



UMEÅ UNIVERSITY

Umeå University Medical Dissertations, New Series No 1992

An insight into institutional responses to intimate partner violence against women in Spain

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för
avläggande av medicine doktorsexamen framläggs till offentligt försvar
i Hörsal D, Unod T9, plan 9, Norrlands universitetssjukhus
Fredagen den 9 november, 2018, kl. 9:00.
Avhandlingen kommer att försvaras på engelska.

Fakultetsopponent: Professor Naeemah Abrahams,
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Department of Public Health and Clinical Medicine

Organization

Umeå University
Department of Public Health
and Clinical Medicine,
Epidemiology and Global Health

Document type

Doctoral thesis

Date of publication

19 October 2018

Author

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Title

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Abstract**Background**

Intimate Partner Violence (IPV) has been widely acknowledged as a major public health issue and a human rights concern. The international burden of this type of violence have lead countries to develop institutional responses to address the consequences for women as well as to reduce its prevalence. With this aim, the Spanish government enacted in 2004 one of the most comprehensive laws in the world. Among all sectors, the role of health care professionals in the identification, management and prevention of IPV becomes essential. Thus, this thesis analyses institutional responses to intimate partner violence against women in Spain, focusing on the public health-care sector.

Methods

This thesis is based on three qualitative papers and one mixed methods paper. Data collection was conducted through in-depth interviews in the two first papers, documentary review and in-depth interviews in the third paper and focus groups in the fourth paper. In the first paper I used thematic analysis to explore the perceptions of professionals working in different sectors regarding institutional responses to IPV with special attention to prevention campaigns aimed at young people. In the second paper we used grounded theory to develop a conceptual model representing the diverse responses generated when attempting to integrate a response to IPV into a biomedical health system. The third paper mapped and explored the training in IPV that nursing students receive at the undergraduate level in Spain through the revision of public documents and individual in-depth interviews. The fourth paper explored nursing students' perceptions of, and attitudes towards, IPV after having received specific training in the topic.

Main findings

One of the main findings in Paper I was that the sustainability of programmes to address IPV was always jeopardized by politicians and colleagues that did not considered that IPV should be prioritized. Concerning prevention campaigns, participants in that study perceived that they sent messages that did not fit young people's needs and thus were ineffective. Besides, they stressed that institutional responses failed to focus on men to discourage violence. The main finding of Paper II was the coexistence of a range of responses in the health sector that included avoidance, voluntariness, medicalization and comprehensiveness. Attitudes and beliefs of health-care professionals about IPV were strongly related with the development of this variety of responses. In relation with training (Paper III), the majority of nursing training programmes in the country have incorporated IPV training in their curricula. However, there was a great variability between universities in the topics included in the training. Which topics were included in the training programme was influenced by lecturers' perceptions of IPV. Nursing students who have received training on IPV (Paper IV) showed an increased acknowledgement of IPV as a health issue and consequently considered that early identification of IPV and referral were part of their nursing role. However, readiness to act was limited by persistence of myths around IPV as believing false accusations of IPV being widespread.

Conclusions

Policies enacted with the aim of reducing IPV and its consequences in Spain have been essential for initiating institutional responses to IPV, specifically in the health sector. However, responses have been weakly institutionalized so far, favouring front line workers or 'street level bureaucrats' exercise of discretion. This leads to inequalities between and within regions in the country in the implementation of the policies. The most relevant element influencing the use of discretion in the case of IPV responses was the understanding of the relationships between gender inequities and IPV. The predominant gender regime of the institutions responsible for policy implementation influenced political and economic support for the development of responses to IPV.

Language

English

ISBN

978-91-7601-965-8

ISSN

0346-6612

Number of pages

70 + 4 papers