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Article

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Abstract

Background: Gender-based violence (GBV) represents a major public health issue with significant clinical, psychological, and legal implications. Healthcare professionals play a critical role in the detection, documentation, and medico-legal assessment of GBV cases, particularly in judicial contexts. **Methods:** A qualitative document analysis was conducted on Spanish Supreme Court judgments issued between 2023 and 2025 under Organic Law 10/2022. A thematic coding matrix was developed to identify interpretative patterns, criteria for evidentiary assessment, and the role of healthcare professionals. Data were analyzed using Atlas.ti, with triangulation against legal and healthcare literature. **Results:** The victim's testimony was consistently established as the primary form of evidence when meeting criteria of persistence, coherence, and credibility. The gender-based aggravating factor was applied in a contextualized manner, requiring evidence of domination or discrimination. Sentence reviews reflected the principle of favorable retroactivity, although interpretative variability persisted. Healthcare professionals contributed as key evidentiary agents, particularly through clinical documentation and forensic reports, which reinforced testimonial credibility and supported the classification of habitual abuse. **Conclusions:** The findings highlight the increasing integration of healthcare-related evidence in judicial decision-making on GBV. Strengthening clinical documentation, interdisciplinary training, and medico-legal protocols is essential to improve both patient outcomes and judicial accuracy. A coordinated healthcare–legal approach is crucial to address GBV as a complex public health challenge.

Keywords: gender-based violence; medico-legal evidence; healthcare professionals; qualitative research; public health; forensic medicine; clinical documentation

1. Introduction

Gender-based violence (GBV) is a major global public health concern, with significant physical, psychological, and social consequences for affected individuals. The World Health Organization

recognizes GBV as a priority issue requiring coordinated healthcare and societal responses, particularly due to its association with long-term morbidity, mental health disorders, and increased healthcare utilization [1].

In Spain, GBV also represents a complex legal challenge. The jurisprudence of the Spanish Supreme Court plays a central role in defining interpretative criteria, particularly following the enactment of Organic Law 10/2022, which introduced substantial modifications in the regulation of sexual offenses and violence against women [2]. This legislative reform has led to increased judicial activity, especially in the context of sentence review and evidentiary reassessment [3].

From a legal perspective, the assessment of evidence in GBV cases has traditionally focused on the victim's testimony, the concept of habitual abuse, and the application of aggravating circumstances such as gender or kinship [4,5]. However, these elements are not exclusively legal constructs; they are closely linked to clinical and psychosocial realities that are frequently first identified within healthcare settings.

Healthcare professionals, including physicians, nurses, and forensic specialists, play a crucial role in the early detection, documentation, and assessment of GBV. Clinical findings, psychological evaluations, and medical reports often constitute essential elements in the evidentiary process, reinforcing the credibility of the victim's testimony and contributing to judicial decision-making [6,7]. Moreover, healthcare settings frequently represent the first point of contact for victims, positioning clinicians as key agents in both prevention and intervention.

Despite this relevance, the interaction between healthcare-derived evidence and judicial interpretation remains insufficiently explored in the literature. Most studies have addressed either legal or clinical aspects separately, without adequately examining their intersection within real judicial contexts.

From a clinical and public health perspective, understanding how healthcare-related evidence is interpreted and utilized in judicial settings is essential to improve detection, documentation, and interdisciplinary management of GBV. This knowledge may contribute to the development of more effective clinical protocols and enhance the role of healthcare professionals in medico-legal processes.

Therefore, the main objective of this study is to conduct a qualitative analysis of Spanish Supreme Court judgments related to GBV. The secondary objectives are to identify interpretative patterns, criteria for evidentiary assessment, and to evaluate the role of healthcare professionals as evidentiary and preventive agents.

2. Materials and Methods

2.1. Study Design

This study follows a qualitative research design based on document analysis, using content analysis techniques applied to judicial texts.

2.2. Data Source and Collection

The corpus consisted of rulings issued by the Spanish Supreme Court in the field of criminal law, specifically related to gender-based violence, habitual abuse, and related offenses. Data were collected through the Aranzadi Instituciones database, including publicly accessible and anonymized judgments.

2.3. Inclusion and Exclusion Criteria

The inclusion criteria were as follows:

- Supreme Court rulings in the criminal jurisdiction.
- Cases related to domestic or gender-based violence.
- Judgments issued between 2023 and 2025.
- Rulings aligned with the legal framework of Organic Law 10/2022.

The exclusion criteria were:

- Judgments from lower courts (provincial or national courts).
- Cases prior to 2023.
- Cases outside the scope of family or gender-based violence.
- Non-anonymized or restricted-access rulings.

2.4. Sample Selection

An initial dataset of 105,067 criminal law rulings was identified. After filtering for Supreme Court decisions, 1,663 rulings were obtained. Applying the temporal and thematic criteria, 161 rulings were included in the final qualitative analysis. No duplicate cases were identified.

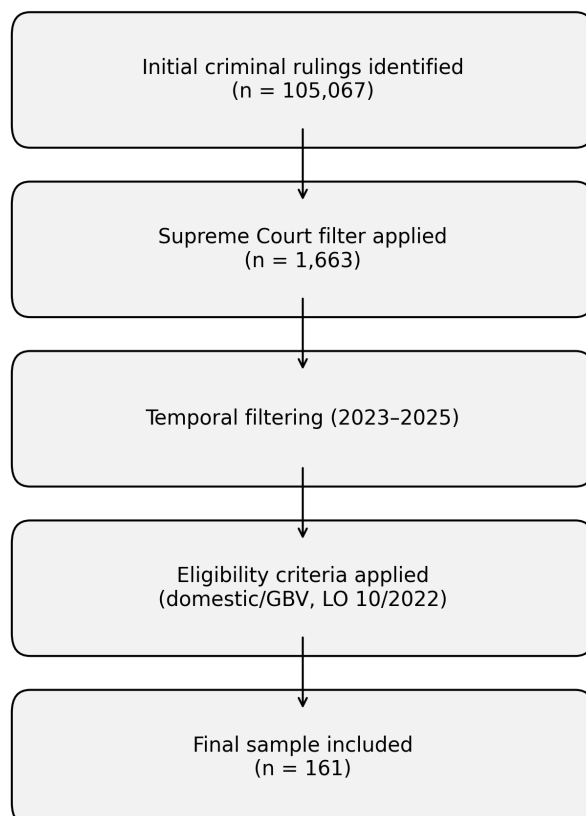


Figure 1. Flow diagram of the study selection process of Supreme Court rulings included in the qualitative analysis.

2.5. Data Analysis

The analytical process was conducted in three stages:

- **Thematic coding:** A coding matrix was developed, including categories such as evidentiary assessment, aggravating and mitigating factors, sentence review, and the role of healthcare professionals.
- **Inductive categorization:** Categories were derived directly from the judicial texts without predefined assumptions.
- **Interpretative triangulation:** The legal reasoning of the rulings was contrasted with judicial outcomes, legislative developments, and healthcare-related literature.

Qualitative analysis was performed using Atlas.ti software. SPSS version 29 was used for descriptive statistical support of coded frequencies.

2.6. Use of AI Tools

AI-based tools (Copilot and Gemini) were used exclusively to support linguistic structuring, legal comprehension, and technical revision of the manuscript. These tools did not intervene in data interpretation or analytical processes.

2.7. Ethical Considerations

The study was based exclusively on publicly available and anonymized judicial documents. No personal or identifiable data were used. Therefore, ethics committee approval and informed consent were not required. The study received no external funding, and the authors declare no conflicts of interest.

3. Results

3.1. Distribution of Thematic Dimensions

A total of 2,940 coded mentions were identified across the analyzed rulings. The legal dimension accounted for 85.14% of the total, whereas the healthcare-related dimension represented 14.86%.

Within the legal dimension, the most frequently identified categories included continuous patterns of violence (17.08%), application of aggravating factors (12.14%), habitual abuse as an autonomous offense (12.08%), and general domestic violence (8.84%). Other categories, such as assaults, threats, and related offenses, accounted for 21.77%.

Within the healthcare dimension, most references corresponded to general preventive or clinical indicators (13.20%), while specific references to clinical intervention (0.78%) and forensic psychological evaluation (0.88%) were less frequent.

Table 1. Distribution of Frequencies and Percentage Weights in Supreme Court Judgments (n = 195)

Dimension / Category	Mentions (f)	Percentage (%)
Legal Dimension	2503	85.14
Application of aggravating factors	357	12.14
Habitual abuse (autonomous offence)	355	12.08
Domestic violence (general)	260	8.84
Continuous patterns / verbal violence	502	17.08
Gender-based violence (no reduction under LO 10/2022)	240	8.16
Appeals in cassation	149	5.07
Other offences (assaults, threats, etc.)	640	21.77
Healthcare Dimension	437	14.86
Clinical intervention and protocols	23	0.78
Forensic psychological evaluation	26	0.88
Other healthcare/preventive indicators	388	13.20
Total	2940	100.00

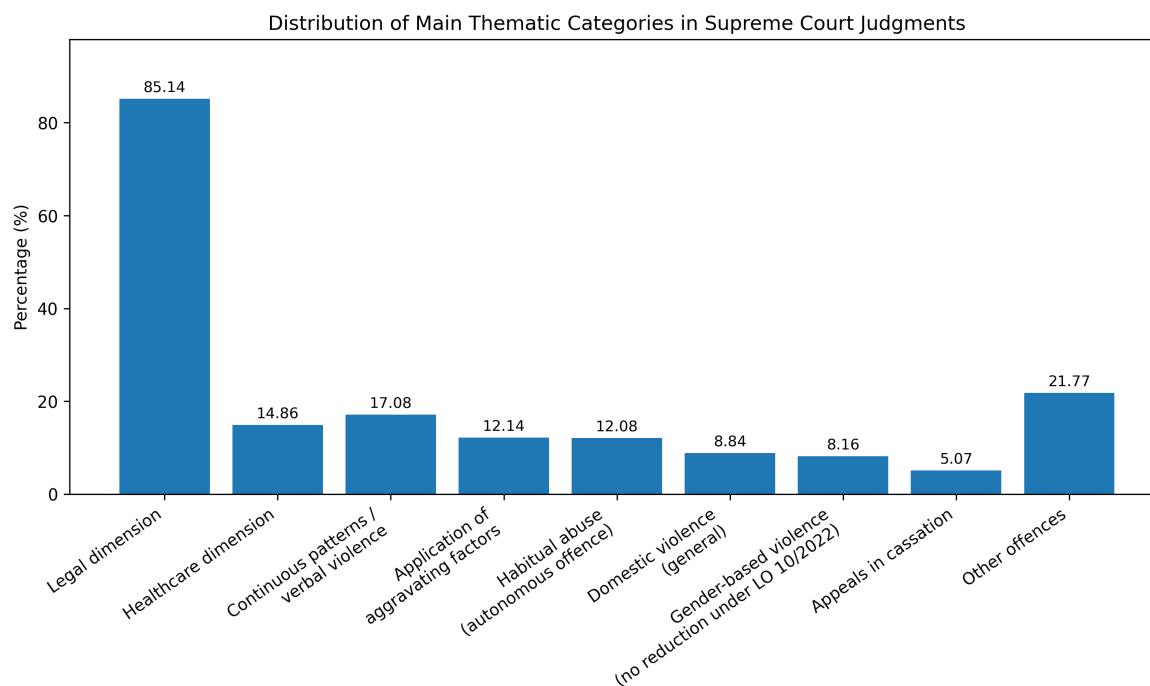


Figure 2. Distribution of the main thematic categories identified in Spanish Supreme Court judgments included in the qualitative analysis.

3.2. Evidentiary Assessment

The victim's testimony was consistently identified as the primary form of evidence, provided it met three criteria: persistence, coherence, and absence of subjective incredibility. Courts required enhanced reasoning when convictions relied exclusively on the victim's statement.

Example: "The Court considers that the victim's statement, consistently maintained since the investigative phase, is credible and sufficient to support the conviction."

3.3. Aggravating and Mitigating Factors

The gender-based aggravating factor was applied systematically but not automatically. Its application required the existence of a context of domination or discrimination based on gender. The aggravating factor of kinship was limited to cases involving stable cohabitation.

Example: "The defendant's conduct is framed within a context of domination and control over the victim, which justifies the application of the gender-based aggravating factor."

3.4. Sentence Review Under Organic Law 10/2022

A consistent application of the principle of favorable retroactivity was observed. Sentence review focused on the adjustment of penalties rather than on the reassessment of guilt. Appeals were predominantly based on disagreements regarding evidentiary evaluation.

Example: "The review of the imposed sentence is appropriate, as the new sentencing framework established by Organic Law 10/2022 is more favorable."

3.5. Habitual Abuse

Habitual abuse was identified as an autonomous criminal offence requiring repetition and continuity over time. Courts clearly distinguished between isolated incidents and sustained patterns of violence.

Example: "Multiple episodes of violence over a two-year period are confirmed, establishing habitual abuse."

Table 2. Distribution of Types of Violence in Supreme Court Judgments.

Type of Violence	Mentions (f)	Percentage (%)
Habitual abuse (continuous pattern)	355	12.08
Domestic violence (family context)	260	8.84
Verbal and psychological violence	251	8.54
Physical violence (assault)	48	1.63
Threats (serious and minor)	89	3.03
Sexual violence / rape	34	1.16

3.6. Appeals and Judicial Outcomes

Most appeals were based on the assessment of evidence. The overall dismissal rate was 57.95%, indicating that in the majority of cases, the Court upheld the reasoning of the lower courts. The combined rate of full and partial success was 15.39%, with partial estimations being more frequent than full ones.

These findings suggest a strong doctrinal consolidation, with limited variability in the interpretation of evidentiary standards.

Table 3. Statistical Analysis of Judicial Outcomes in Supreme Court Rulings (N = 195).

Outcome of Appeal	Frequency	Percentage (%)
Dismissed	113	57.95
Not specified	52	26.67
Partially upheld	16	8.21
Upheld	14	7.18
Total	195	100.00

3.7. Role of Healthcare Professionals

Healthcare professionals were identified as relevant evidentiary agents, particularly through clinical documentation and forensic reports. Their contributions reinforced the credibility of the victim's testimony and supported the classification of habitual abuse.

Although less frequently represented than legal elements, healthcare-related contributions were particularly relevant in cases lacking direct witnesses or material evidence.

Table 4. Legal–Healthcare Coding Matrix.

Dimension	Category	Subcategory	Coding Criteria
Legal	Evidentiary assessment	Victim testimony	Persistence, coherence, absence of subjective incredibility
		External witnesses Documentary evidence	Testimonies corroborating the victim's account Medical reports, prior complaints, messages
Legal	Aggravating factors	Gender	Context of domination or discrimination
		Kinship	Stable relationship or cohabitation
		Recidivism	Previous similar offences
Legal	Sentence review	Favorable retroactivity Limits of review	Application of more beneficial legal framework Affects sentencing but not guilt
Legal	Habitual abuse	Temporal repetition Continuity	Repeated violent episodes over time Patterned behavior vs isolated events
Healthcare	Clinical intervention	Early detection	Identification of violence indicators
		Medical report Psychological evaluation	Clinical assessment of injuries PTSD or related symptoms
Healthcare	Coordination	Judicial referral Court participation	Submission of reports to legal authorities Expert witness role
Healthcare	Ethics	Confidentiality vs reporting	Ethical dilemmas in clinical practice
Healthcare	Training	Professional education	Training in GBV protocols

4. Discussion

The present qualitative analysis of Spanish Supreme Court case law on gender-based violence and habitual abuse following the enactment of Organic Law 10/2022 provides relevant insights into the current legal–clinical interface and its implications for healthcare practice [2,8].

4.1. Consolidation of Evidentiary Criteria and Implications for Clinical Practice

One of the most consistent findings is the doctrinal consolidation of the victim's testimony as the principal form of evidence, provided that it meets the criteria of persistence, coherence, and absence of subjective incredibility. This aligns with previous legal scholarship highlighting the progressive strengthening of testimonial evidence in gender-based violence cases [4,9].

From a clinical perspective, this evolution has direct implications. The increasing reliance on the victim's account places greater importance on the role of healthcare professionals in documenting clinical findings that support or contextualize such testimony. Medical records, psychological evaluations, and longitudinal observations may act as reinforcing elements that enhance judicial confidence in the victim's narrative, particularly in the absence of direct witnesses or material evidence.

Furthermore, the requirement for enhanced judicial reasoning when testimony is the sole evidence introduces an additional layer of rigor that indirectly demands higher quality and consistency in clinical documentation, reinforcing the medico-legal value of healthcare interventions.

4.2. Application of Gender-Based Aggravating Circumstances

The findings also confirm a structured, although non-automatic, application of the gender-based aggravating circumstance, which requires the presence of a context of domination or discrimination. This interpretation has been positively evaluated in doctrinal literature [5], as it avoids purely formal application and aligns with constitutional guarantees and international standards on gender-based violence.

However, variability in its application persists, as previously described [10,11]. This inconsistency has relevant implications for both legal and clinical settings. In particular, healthcare professionals may be required to identify and describe contextual elements of domination, control, or coercion that go beyond physical injury and involve psychosocial and behavioral [12].

This reinforces the need for a bio-psychosocial assessment approach in clinical practice, where contextual factors are systematically recorded and integrated into medico-legal reports.

4.3. Sentence Review and Legal Uncertainty

The application of the principle of favorable retroactivity under Organic Law 10/2022 reflects a consistent judicial effort to adapt sentencing to the updated legal framework [13]. Nevertheless, interpretative discrepancies remain, particularly in borderline cases, as noted in the literature [14].

These inconsistencies generate a degree of legal uncertainty that may indirectly affect clinical practice. Healthcare professionals involved in forensic or expert assessments may face challenges when their reports are interpreted under evolving legal criteria. Therefore, closer alignment between legal standards and clinical reporting frameworks is required to ensure consistency and reliability.

4.4. Habitual Abuse: Conceptual and Practical Challenges

Habitual abuse is consistently recognized as an autonomous criminal offense requiring repetition and continuity. However, the absence of clear temporal or quantitative thresholds continues to generate interpretative variability [5,15].

From a healthcare perspective, this ambiguity underscores the importance of longitudinal clinical documentation. Repeated consultations, patterns of injury, psychological symptoms, and behavioral indicators may collectively contribute to establishing the continuity required for legal classification [16].

This finding reinforces the role of healthcare professionals not only as providers of acute care but also as key contributors to the identification of chronic and recurrent patterns of abuse.

4.5. *Critical Perspectives on Evidentiary Centrality*

Despite the positive evolution of evidentiary standards, concerns persist regarding the potential over-reliance on testimonial evidence. Some authors have highlighted the risk of a *de facto* shift in the burden of proof in cases lacking objective corroboration [7].

This issue has important ethical and procedural implications. While strengthening victim protection is essential, it must be balanced with the preservation of procedural guarantees, including the presumption of innocence. In this context, the contribution of healthcare professionals becomes even more critical, as objective clinical evidence may help mitigate this tension, providing additional support without replacing judicial [17].

4.6. *The Role of Healthcare Professionals in the Judicial Process*

The findings confirm the central role of healthcare professionals in the evidentiary construction of gender-based violence cases, as previously described in forensic and clinical literature [3,6].

Their contribution extends across multiple domains:

- Detection of early signs of violence.
- Documentation of physical and psychological harm.
- Expert assessment in forensic and judicial contexts.
- Activation of protection mechanisms.

In particular, psychological and medical reports are frequently used as complementary evidence that reinforces the credibility of the victim's testimony. This highlights the need for standardized protocols and structured reporting formats to ensure that clinical information is both accurate and legally relevant.

4.7. *Ethical and Training-Related Challenges*

The study also identifies relevant ethical dilemmas, particularly regarding the balance between confidentiality and the duty to report situations of risk. Additionally, variability in training and experience among healthcare professionals may limit the quality and utility of clinical reports in judicial proceedings.

These findings are consistent with international recommendations, including those of the World Health Organization [18], which emphasize the need for specialized training and institutional support in the management of gender-based violence.

Improving training, consultation time, and interdisciplinary coordination is therefore essential to enhance both clinical care and medico-legal effectiveness.

4.8. *Strengths and Contribution of the Study*

This study provides a novel qualitative perspective by directly analyzing Supreme Court rulings and integrating legal and healthcare frameworks. It contributes to bridging the gap between clinical practice and judicial interpretation, offering insights that may inform both policy and practice.

At the same time, it highlights the need for further empirical research integrating clinical data and judicial outcomes, particularly in comparative international contexts.

4.9. *Implications for Clinical Practice and Future Research*

Overall, the results highlight a progressive alignment between legal doctrine and clinical practice, although important gaps remain. The consolidation of interpretative criteria represents a positive development, but it must be accompanied by:

- Improved clinical documentation standards.
- Enhanced training in gender-based violence.
- Greater integration between healthcare and judicial systems.
- Development of unified medico-legal protocols

Future research should focus on comparative and longitudinal analyzes to assess the real-world impact of legislative reforms on both patient outcomes and judicial processes, as well as on the effectiveness of healthcare-based interventions in improving evidentiary quality and victim protection.

5. Conclusions

This study provides a qualitative analysis of Spanish Supreme Court jurisprudence on gender-based violence and habitual abuse following the enactment of Organic Law 10/2022, identifying key interpretative patterns and evidentiary criteria.

First, the victim's testimony has been consolidated as the primary form of evidence, provided that it meets the established criteria of persistence, coherence, and credibility. This reinforces judicial protection mechanisms, although it requires enhanced judicial reasoning to ensure procedural guaranties.

Second, the application of the gender-based aggravating factor shows a trend towards a more precise and contextualized interpretation, requiring evidence of domination or discrimination. However, challenges remain in the consistent delimitation and justification of its application.

Third, the application of the principle of favorable retroactivity has allowed the adaptation of sentences to the new legal framework. Nevertheless, interpretative discrepancies persist in borderline cases, generating a degree of legal uncertainty.

Fourth, habitual abuse is recognized as an autonomous criminal offense requiring repetition and continuity over time. However, the absence of clear temporal and quantitative thresholds may lead to variable interpretations.

Fifth, the findings highlight the essential role of healthcare professionals as both evidentiary and preventive agents. Clinical documentation and forensic evaluation contribute significantly to reinforcing the credibility of victim testimony and to the classification of abuse patterns.

Finally, the study underscores the importance of strengthening interdisciplinary collaboration between healthcare and legal systems. Future strategies should prioritize the development of standardized protocols, improved professional training, and integrated approaches to enhance both clinical practice and judicial responses to gender-based violence.

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Abbreviations

The following abbreviations are used in this manuscript:

GBV	Gender-Based Violence
LO 10/2022	Organic Law 10/2022 (Ley Orgánica 10/2022)

WHO	World Health Organization
PTSD	Post-Traumatic Stress Disorder
SPSS	Statistical Package for the Social Sciences
GBV cases	Gender-Based Violence cases

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