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Intimate partner violence against women in Spain

Carmen Vives-Cases

This paper provides information about the magnitude and responses to intimate partner violence against women in Spain.

At the end of 2004, the Socialist led parliament passed the first law to combat intimate partner violence against women. This new legislation not only established harsher penalties for offenders, but also promoted training programmes for health professionals and judges and also campaigns in public education institutions and the media to raise awareness about violence against women.3 Prevention strategies to combat this problem are now a priority in Spain.

The law against gender based violence illustrates how this problem has passed from feminist claims to institutional affairs in Spain. The fact that nowadays there exists specific legislation to deal with this problem could lead to other changes, such as for example, a break in the trend that 60% of gender based violence parliamentary acts are still promoted by women politicians.2 The role of the mass media in this type of situation has been analysed.1

In a context where the rate of women who suffered violent deaths remained constant, news about this issue increased in connection with certain dramatic events and political responses that took place between 1997 and 2001. Besides the high profile press coverage of this type of murder received until 1997, political events, such as the First National Plan in March 1998 and the second in April 2001, were also reported in the Spanish mass media. In this context of significant changes in the media framework, the main sources of these news stories were politicians of both sexes, men from legal institutions, and women from the health sector and various associations. Politicians used newspapers to provide information, protest about or promise measures designed to tackle this problem. The increasing tendency of women to report these crimes also allows us to identify gender based violence in the public domain.4

Although it is too soon to assess the effects of Spanish law against gender based violence, it has been seen that the mortality rate attributable to intimate partner violence has decreased since the end of 2004 and this trend continued during 2005 (see fig 1).

Members of the preventive medicine and public health group at Alicante University have been calculating the epidemic index for intimate partner violence since the year 2003. This indicator is based on mortality data provided by the Federation of Separated and Divorced Women. The results are obtained by dividing the number of murders that occurred in a specific month by the median value of cases that occurred in the same period over the previous five years. For example, to obtain a score of 0.80 for October 2005, the number of murders that took place in this month (n = 5) was divided by the median value of cases that occurred in October 2000 (n = 7), 2001 (n = 2), 2002 (n = 3), 2003 (n = 6), 2004 (n = 6), which was 6.1 Ever since the start of this experiment, these results have been published on a women’s health association web site on the 12th day of each month (see fig 1).5

A phenomenon is considered to be a high level epidemic when it achieves a score of over 1.25 on the epidemic index; if the result is between 0.75 and 1.24, it is considered a medium level epidemic; and the rating of a low level epidemic is assigned to a score of less than 0.75.2 As illustrated in figure 1, the year 2005 is the only one in which death by this cause can be classed as a low or medium level epidemic. Three years previously, the greatest risk of being murdered by an intimate partner occurred in summer (May, June, July, and especially August) and November or December (see fig 1).

The number of violent deaths of women at the hands of their partners shows the invisible part of the problem. In Spain, 500 women have been murdered by their intimate partners since 1998 and more than 50 of these cases occurred in 2005. Many of these women did not receive enough attention before their murder because they had not reported their intimate partner to the authorities. Further information about the social environment surrounding the victims (friends, relatives, associations,...) is necessary to combat this trend.6

In this issue, Isabel Ruiz-Pérez and her colleagues provide empirical data about different responses to intimate partner violence adopted by abused women in Spain and factors that can influence the decision to remain with their partner or abandon the abusive relationship. They explore the association between having or not an active response and type of marital status, social support and violent experiences in the past. This paper provides key information about vulnerable groups of women in terms of their remaining in an abusive relationship and is of particular relevance in a social context that is changing thanks to the introduction of intimate partner violence law.7

Unfortunately, the unreported cases represent the greater majority of cases of violence by male intimate partners. Therefore, it is difficult to assess the measures introduced in Spain and other countries as they cannot reach the main part of the problem. To be more effective, factors surrounding victims’ decisions should be taken into account by institutions and professionals involved

Figure 1 Mortality attributable to intimate partner violence against women, epidemic index. Spain 2003–2005. Source: http://www.e-leusis.net
in the implementation of the mandatory intervention laws.

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REFERENCES


Speaker’s corner

A dictionary of epidemiology, 5th edition. A call for submissions through an innovative wiki

The International Epidemiological Association (IEA) and Oxford University Press (OUP) are pleased to announce that work has begun on the 5th edition of A dictionary of epidemiology, whose first four editions were edited by John Last (Ottawa) and published by OUP. This new edition will be edited under the leadership of Miquel Porta (Barcelona), who was selected for such task by the IEA Council in 2000. The tentative publication date is September of 2008, to coincide with the IEA world congress of epidemiology in Porto Alegre, Brazil.

Members of IEA and all other epidemiologists worldwide are cordially invited to contribute to the work by submitting to the editor amendments, corrections of existing definitions, and new material. There is already a small file of suggested amendments and possible additions to the new edition, which John Last received and kindly guarded since publication of the 4th edition in 2001.

Further contributions, corrections, and comments are warmly welcomed at our exciting new wiki: rather than communicating via email, we have established a collaborative web site—a wiki (http://tinyurl.com/b44w3)—where all interested parties can participate in the creation of this new edition. Unlike occasionally chaotic and often unstructured email based discussions, the wiki is designed to organise and structure contributions from a great diversity of professionals. Please note that the wiki is the only way to make your contribution.

If you would like to contribute to the 5th edition, for more information, and for specific instructions, please visit http://tinyurl.com/b44w3.

To submit a contribution, suggestion, or comment you do not need to be a full time epidemiologist. Rather, I expect that potential contributors will have one of at least three broad types of professional relationships with epidemiology: (1) a significant portion of contributors will have some to extensive training in epidemiology and currently work or have professional experience as an epidemiologist (they may also have professional experience in other fields); (2) some will consider that their main job is not as an epidemiologist, but will often use epidemiological knowledge, methods or reasoning in their work; and (3) still other potential contributors will have little to no training in epidemiology, and seldom or never use it in their work (their contribution is nevertheless also welcomed). Therefore, I shall do my best to enable participation from a broad range of academic cultures and for the dictionary to continue to enlighten the many uses of epidemiology in contemporary science, teaching and practice—within and outside public health and the other health, life, and social sciences.

We look forward to your criticisms, comments, and suggestions. Thank you all for your kind attention!

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REFERENCES


4 Porta M. Things that kept coming to mind while thinking through Susser’s South African memoir. J Epidemiol Community Health 2006;60:559–61.

