

Intimate Partner Violence in Spain: Medical and Legal Aspects

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Abstract

Intimate partner violence threatens the health and safety of women worldwide. The World Health Organization (WHO) believes that it affects one third of women at some point in their lives and declared domestic violence an international priority for health services.

Aim: Evaluate the data published by official organizations in Spain regarding to domestic violence and intimate partner violence.

Methods: The data published in Spain by National Institute of Statistics have been consulted. Recorded data on domestic violence and IPV are published every year.

Results: the results cover matters (with precautionary measures taken) entered in the register during the year of reference (2014-2016). From 2015, information on final sentences handed down in the year of reference and on victims and accused, as well as on offenses and precautionary measures, has also been published.

Some studies on the medical and psychological repercussions of IPV are reported and show the health effects on affected people.

The data in our country indicate that complaints due to IPV are much greater than those of domestic violence. There has been a change in the situation of the IPV with a decrease in the number of victims and complaints, and the introduction of procedures instituted for this reason. The number of summary offenses has decreased as a result of their repeal, while many of them are now considered crimes. Even so, this decrease is slight compared to the numerous measures and detection and prevention policies established in Spain to prevent them. Likewise, mortality due to intimate partner violence is also dropping slowly, although a rise has been observed in some years.

A community effort is required to address the causes of intimate partner violence and domestic violence and create viable solutions that will improve the situation.

Keywords: Domestic violence; Intimate partner violence; Intimate partner violence health; Legal medicine

Introduction

Domestic violence is a concept that refers to violence carried out in the area of family life by one member against one or all of the others [1].

The term covers a wide variety of phenomena, including violence against women, violence against men, child abuse, parental violence and abuse of the elderly [2,3]. Such violence may be physical, psychological and/or sexual.

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Within domestic violence, Intimate Partner Violence (IPV) is defined as aggression that occurs in the private sphere in which the aggressor, generally male, has a relationship with the victim. IPV threatens the health and safety of women worldwide. The World Health Organization (WHO) believes that it affects one third of women at some point in their lives [4]. It is a social phenomenon with multiple different dimensions and is considered a public health problem of the highest order by international organizations and governments. In 1995, the United Nations (UN) established combating violence against women as one of its strategic objectives. In 1998, the WHO declared domestic violence an international priority for health services and in the same year, the first 'Action Plan against Domestic Violence' was developed in Spain. In 2002, the WHO released a global report on violence and health, which presented the former as one of the leading causes of death and non-fatal injury worldwide and highlighted the impact of violence on public health, while formulating recommendations for its prevention [5].

The hypothesis of the work is that gender violence can be reduced if social measures, legal reforms, and police policies are adopted.

Aim

To assess the data published by official statements in Spain on IPV and variations over time. In Spain, recorded data on domestic violence and IPV are published periodically.

Methods

Data on Statistics of Domestic Violence and Gender Violence published by the National Institute of Statistics (INE) [6] were consulted. This department gathers the information collected every year, through an agreement signed with the Ministry of Justice, the state organ that holds the data register. The methodology of the work is the collection of data from the population census, the Government Delegation for gender violence, the General Council of the Judiciary and the telephone information and counseling services for victims of gender violence. From these sources, the frequencies in absolute values and percentages are obtained and comparative of the data among different years are established.

	IPV	Domestic Violence
Victims 1,2	28.281	6.863
Accused people 1,3	28.201	4.643
Convicted people 3,4	25.959	5.616
Absolved people 3,4	6.288	1.365

1. Cases filed.
2. In IPV is only referred to women. In domestic violence may be referred to women as well as men.
3. In IPV is only referred to men. In domestic violence may be referred to men as well as women.
4. Referred to judicial firm sentences that may have been initiated that year or in previous years.

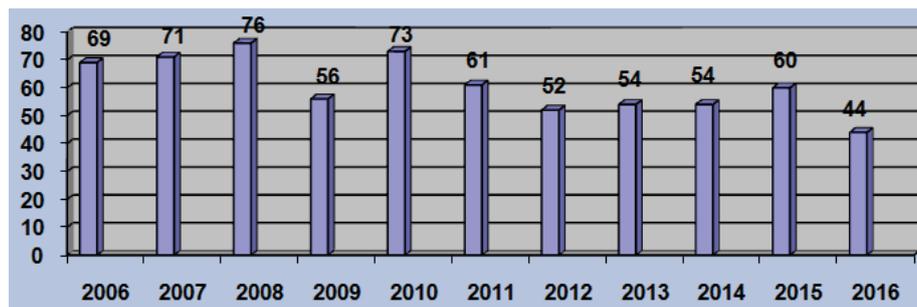
Table 1: Domestic violence and Intimate partner violence (IPV) 2016.

	Value			Variation (%)		
	2016	2015	2014	2016	2015	2014
1. Total Victims (women)	28.281	27.624	27.087	2,4	2,0	-0,1
2. Total accused people (men)	28.201	27.562	26.987	2,3	2,1	-0,1
3. Total criminal offenses	33.512	32.128	31.487	4,3	2,0	0,4
3.1 Crimes	33.44	30.99	29.374	7,9	5,5	1,9
3.2 Minor offenses	72	1.138	2.113	-93,7	-46,1	-17,2
4. Total precautionary measures dictated	87.704	84.594	83.156	3,7	1,7	0,4
4.1 Civil precautionary measures	22.765	21.025	20.601	8,3	2,1	1,2
4.2 Penal precautionary measures	64.939	63.569	62.555	2,2	1,6	0,2

Table 2: Intimate Partner Violence (IPV): Cases Filed 2014-2016.

	Values						Variation					
	2016	2015	2014	2013	2012	2011	2016	2015	2014	2013	2012	2011
Total	28281	27624	27087	27122	29146	32242	2.4	2	-0.1	-6.9	-9.6	>1
victims women	28281	27624	27087	27122	29146	32242	2.3	2.1	-0.1	-7	-9.6	>2
accused people men	33512	32128	31487	31375	33713	38219	4.3	2	0.4	-6.9	-11.8	>3
criminal offenses	33440	30990	29374	28824	31129	35061	7.9	5.5	1.9	-7.4	-11.2	>3.1
crimes	72	1138	2113	2551	2584	3158	-93.7	-46.1	-17.2	-1.3	-18.2	>3.2
minor offenses	87704	84594	83156	82805	89657	98159	3.7	1.7	0.4	-7.6	-8.7	>4
precautionary measures taken	22765	21025	20601	20350	22445	23737	8.3	2.1	1.2	-9.3	-5.4	>4.1
civil precautionary measures	64939	63569	62555	62455	67212	77422	2.2	1.6	0.2	-7.1	-9.7	>4.2
penal precautionary measures												

Table 3: Intimate Partner Violence (IPV): Cases Filed (2011-2016).



Graphic 1: Mortality by Intimate Partner Violence (IPV): 2006-2016.

The results cover matters (with precautionary measures taken) entered in the register during the year of reference. From 2015, information on final sentences handed down in the year of reference and on victims and accused, as well as on offenses and precautionary measures, has also been published.

Results

Table 1 shows the registered data on IPV and domestic violence in 2016 with regard to victims and the accused. Table 2 shows the results for the period 2014-2016 with regard to offenses and legal measures. Table 3 shows IPV data recorded over a number of years (2011-2016) to assess differences and variation over time. Graphic 1 shows mortality by IPV for the period 2006-2016.

Medical Aspects

From the medical point of view, studies on the medical and psychological repercussions of IPV show the health effects on affected people, as evidenced in the specialist literature.

Physical injuries are the most visible consequence of gender/domestic violence, but not the only one. Other chronic health problems may be due to the injury, fear and stress caused by abuse. Frequent consequences for physical health include chronic disorders (headache, muscle ache, stomach problems, breathing difficulties), while the

psychological consequences are post-traumatic stress syndrome, depression, anxiety, low self-esteem, phobias or states of panic and loss of sexual appetite or even rejection of sexual intercourse. Permanent disability may also occur [7].

Contusions are the most prevalent physical injuries, in line with the results from several publications [8,9]. Recently, the sociodemographic characteristics of a sample of 398 IPV cases in which there was a conviction in the region of Santiago de Compostela (Galicia, Spain) between 2005-2012 were evaluated [10].

Other Spanish authors have studied the effects of IPV victims' health [11-13]. Raya et al. surveyed the impact of IPV on women's physical and psychological health in six primary care centers from three Andalusian provinces (425 women aged 18 to 65 years). A structured, self-administered questionnaire and sociodemographic variables were used to gather the information for this study. The questionnaire included questions on IPV, physical health indicators (chronic disease, type of disease, surgery, days in bed), psychological health (psychological morbidity and use of tranquilizers, antidepressants, pain killers, alcohol and recreational drugs), self-perceived health and social support. A total of 31.5% had never experienced any type of partner violence. Women experiencing IPV were more likely to suffer chronic disease, psychological morbidity and worse self-perceived health. The study shows that experiencing IPV at some time is associated with

worse psychological and self-perceived health [14].

Several studies, such as the one carried out by the Council of Europe, study IPV and domestic violence, comparing measures to tackle the problem, legal aspects and preventive measures in different European countries. The Council of Europe report shows that female victims of IPV are more likely to consume substances harmful to health such as tobacco, alcohol or illicit drugs and abuse anxiolytics and antidepressants drugs. In addition, they are five times more likely to attempt suicide than those who have not suffered this type of violence. In most cases, they resort to these behaviors as a coping strategy for the problem they experience [15].

Recently, Traumatic Brain Injury (TBI), which has been largely unstudied to date, has been described among the injuries suffered by IPV victims. However, the neurobiology and related sequelae of these TBIs have never been examined. Brain-network organization was examined and associated with TBI and its cognitive effects using clinical interviews, neuropsychological measures and structural and functional MRI scans. The data provide the first mechanistic evidence of TBI and its association with cognitive functioning in women sustaining IPV-related TBI [16]. The same author, in 2003, previously used other means to describe the cerebral alterations arising from mistreatment in women in situations of violence [17].

In other less developed countries such as Turkey, IPV has also been studied. The experiences and views of married women on the topic of domestic violence were examined among 24 married women living in Ankara, between 2011 and 2012. The tools used in the study were: the 'Personal Information Form' and the 'In-depth Interview Questionnaire'. In the sample, 83.3% stated they had been exposed to domestic violence. The reported reasons for violence were such factors as 'financial problems, lack of education and lack of love and respect between couples' [18].

Karakurt et al. surveyed electronic health record data to identify women's health issues potentially associated with IPV. In the study, health issues among female domestic abuse victims (5,870) were compared to female non-domestic abuse victims (14,315). Explores provides National Big Data for the entire USA. A total of 2,429 terms were identified as significantly more prevalent among victims of domestic abuse compared to the general population. These terms were classified into broad categories, including acute injury, chronic conditions, substance abuse, mental health, disorders and gynecological and pregnancy related problems [19].

At present, a number of emergency departments use IPV screening as an opportunity for health care professionals to detect IPV victims. Such screening can use electronic, face-to-face or pen-and-paper-based instruments. Assessing the needs of these patients appears to be a significant factor affecting rates of IPV disclosure [20]. In the context of psychiatric impairment, depression and anxiety symptoms have been detected in women suffering IPV around the world.

Karakula et al. conducted a study in six primary healthcare centers in Lublin province. The Hospital Anxiety and Depression Scale and a structured questionnaire designed by the authors were administered to a total of 350 female patients. The questionnaire was completed by 200 women. A total of 102 (51%) participants who confirmed experiencing IPV made up the final study cohort. Of these, 68% and 56% of the participants, respectively, had positive scores on the anxiety and depression subscales. Chronic physical illness, unemployment and exposure to economic violence were associated with higher scores on both subscales. Receiving financial support was a protective factor against both kinds of symptoms. Exposure to physical violence was associated with higher scores on the depression subscale, but not on the anxiety subscale [21].

Depression, Post-Traumatic Stress Disorder (PTSD) and binge

drinking are among the mental health effects of IPV among women. There is evidence that PTSD, depression and alcohol abuse are common comorbid mental disorders and that a two-way relationship exists between depression and IPV in some settings. This was investigated in a household survey employing a multi-stage random sampling approach among 511 women from Gauteng (South Africa). IPV was measured using the Multi-country Study on Women's Health and Domestic Violence Questionnaire. Depression was measured using the Centre for Epidemiologic Studies Depression Scale. PTSD symptoms were measured using the Harvard Trauma Questionnaire. Binge drinking was measured using the Alcohol Use Disorders Identification Test scale. 50% of women had experienced IPV at some point in their lifetime and 18% had experienced IPV in the 12 months before the survey. 23% of women were depressed, 14% binge drank and 11.6% had PTSD symptoms. It may be concluded that mental ill health plays a mediating role in the relationship of recent IPV experiences among women [22].

IPV can also have an influence on sexuality. A variety of factors can affect a woman's sexuality, including physical disorders, social-religious beliefs, age, psychological factors, depression, mental tension, disbelief and an unfulfilling relationship with one's spouse. A study was conducted among 813 women referring to gynecology clinics in Jahrom, Iran, in 2015. Data were collected using a demographics questionnaire, a violence questionnaire and the Female Sexual Function Index. The prevalence of violence was found to be 43.2%. There was also a significant relationship between violence and age. Moreover, domestic violence significantly correlated with women's and their husbands' educational level and the study showed that the frequency of domestic violence is rather high and can increase the risk of sexual dysfunction [23].

Other new interventions related to IPV have been initiated online, such as the iCAN Plan 4 safety. A total of 450 Canadian women who have experienced IPV in the previous 6 months will be randomized to either a tailored, interactive online health and safety intervention or general online safety information. iCAN engages women in activities designed to increase their awareness of safety risks, enable them to reflect on their plans for their relationships and priorities and help them create a personalized action plan of strategies and resources for addressing their health and safety concerns. Primary outcomes include symptoms of depression and PTSD and secondary outcomes include helpful safety actions, safety planning self-efficacy, mastery and decisional conflict. If effective, iCAN could be readily adopted by health and social services and/or accessed by women to work through the options independently [24].

Legal Aspects

In Spain, Organic Law 1/2004 of 28 December [25] issued comprehensive protection measures against domestic violence and IPV. However, the Observatory against Domestic and Gender Violence chaired by the General Council of the Judiciary detected legal loopholes in the previous 10 years and recommended legislative reforms to strengthen the special protection.

The reform of the Criminal Code of July 1, 2015, made several changes in the area of domestic and gender violence [26]. The overall objective of these changes was limited to the implementation of several European Directives; in particular the Directive 2011/99 / EU of the European Parliament and of the Council of 13 December issued the European Protection Order and Directive 2012/29/ EU of 25 October 2012. These laws establish minimum standards on the rights, support and protection of crime victims. Spain was in line with other international agreements such as the Istanbul Convention of the Council of Europe of April 2011 officially published in 2014.

Among other measures, the reform includes:

- within the criminal proceedings filed for the alleged commission

of a crime of mistreatment - domestic violence, IPV and minor injuries (article 153.1 and 153.2 CP), if it is established that the active subject committed the crime against the victim on grounds of gender, this aggravating circumstance will be applicable (art. 22.4).

- A new type of harassment, stalking (art. 172 ter).
- Unauthorized disclosure of images or sexting (art. 197.4).
- Duping in case of victims less than 16 years (art. 183 ter 2).
- Manipulation of electronic devices, the so-called 'bracelets' to control the security measures (art. 468.3).
- Kidnapping, within the concept of illegal detention, establishing sentences equal to that of homicide (art 166).
- Repeal of summary offenses to reduce the number of minor matters in the courts and their reclassification as minor offenses.
- Lifelong prison sentences, reviewable in case of murder (art 140).
- For IPV crimes expressly includes the possible additional imposition of the sentence on the convicted person, on probation or release in custody (art. 156 ter), as well as crimes of domestic violence.
- Penalty of a fine when considered not to harm the economic interests of the victim.
- Restraining orders if the custodial sentence is suspended (art. 83.2).
- Within the scope of crimes of domestic violence and IPV (except for injuries) and the crime of harassment, the victim will not be required to have reported the crime for criminal proceedings to be initiated.

Conclusion

The data in our country indicate that complaints due to IPV are much greater than those of domestic violence. There has been a change in the situation of the IPV with a decrease in the number of victims and complaints, and the introduction of procedures instituted for this reason. The number of summary offenses has decreased as a result of their repeal, while many of them are now considered crimes. Even so, this decrease is slight compared to the numerous measures and detection and prevention policies established in Spain to prevent them.

Likewise, mortality due to IPV is also dropping slowly, although a rise has been observed in some years (2008 and 2010).

IPV often ends in acute physical injury, sexual assault and mental health issues. Understanding the healthcare habits of victims is crucial for developing interventions that could drastically improve a victim's quality of life and prevent future abuse.

Domestic violence adversely affects the physical and mental health of individuals, families and the entire community. Therefore, a community effort is required to address the causes of domestic violence and create viable solutions that will improve the situation.

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