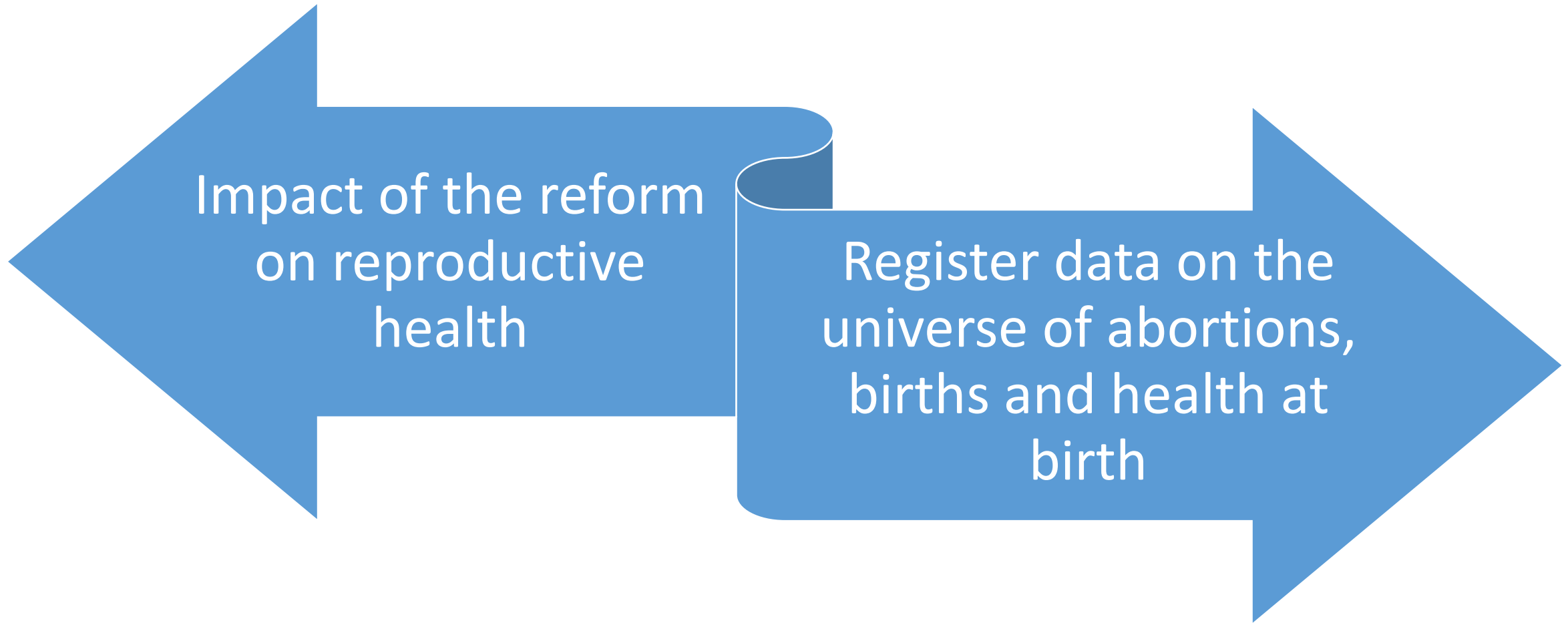


	Any Violence		Psychological Violence		Physical Violence		Sexual Violence	
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
Foreign Women	0.050 (0.031)	0.094 (0.061)	0.045 (0.029)	0.090 (0.066)	0.013* (0.007)	0.016 (0.019)	0.026 (0.019)	0.007 (0.032)
Post Reform	-0.055*** (0.018)	-0.058 (0.038)	-0.036*** (0.012)	-0.038 (0.029)	-0.003 (0.002)	-0.000 (0.004)	-0.041*** (0.013)	-0.050** (0.021)
Foreign*Post Reform	0.051 (0.038)	0.044 (0.037)	0.057 (0.036)	0.049 (0.035)	-0.004 (0.011)	-0.004 (0.009)	-0.013 (0.013)	-0.009 (0.012)
Region FE	✓	✓	✓	✓	✓	✓	✓	✓
Controls		✓		✓		✓		✓
Observations	15,453	15,409	15,465	15,421	15,465	15,421	15,465	15,421
R <sup>2</sup>	0.019	0.029	0.015	0.023	0.002	0.008	0.021	0.028
Mean Dep. Variable	0.225	0.225	0.198	0.198	0.031	0.031	0.077	0.077

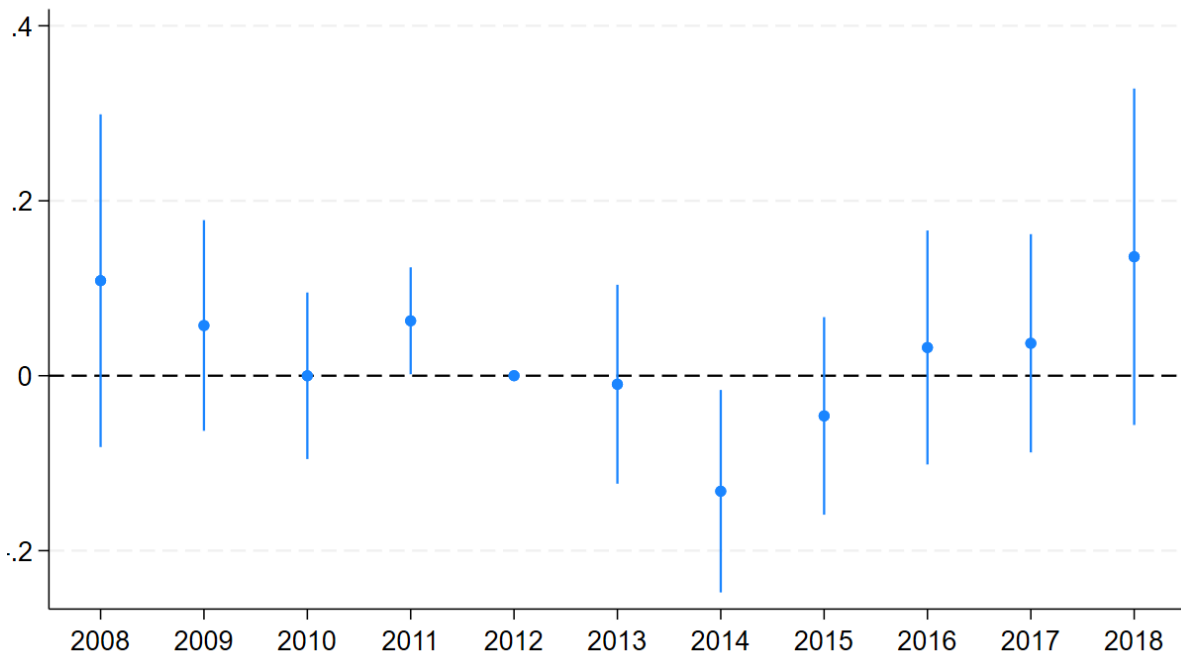
*Source:* IPV Macro-survey, years 2011 and 2015.

*Notes:* This table reports the impact of the reform on the probability of suffering from any kind of IPV (columns 1 and 2), psychological IPV (column 2), physical IPV (column 3), and sexual violence (column 4). The Post Reform dummy is equal to one the year 2015, and zero the year 2011. All specifications control for regional fixed effects, women's unemployment rate, women's participation rate, and foreign and Spanish men's unemployment and participation rates. All standard errors are clustered at the regional level, and wild-bootstrap is performed.

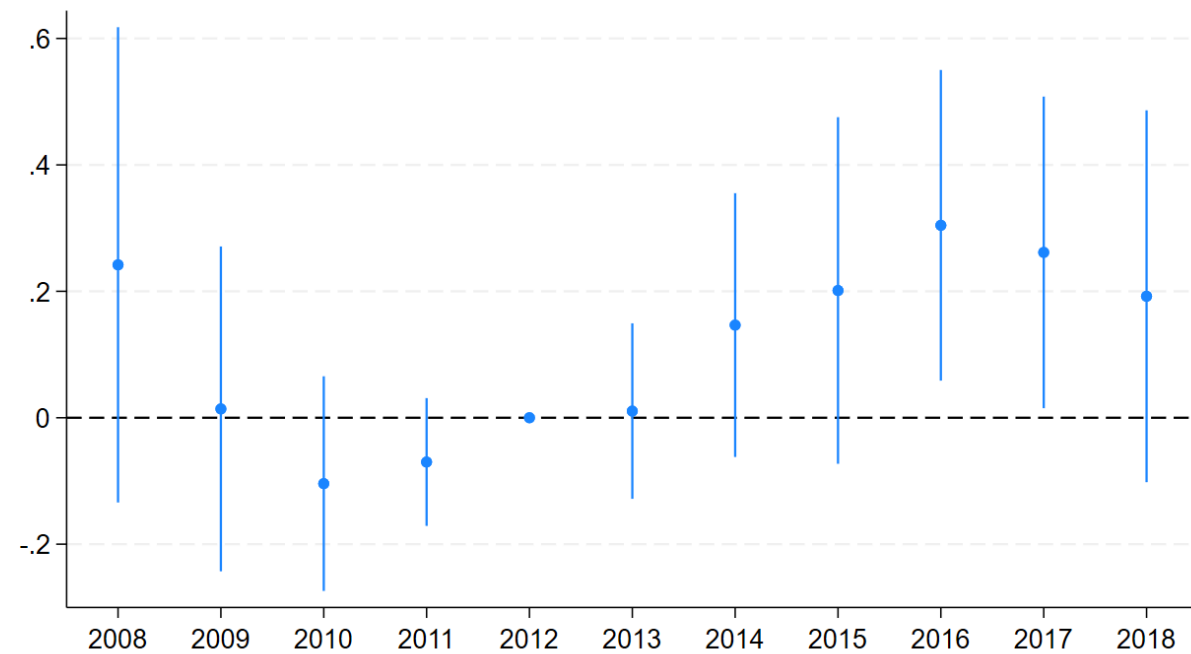
### 3) Reproductive Health (Ongoing Work)



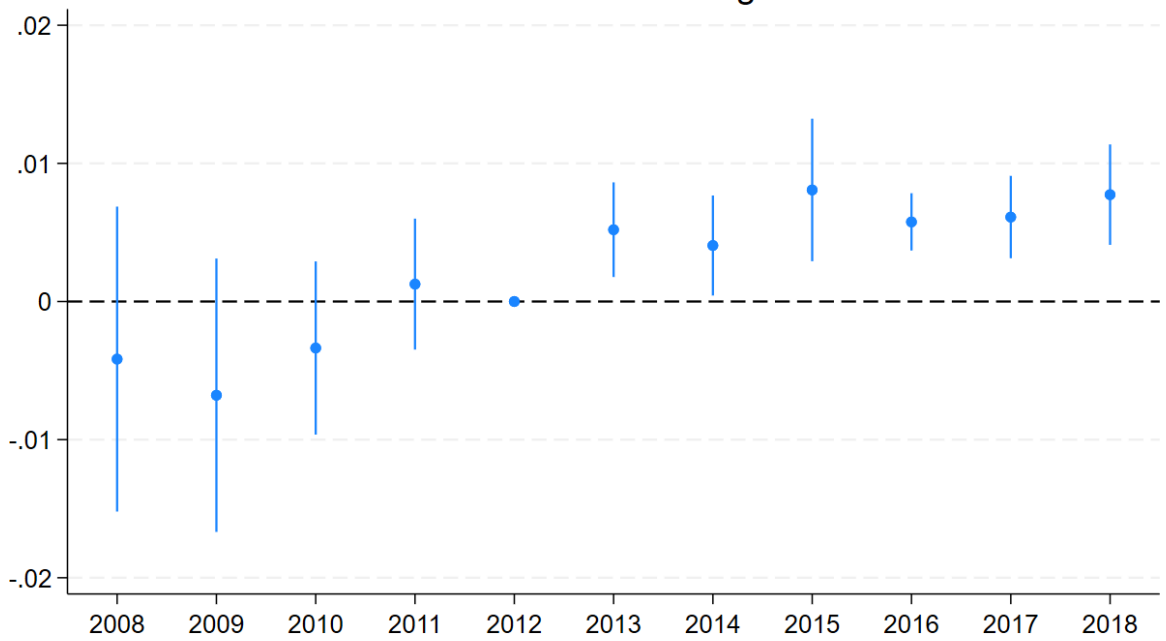
DiD: N abortions/1000 residents



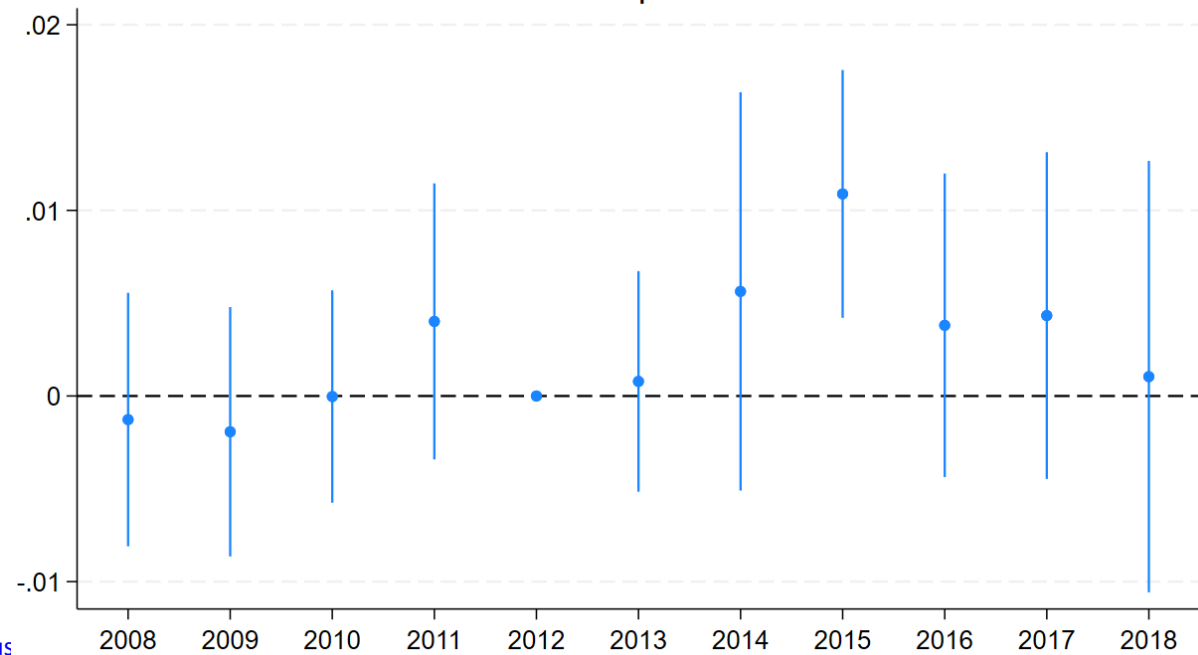
DiD: N Births/N Padron \*1000



DiD: Mother Teenager



DiD: Birth premature

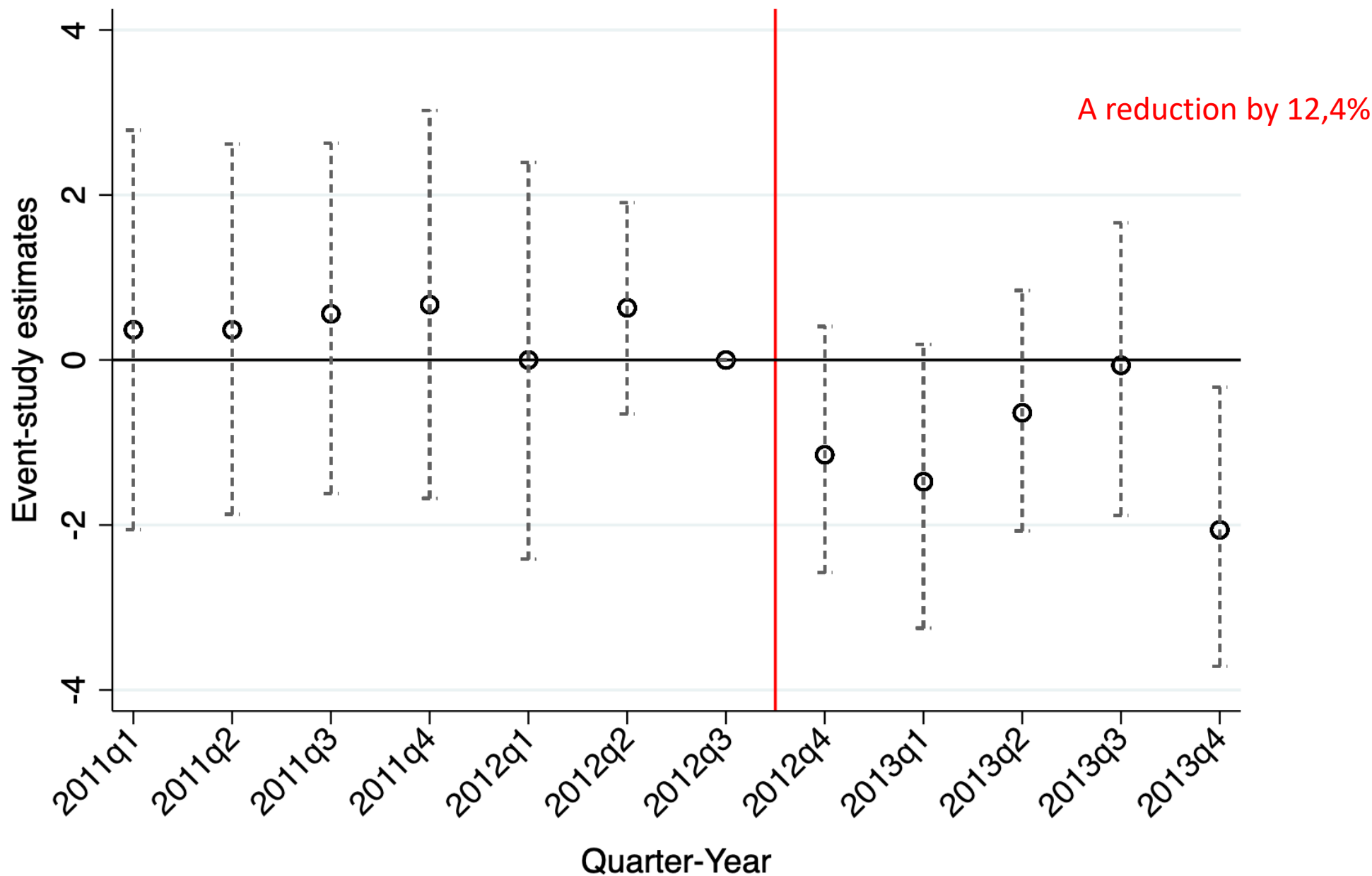


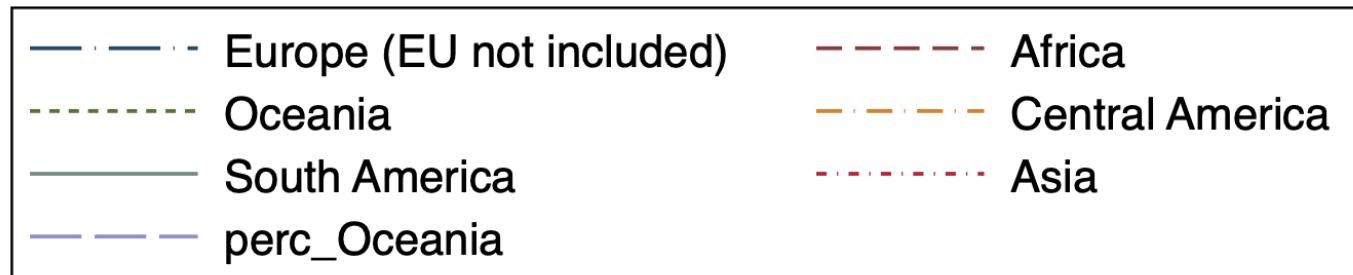
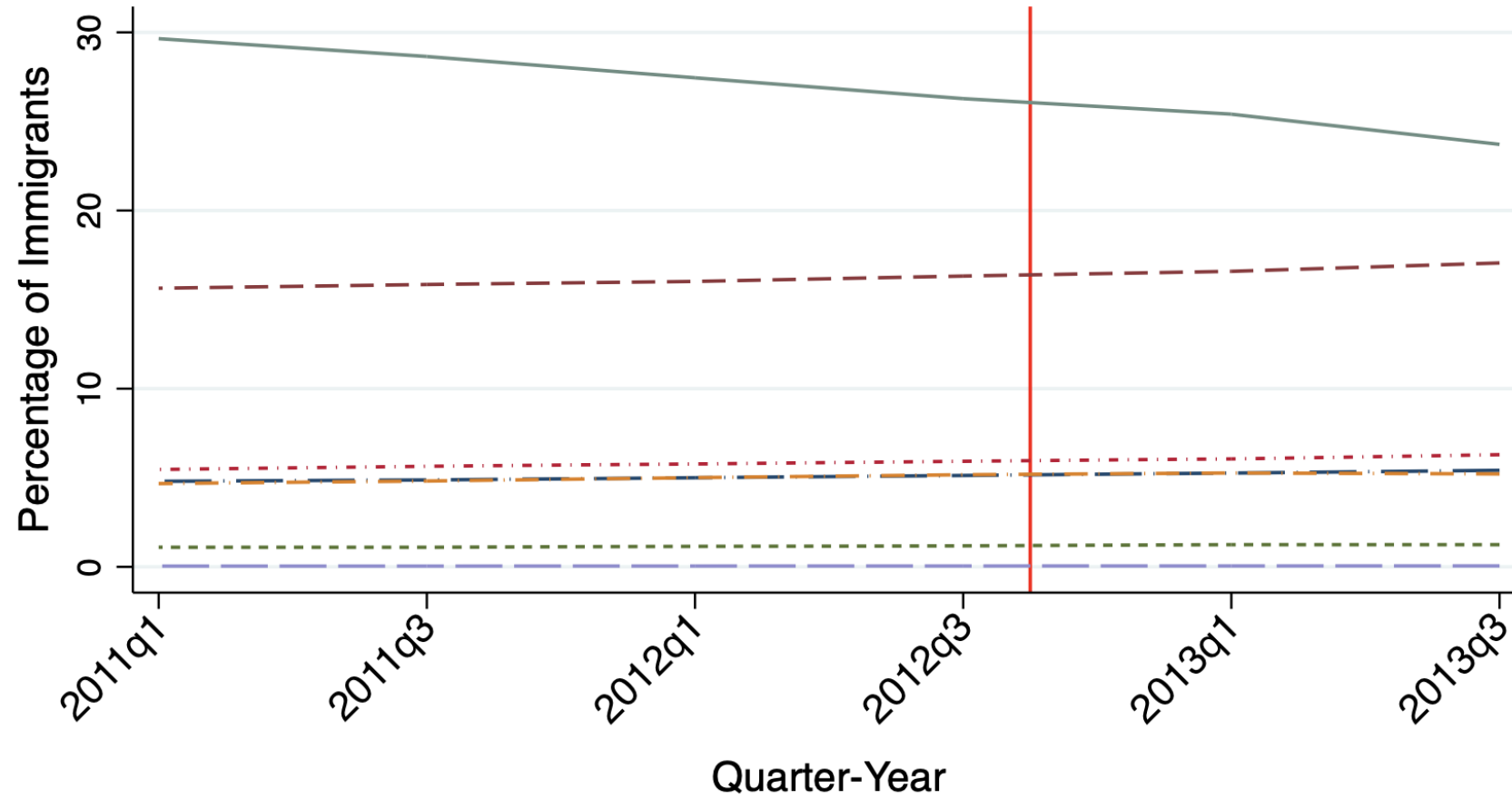
# THANKS!!!

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Applications for protection orders per 10,000 women





Nationality of undocumented immigrants	% Undocumented
Dominica	0.7540
Chile	0.6791
Guatemala	0.5785
Saudi Arabia	0.5710
Liberia	0.5683
Ivory Coast	0.5549
Paraguay	0.5340
Nicaragua	0.5208
Honduras	0.5090
Vietnam	0.5081
Ethiopia	0.4990
Costa Rica	0.4880
Nepal	0.4782
El Salvador	0.4773
Panama	0.4735
Congo	0.4573
Kazakhstan	0.4496
Brazil	0.4431
Equatorial Guinea	0.4339
Venezuela	0.3772
Israel	0.3493
Angola	0.3390
Argentina	0.3377
Macedonia	0.3310
Sierra Leone	0.3195
Uruguay	0.3166
Iran	0.3077
Guinea	0.3006
Turkey	0.2936
Cameroon	0.2861
Bolivia	0.2827
Iraq	0.2795
Nigeria	0.2792
Cape Verde	0.2593

Nationality of undocumented immigrants	% Undocumented
Cape Verde	0.2593
Korea, South	0.2585
Senegal	0.2434
Benin	0.2427
Burkina Faso	0.2305
Guinea-Bissau	0.2293
Colombia	0.2248
Togo	0.2230
Bosnia and Herzegovina	0.2188
Bangladesh	0.2147
Jordan	0.2002
Mali	0.1996
Cuba	0.1941
Ecuador	0.1921
Lebanon	0.1693
Syria	0.1686
Serbia	0.1663
Dominican Republic	0.1617
Peru	0.1590
Indonesia	0.1522
Ghana	0.1483
South Africa	0.1362
Mauritania	0.1295
India	0.1277
Gambia	0.1217
Pakistan	0.1151
Tunisia	0.1032
Moldova	0.1030
Japan	0.1028
Egypt	0.0883
Algeria	0.0770
Philippines	0.0545
Thailand	0.0361
Kenya	0.0114

	Spanish Women					
	Before Reform			After Reform		
	Mean	Min	Max	Mean	Min	Max
Reports per 10,000 women	11.24	5.89	21.63	10.93	5.62	20.24
Applications per 10,000 women	3.12	1.14	7.18	2.93	1.18	6.00
% Reports with Applications	28.52	15.43	46.21	27.65	12.46	45.46
Fema UR	20.19	9.38	36	23.72	14.1	38.98
Female Population	1032.58	117.66	3169.79	1034.57	117.78	3174.69
Female PR	50.57	43.40	62.69	51.13	45.56	60.83
Male UR	18.91	9.85	33.62	22.20	12.98	34.79
	Foreign Women					
	Before Reform			After Reform		
	Mean	Min	Max	Mean	Min	Max
Reports per 10,000 women	55.88	31.85	109.09	48.01	24.57	94.78
Applications per 10,000 women	14.49	4.58	31.43	12.34	1.95	26.30
% Reports with Applications	26.80	6.06	56.94	26.86	3.42	60
Fema UR	32.92	16.36	60.43	37.22	16.17	64.16
Female Population	133.25	15.85	449.77	130.97	16.06	443.28
Female PR	70.99	53.20	84.68	70.68	59.73	81.16
Male UR	36.50	18.31	68.21	39.23	18.47	74.47