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Introduction

The purpose of this work was to analyse the characteristics of gender violence from the medico-legal and criminal perspectives. Our specific aims were: to analyze the socio-demographic characteristics of victims and aggressors and the prevalence of different diseases associated with abuse; to determine the prevalence of gender violence in its different varieties; to check the compliance with protocols relating to the development of medico-legal documents; the correlation between the consequences described in the injury and forensic reports with its legal status.

Results

Demographic data

Table 1. Characteristics	Victim	Abuser
Age: mean (max, min)	36 (80-16)	39 (83-18)
Marital status:		
Single	39%	36%
Partner	3%	3%
Married	37%	38%
Separate	6%	8%
Divorced	8%	8%
Widow	1%	0%
Unknown	6%	7%
Residence:		
Urban	59%	56%
Semiurban	11%	12%
Rural	29%	31%
Unknown	1%	1%
Nationality:		
Spanish	82%	84%
European countries	3%	4%
Other countries	14%	10%
Unknown	1%	2%
Profession:		
Qualified	5%	5%
No qualified	27%	38%
Unemployed	24%	25%
Housewife	6%	0%
Retired	4%	8%
Student	4%	1%
Unknown	30%	23%
Socioeconomic level:		
High	3%	7%
Medium	8%	19%
Low	51%	36%
Unknown	38%	38%
Additions:		
Alcohol	12%	56%
Narcotics	10%	24%
Gambling	0%	2%
Unknown	81%	35%
* 2 or more types of addition	4%	17%

The 419 files of gender violence included in this study were distributed as shown in Fig. 1. Demographic characteristics of victims and abusers are shown in Table 1. As can be seen most victims are adult woman, of Spanish origin, either single or married, with children (71% of women have children, mainly with the abuser, but also with other partner or both), living in an urban population and belonging to a low socioeconomic level. Abuser profile showed a Spanish adult, who lives in an urban population, and belongs to a middle-low socioeconomic level (25% are unemployed). 24% of abusers have a diagnosed psychiatric disorder. Moreover, they also have a history of consumption or abuse, mainly to alcohol. Relationship peculiarities are shown in Table 2. As can be seen, the majority of victims live with their abuser at the time of the assault, and in most cases they also live together with children or other family members.

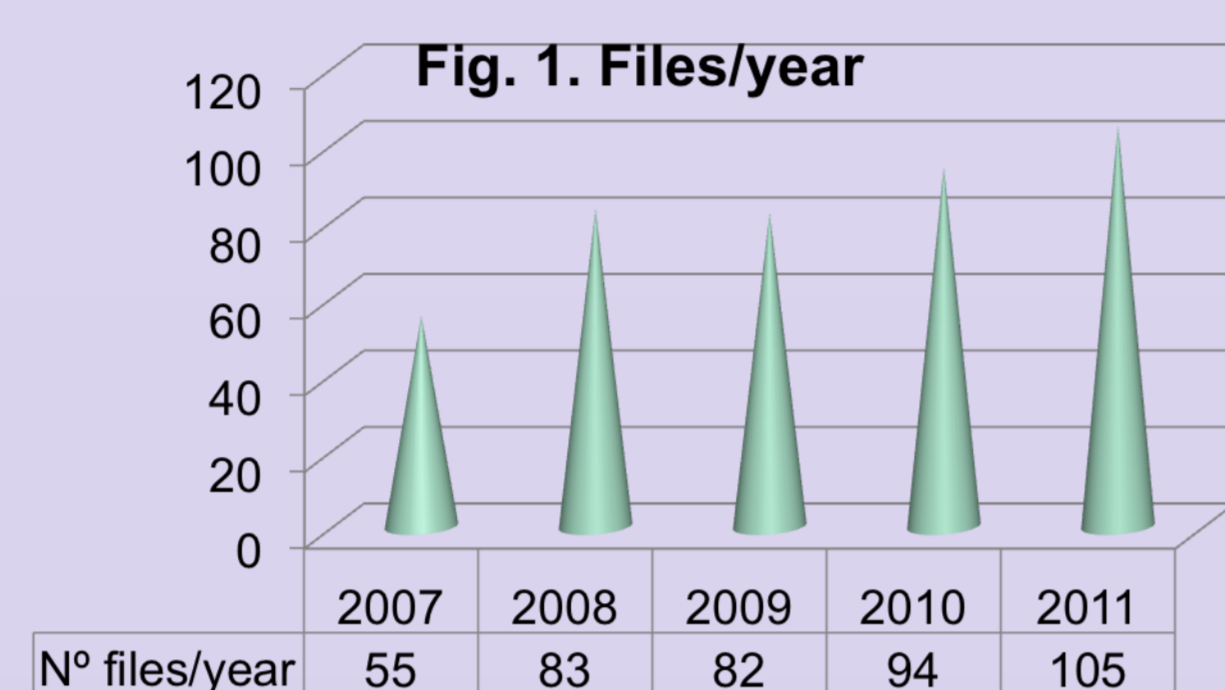


Table 2. Relationship characteristics	
Years living together:	11 (min: 0.02 – máx: 61)
Years of abuse:	7 (min: 0.01 – máx: 45)
Living together at aggression:	
Yes	57%
No	43%
Other people at home:	
None	22%
Children	62%
Other family members	15%
No family members	5%
Unknown	10%

Clinical data

Acute injuries are a direct consequence of abuse on victims health. In this study, 54% of women has some type of injury and 32% of them has two or more different types combined. Most of them are superficial injuries, as abrasions or bruises (Fig. 2). Regarding the location of injuries, these are mainly in the face (49%) and upper limbs (48%) (Table 3).

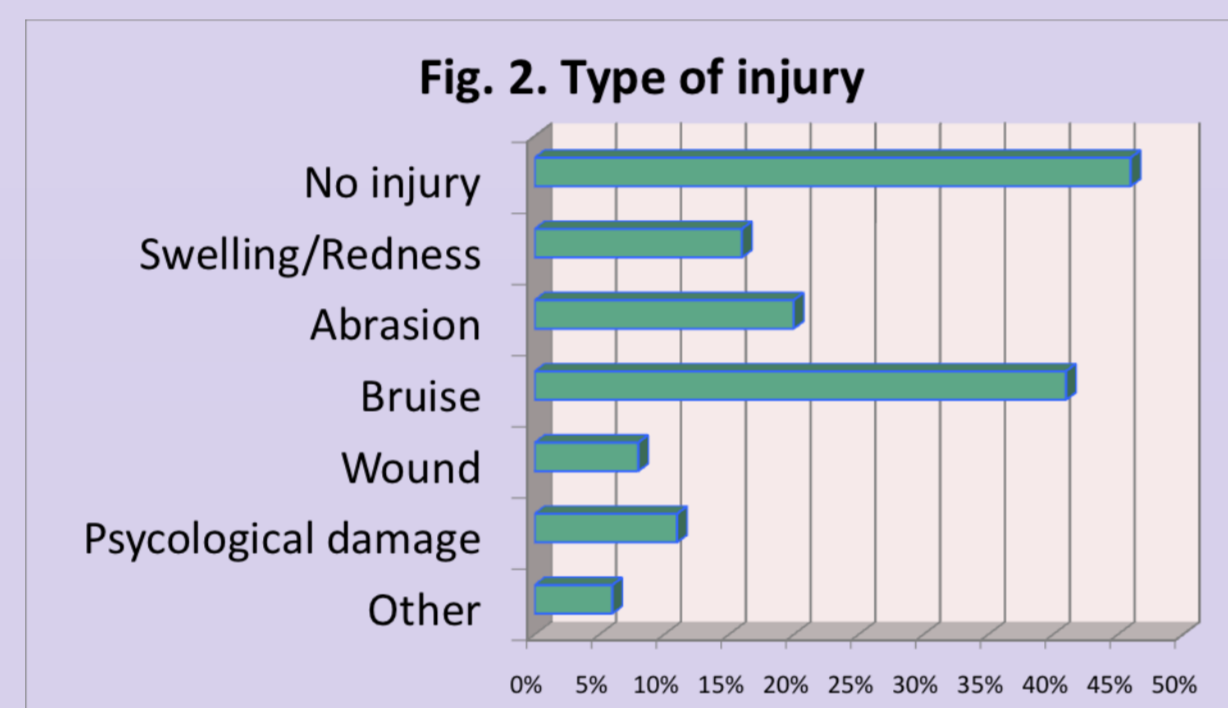


Table 3. Injury location	%
Head	19%
Face	49%
Neck	30%
Upper limb	48%
Lower limb	27%
Trunk	34%

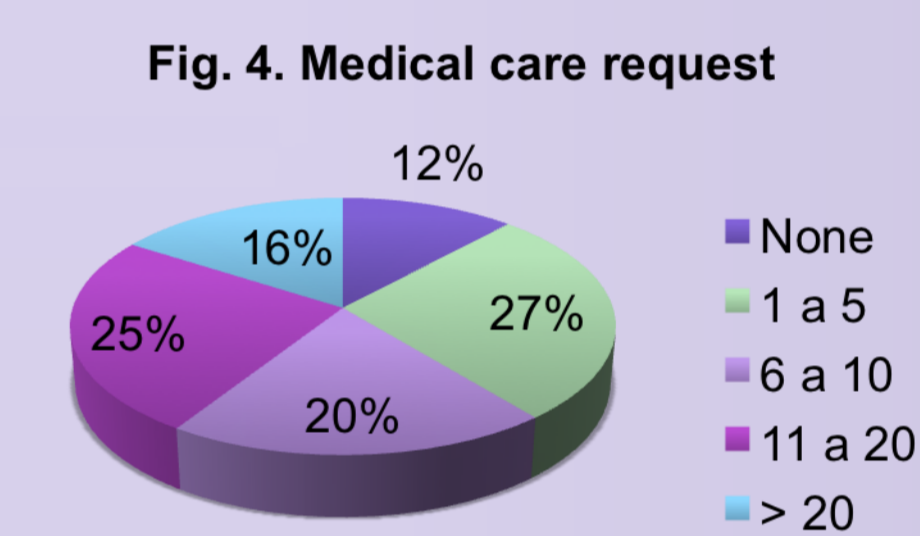
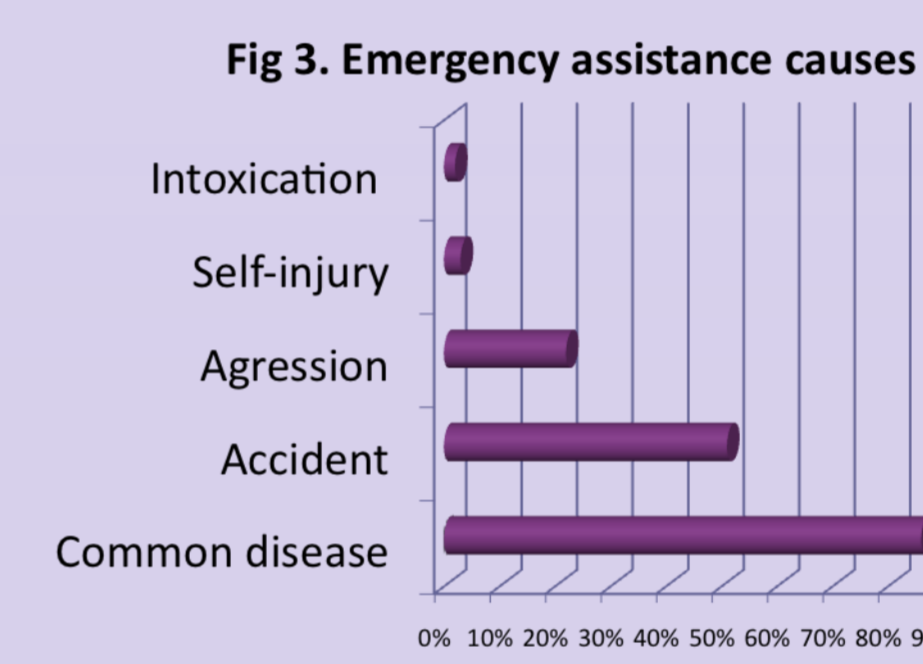
Women who needed medical care due to injuries or problems caused by the abuse were mainly attended at primary care emergency facilities (62%) and hospital emergency units (25%). Medical assistance was provided principally at night (39%) and in the afternoon (32%), especially during the weekends (54%).

It has been demonstrated that gender abuse has **long-term negative health consequences** for victims, being apparent as increased use of health services. Tables 4 and 5 show the health characteristics of abused women, extracted from their medical records. Many of them have a history of sexual and reproductive problems (menstrual dysfunction, sexually transmitted diseases and abortions) and other health problems. Depression is the most prevalent mental disorder.

Table 4. Physical health disorders	% women
Rheumatic pain	28%
Neurological symptoms	21%
Cardiovascular disorders	14%
Gastrointestinal disorders	26%
Uro-renal disorders	13%
Respiratory disorders	34%
Dermatological symptoms	23%
Sexual and reproductive disorders	36%

Table 5. Mental health disorders	% women
Depression	10%
Anxiety	17%
Substance abuse	5%
Attempted suicide	3%
Sleep disorders	5%

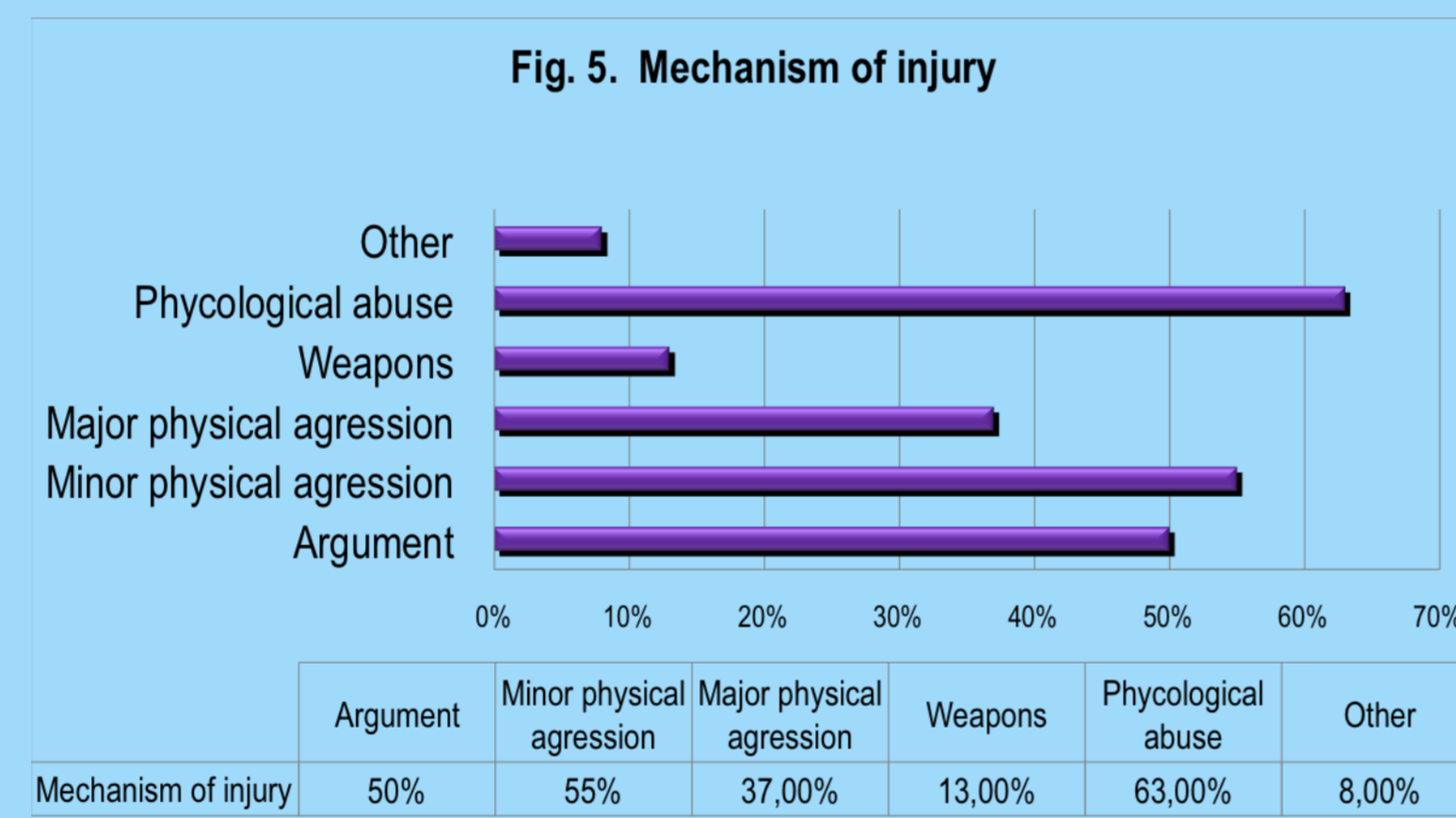
Analysing victims' medical records, it was shown that 89% of women have been treated in the Emergency Department of Santiago de Compostela's University Hospital for different causes (Fig. 3), especially by common diseases (86%), accidents (31%) and aggressions (22%). Also, 63% of victims have been hospitalized sometime and 52% of women have medical records in different hospitals. 83% of them were assisted in hospital outpatient services and 17% were attended in the mental health service and. Fig. 4 shows the number of visits for medical care in a period of 5 years. The average of medical attention per victim at different hospital was 11 times in a period of 5 years. All these results show a high consumption of medical care. Also, these findings demonstrate the need to assess for abuse and intervene in health settings.



Medico-legal data

Regarding the type of violence suffered by women, we could determined psychological abuse (31% cases), physical aggressions (36%) and a combination of both (33%). Fig. 2 shows the percentage of the different injury mechanisms. As can be seen, almost half of events begin by a discussion that, in some cases rise to psychological (threats, humiliation) or physical aggressions. The use of weapons is infrequent. Abusive incidents usually occurs at home (63%) and are witnessed. In 40% of cases, alcohol or drugs are involved in the incident. Furthermore, in 65% of cases previous aggressions have been confirmed.

Fig. 6 shows the percentages of different medico-legal documents issued with regards to victim, abuser and third parties. It is clearly seen that the majority of reports are produced by first assistance and forensic doctors. Indeed, victim's forensic medical reports were issued in 53% of cases. Nevertheless, although half of the victims received medical care due to injuries or problems caused by the abuse, and reporting is mandatory for health care providers, the percentage of injury reports was reduced to 29% of victims assisted by a physician (14% of total cases). Furthermore, in 17% of cases, some other type of medical document (psychiatry reports, family doctor reports, etc) was included in the prosecutor files. A more detailed analysis of injury reports, checking the compliance with protocols and guidelines, was made (Table 6). As can be seen, some of the items are filled up in almost all cases (identification data, type and location of injuries), but important information is lacking in many cases (moment of the incident, reference to victim's psychological state and therapeutic measures). Furthermore, these reports are difficult to read in 52% of cases and, in 57%, abbreviations and symbols are included, which are not recommended.



Mechanism of injury	%
Argument	50%
Minor physical aggression	55%
Major physical aggression	37.00%
Weapons	13.00%
Psychological abuse	63.00%
Other	8.00%

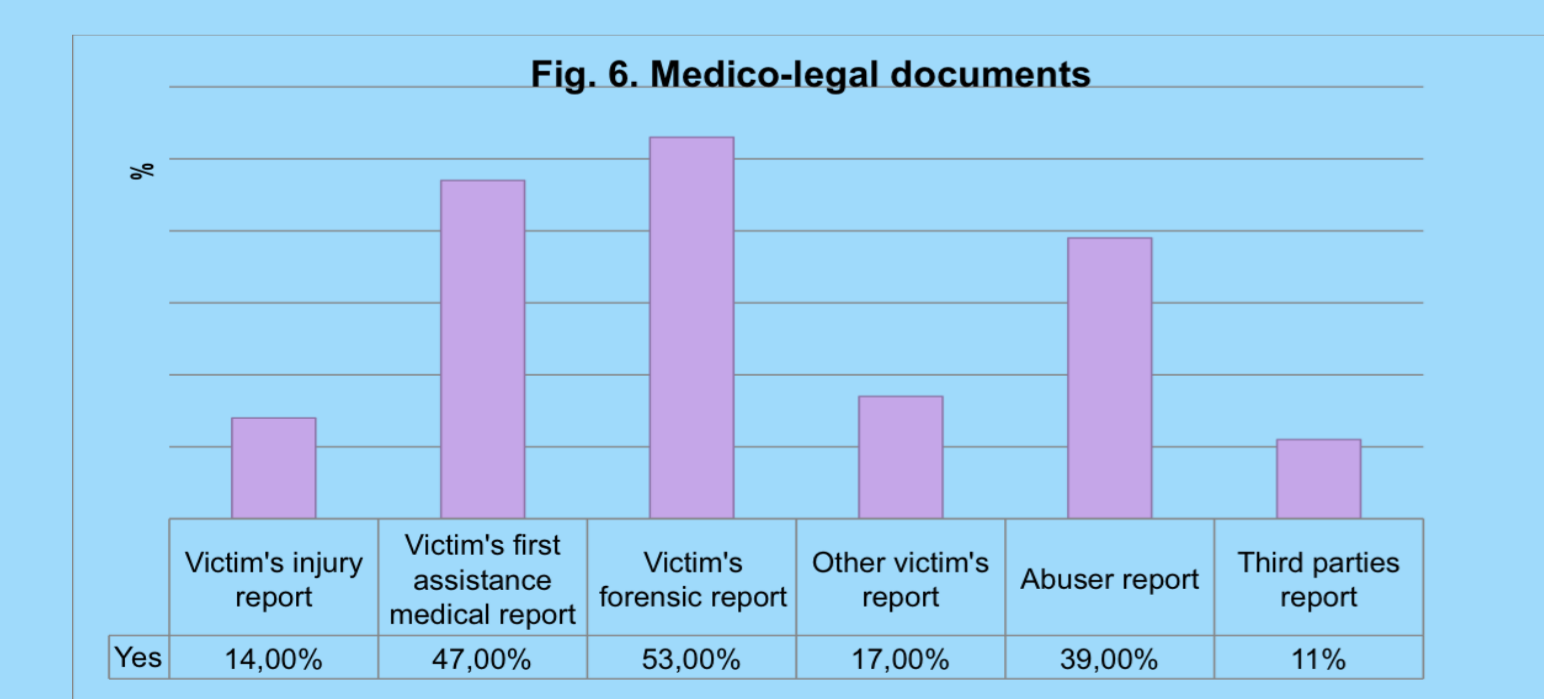
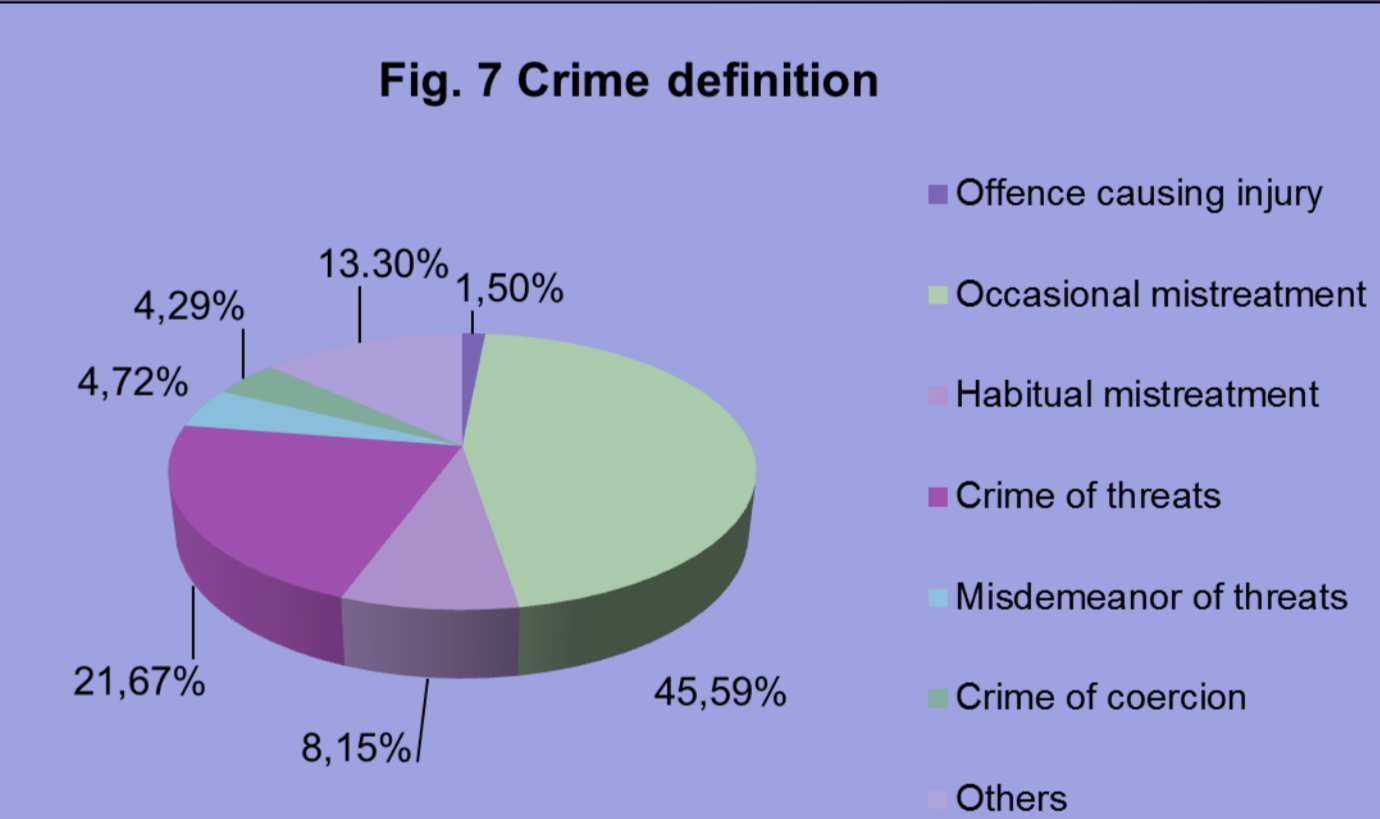
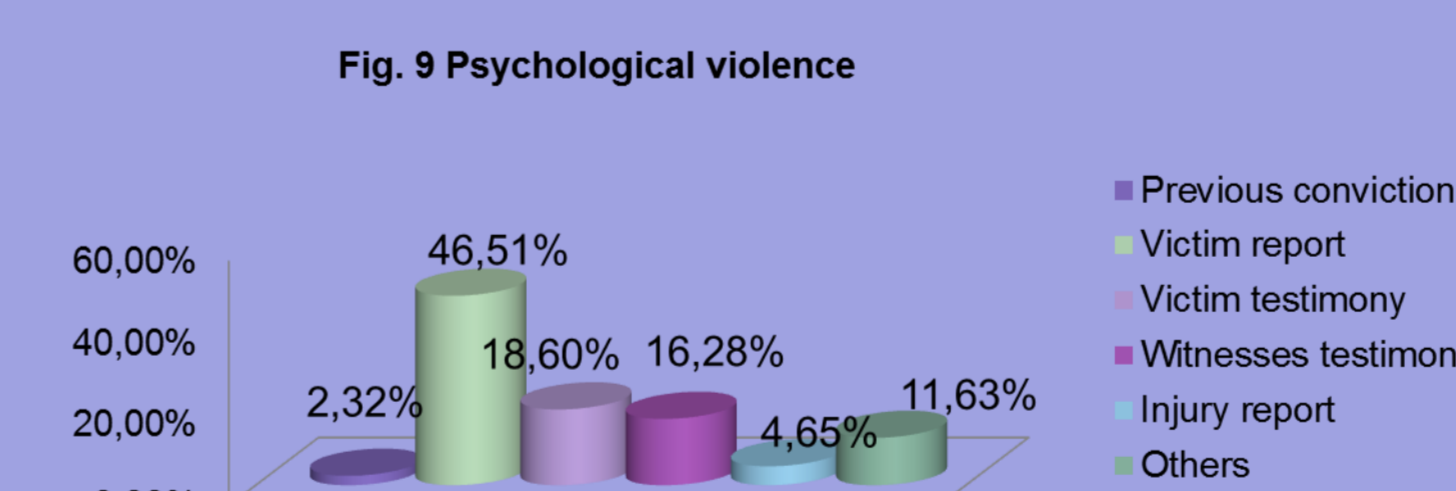
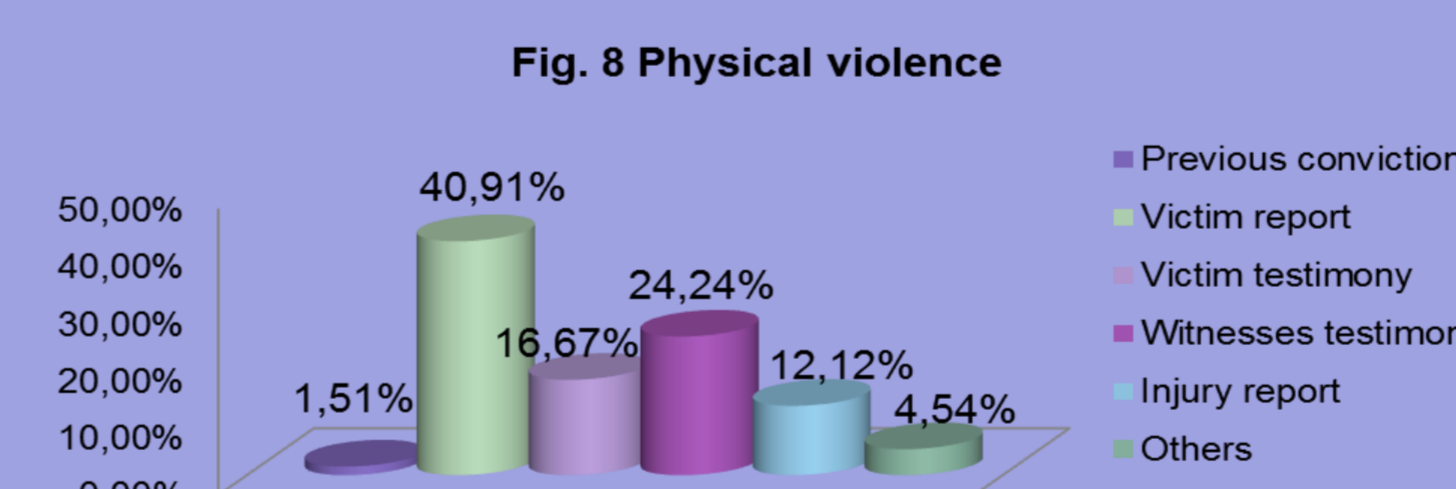


Table 7. Type of injury vs sentence	No guilty (%)	Guilty (%)
No injury	49	45
Physical injury	39	44
Abrasion	3	1
Bruise	11	14
Wound	2	<1
Other	3	4
Two or more injuries combined	20	25
Psychological damage	1	3
Physical injury and Psychological damage	11	8

Correlation between the information included in injury and forensic reports with the sentence was examined (Table 7). Although it was not possible to apply a deeper statistical analysis to these data and, therefore, the differences encountered may not be statistically significant, results showed that there was a higher percentage of guilty verdicts when physical injury is reported, specially when two or more injuries are combined.

Legal and criminal data

Most of the gender-based proceedings, which ended with a verdict of guilty (69%), were about the crime of occasional mistreatment (45.59%), followed by threats (21.67%) and habitual mistreatment (8.15%) (Fig. 8). The aggressor was condemned by the commission of multiple offences in a 47.55% of the cases. From 2007 to 2011 any murder or manslaughter was committed against the women in the area of the prosecutor office of Santiago de Compostela.

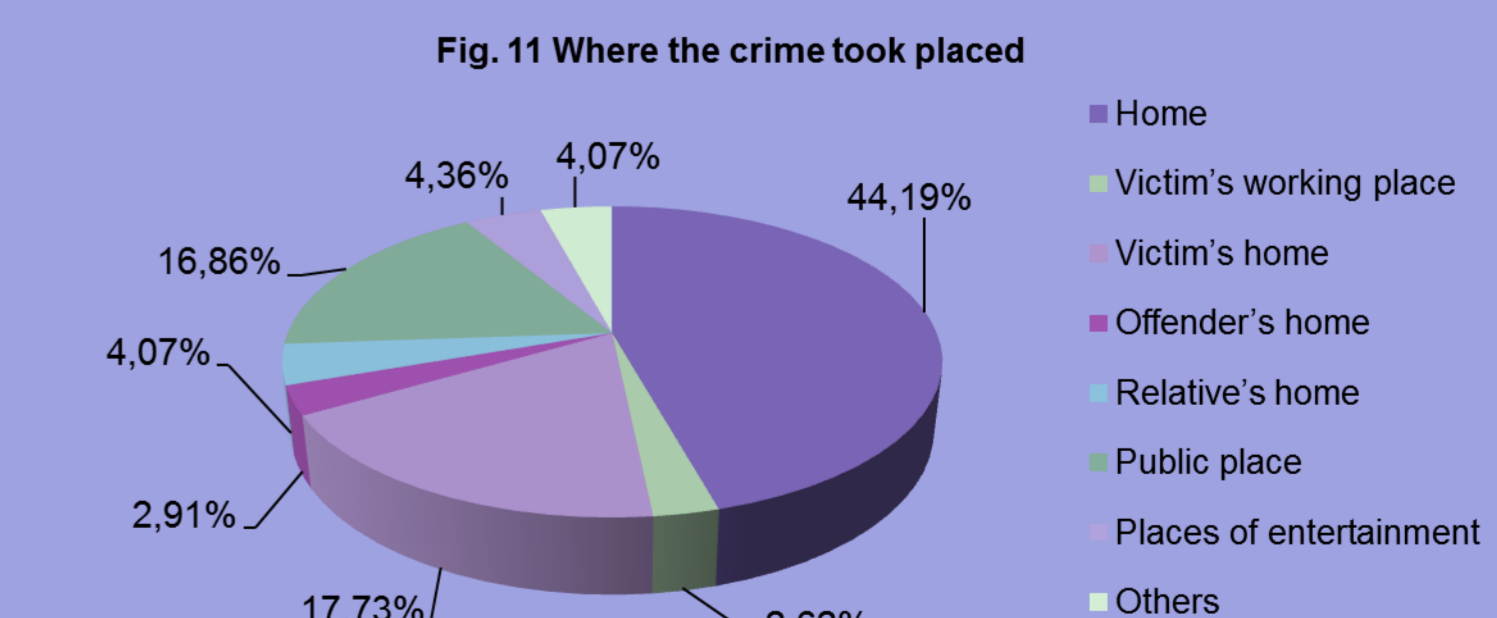
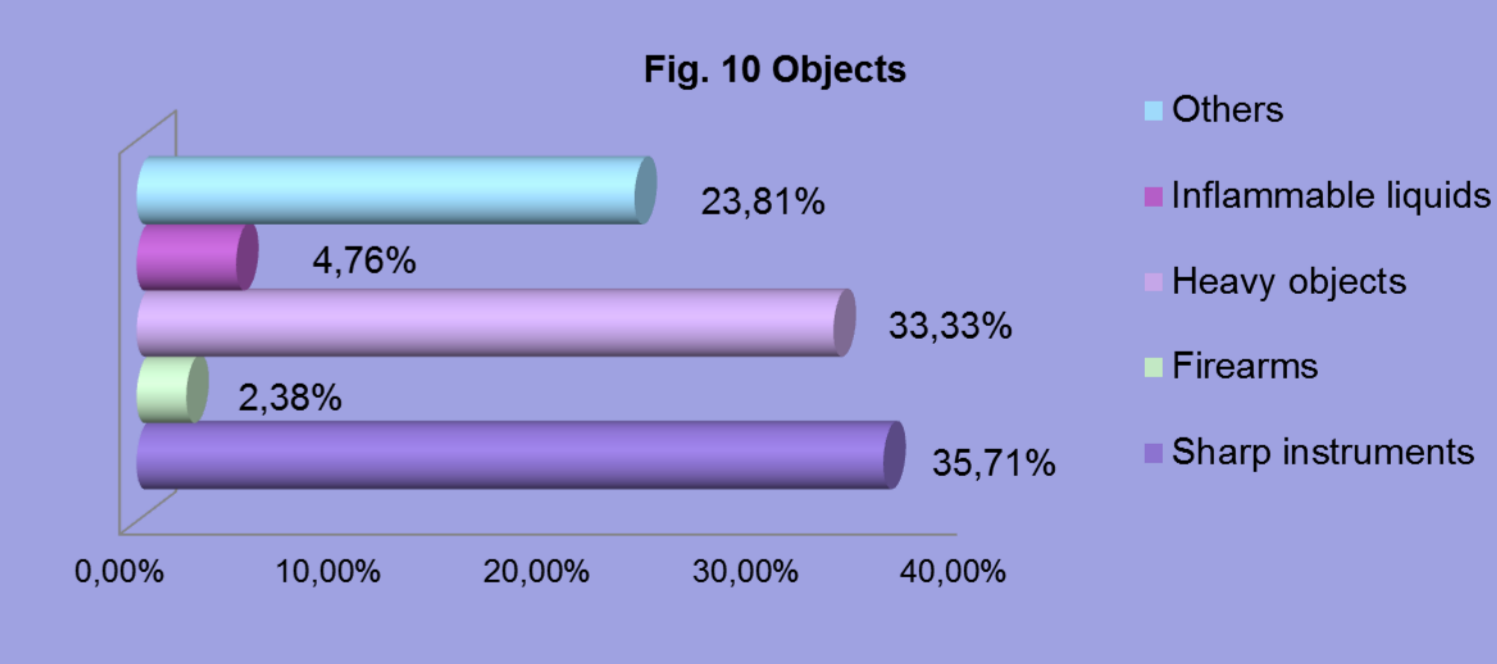


The injuries not defined as crime were the main conducts in which occasional mistreatment translated (69.93%).

The main supporting element of the qualification of the mistreatment as habitual was, in relation with both kinds of violence (physical and psychological), the victim's report (40.91% and 46.51%, respectively) (Figs. 8 and 9). These violence acts were exercised, in 84.21% of the cases, on the same person (the woman). The most frequent concurrence between habitual mistreatment and other offences gave with the crime of occasional maltreatment (74%) and threats (20%).

In relation to the context in which the offence was committed, we highlight the following aspects:

- As well as the main offence, in a 12.23% of the cases other violent acts were committed such as beating doors, smashed furniture and various household goods, throwing flowerpots, pet abuse as well as aggressions to other people who tried to help the victim, to other family members and to the police.
- In a 9.78% of the files analyzed was used to commit the aggression a object such as knives, scissors, pliers, slab marble, paving stone, stick, ashtray, chairs, flowerpot, leach, screwdriver, firearms, glasses, cigarettes and so on (Fig. 10).
- The offences were perpetrated in presence of children (14.67%).
- Finally, in relation to the place of the commission of the offence (Fig. 11), most of them took place in the family home (44.19%), but also it is relevant the cases in which the aggression took place in victim's home (17.73%) and in public places (16.86%).



In a 17.73% of the files, the author's alcohol and / or drugs abuse play a significant role in the dynamic of the aggression, as a mitigating circumstance or conditioning the criminal's liability. The aggravating of recidivism was appreciated in a 9.81% of the cases.

Conclusions

- The most prevalent profile of victims and abusers is that of a middle-aged person, either single or married, of Spanish origin and middle-low socioeconomic level who lives in an urban population.
- Victims have suffered physical and / or psychological abuse, and half of them have sought medical care, mainly by blunt superficial injuries, predominantly located in the face and upper limb.
- Mandatory reporting is not always carried out and important information is lacking in many injury reports.

- The occasional maltreatment was the main kind of crime in which the gender-based violence translated.
- The victim report was the main supporting element of the qualification of the mistreatment as habitual.
- We must emphasize the remarkable incidence that the mitigating circumstance of substance and alcohol addiction had in the files analyzed.