

# Strategic responses to intimate partner violence against women in Spain: a national study in primary care

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## ABSTRACT

**Background** Research on women's responses to intimate partner violence (IPV) has largely been limited to women who have been exposed to severe physical violence with scarce generalisation. This study aimed to analyse how Spanish abused women from different backgrounds and with different IPV characteristics respond to violence.

**Method** Women experiencing IPV before the previous year (1469) were selected from a large cross-sectional national survey of adult women recruited during 2006–7 among female patients seeking medical care for whatever reason in primary healthcare services. The outcome variables were women's responses to IPV and the predictor variables were personal and social resources profiles and characteristics of the abuse (type, duration and women's age at onset). Stepwise logistic regression models were fitted.

**Results** 87.5% of abused women took some kind of action to overcome IPV. Significant differences on personal and social profile and type and duration of the abuse were detected between the three strategic responses: distancing, in process and inhibition. The probability of a woman responding with a distancing strategy (seeking outside help or leaving temporarily) is almost three times greater if she is employed, was young when the abuse began, had experienced physical and psychological abuse and when the abuse was under 5 years.

**Conclusions** The results of this study show that personal and social resources and the specific circumstances of the abuse should be taken into account to understand women's responses to IPV. Well-validated interventions targeted at abused women's needs and the circumstances of IPV remain a priority.

Research on women's responses to intimate partner violence (IPV) has shifted in more recent times from victim blaming to examining various macro and micro barriers to leaving a violent relationship.<sup>1</sup> Although economic dependency is ranked as the primary reason for women not leaving, problems within the justice system are believed to rank second.<sup>2</sup> Safety concerns may also be relevant, as it is a particularly dangerous time due to the increased risk of violence and stalking.<sup>3</sup>

Qualitative studies performed with women who have ended a violent relationship suggest that overcoming IPV should be viewed as a complex

process rather than a discrete incident.<sup>4–5</sup> Different conceptual frameworks<sup>6–8</sup> were proposed to describe the process of change in abused women, and one of the most used has been the trans-theoretical model of behaviour change (TTM). According to this conceptual framework, a woman's awareness of and response to violence might therefore be expected to vary according to the stage of the violent relationship she is in at a given point in time. However, findings of recent studies suggested that movement between stages generally proceed in a non-linear direction and the interplay between both internal and external factors could better explain this process of change towards safety.<sup>9–10</sup>

Quantitative research<sup>11–15</sup> indicates that most abused women do eventually leave their abusers, although they may initially try a variety of other strategies to overcome the violence by resorting to a range of healthcare, legal or sociocommunity services. As most of these studies have recruited small samples of women from shelters and services for battered women, which are probably likely to represent the most severely abused women,<sup>11</sup> little is known about the responses of women to overcome IPV whose experiences are less severe.

The search for outside help has been conditioned by diverse competing factors that go beyond women's control: social attitudes and available community resources;<sup>16</sup> access to financial resources and social support<sup>17</sup> and context.<sup>18</sup> Therefore, the specific circumstances in which a woman is living must be taken into account when understanding her response to violence.

In 2004 the Spanish government passed a groundbreaking law proposing an exhaustive approach to the problem, involving a significant increase in educational measures, social and healthcare resources for women, along with other legal measures.<sup>19</sup>

In order to improve and provide better help to women in an abusive relationship we need to acquire greater knowledge of how women from different backgrounds and with different IPV characteristics responded to violence in this new context. We aim to describe the response strategies adopted by women faced with IPV, analyse the association between women's personal resources, IPV characteristics (type, duration and women's age at onset) and the response strategies adopted by women.

## METHODS

### Data source

This study used data from a national cross-sectional survey of adult women recruited during 2006–7 from female patients seeking medical care for whatever reason in primary care services around the country. The objective of the original data collection was to estimate the prevalence of different kinds of violence against Spanish women and associated factors.

During the study period 989 randomly selected health professionals by a multistage cluster sampling scheme were asked for collaboration, and 605 (61.2%) in 547 primary healthcare services across the country accepted.

The number of women invited to participate in the study was 16419 and 27% of them refused. After excluding 1153 questionnaires of women who had never had a partner and 467 incomplete or not meeting the inclusion criteria, the final sample consisted of 10322. For the purposes of this study and taking into consideration that for women experiencing IPV making changes towards safety can be a difficult and lengthy process<sup>9</sup> we only included in the sample women who reported IPV in the past that was before the previous year. A final sample of 1469 (14.5%) women was included in the analyses.

### Procedure and data collection

Women were considered ineligible if they were illiterate, did not understand Spanish or had severe cognitive disabilities that impaired the completion of a written questionnaire. Following the ethical and safety recommendations for research on domestic violence against women,<sup>20</sup> women who attended the practice accompanied by a male partner were also considered non-eligible. Women who met the eligibility criteria were invited by the physician to participate once the consultation was finished and, if they gave informed consent for participation, were given the questionnaire in an envelope. The envelope also contained information on available community resources for battered women in the area.

Data were collected by a self-administered questionnaire specifically developed for this study containing 27 domains, and it can be answered in approximately 15 min. Both confidentiality and anonymity were guaranteed at all times. This study was approved by the ethics committee of the University of Valencia.

### Variables selected

#### Violence-related variables

Those women who answered that they had had a partner in the past, at least 1 year ago, were asked if they had been abused physically (hit, slapped or pushed, etc), psychologically (insulted, humiliated in front of other people, scared, shouted at or controlled by not being allowed to visit family and friends, etc), and/or sexually (forced to engage in sexual activities against her will or forced to carry out a sexual act considered unpleasant, etc). These questions have three possible responses: 'many times', 'sometimes' or 'never'. A woman was considered to have experienced IPV in the past if she answered 'sometimes' or 'many times' to any of the questions. These three questions were also used in previous studies conducted by this research group showing high comprehensibility and acceptability by female patients in primary healthcare services.<sup>21</sup> Because there is usually considerable overlap between IPV types, we created mutually exclusive hierarchical categories of IPV for the analysis.

Women's age at onset of IPV and the length of time women were exposed to IPV were dichotomised into two categories using the median as the cut-off point.

### Personal and social resources

Social support was measured with a question that appraises the availability of specific help for a particular situation.<sup>22</sup> ('How many people can you really turn to when you have a problem or difficulty?'). Answers were coded as a dichotomous variable of value 0=no ('no-one to turn to for support'); 1=yes ('one person or more'). The following sociodemographics were considered: age, marital status, employment, education, monthly family income and children in the household.

### Responses to IPV

Information on the responses of women faced with an abusive relationship included nine non-mutually exclusive closed-ended questions that were defined based on a literature review and consultation with professionals who work with battered women: (1) I have not tried to resolve the situation; (2) I would like to resolve the situation but do not know how; (3) I have tried to solve things by talking with my partner; (4) I have asked my family and/or friends for advice; (5) I am looking for work so I can be financially independent from my partner; (6) I have visited an association or service for battered women; (7) I have resorted to healthcare providers; (8) I have reported my partner to the police; (9) I have ended the relationship. A pilot study was used to check the accuracy of the responses.

### Statistical analysis

To understand better the conditions that could influence the responses adopted by abused women we grouped their responses into strategies that reflected similar actions. A factorial analysis was conducted using the analysis of principal components as the extraction method. Those factors with auto values over 1 were rotated using a varimax rotation and we retained three factors (distancing, in process and inhibition) that were categorised into 'yes' and 'no', through a k-means cluster analysis.

To ascertain the associations of each strategy with socio-demographic variables and characteristics of abuse  $\chi^2$  tests were used ( $p < 0.05$ ). To identify the independent predictors for strategies response we performed multivariate stepwise logistic regression analysis as we considered this an exploratory analysis in which the emphasis is on identifying a subgroup of possible risk factors rather than testing the relationship of each in the presence of well-known effects. Also concern over collinearity favours a forward stepwise approach regression analysis. Each model was built using a combination of forced entry and forward stepwise procedures: the criterion for entry was  $p < 0.05$  and for removal  $p > 0.10$ . The significance of each predictor variable was generally assessed by the likelihood ratio test, but for forward stepwise entry, the score test was used. All the data were analysed with the statistical software SPSS, version 15.0.

## RESULTS

The sociodemographic characteristics and the frequency and types of abuse of women with past IPV are shown in table 1. The mean age of the sample was 42 years (SD 11.7); there were as many married (37.2%) as separated or divorced women (36.5%), also outnumbering the single women group (21.9%), and more than half had children in their care. 42.8% had completed primary education and 21.4% had a college or university degree. Over half the women were employed with a monthly household income of between €901 and €1800. Almost all the women (91.1%) reported having someone

**Table 1** Sociodemographic and abuse characteristics in women who reported violence in the past

	n	%
Total	1469	100
Sociodemographic characteristics		
Marital status		
Married	541	37.2
Unmarried	319	21.9
Separated/divorced	531	36.5
Widowed	63	4.3
Age, years		
<35	405	27.8
35–44	429	29.5
45–54	363	24.9
≥55	258	17.7
Level of education		
Primary	617	42.8
Secondary	517	35.9
University degree	308	21.4
Children		
No	586	40.7
Yes	855	59.3
Employment status		
Housewife	321	22.2
Employed	829	57.3
Unemployed/student/retired	297	20.5
Household income (€)		
≤900	477	33.8
901–1800	657	46.6
>1800	276	19.6
Social support		
None	119	8.9
Yes	1215	91.1
Abuse characteristics		
Women's age at onset of IPV, years		
<25	620	50.8
≥25	601	49.2
Duration of IPV, years		
≤5	559	46.7
>5	637	53.3
One type of IPV		
Physical	38	2.6
Psychological	439	29.9
Sexual	141	9.6
Two types of IPV		
Physical and psychological	154	10.5
Physical and sexual	7	0.5
Sexual and psychological	161	11.0
Three types of IPV		
Physical, psychological and sexual	463	31.5

IPV, intimate partner violence.

they could really depend on when they had a problem or difficulty. The mean age at the first experience of a violent relationship was 26 years and the mean duration of this relationship was 10 years. Psychological abuse was more frequently reported by women, alone or together with physical or sexual abuse. One out of every three women reported a combination of physical, psychological and sexual abuse. A small number of women, 66 (4.5%) did not specify an answer about the type of abuse, so they were not classified into any of the categories.

Women's responses to IPV are displayed in table 2. As questions were not posed as mutually exclusive, 57.9% of women answered only one, 20.6% two and 5.2% had three responses.

**Table 2** Women's response to IPV (n=1250):\* factor analysis

Items	Coefficients	Responses† n (%)	Strategies n (%)
Factor 1. Inhibition strategy (12.7% of variance)			
1. I have not tried to resolve the situation	0.73	121 (9.7)	156 (12.5)
2. I would like to resolve the situation but do not know how	0.55	160 (12.8)	
Factor 2. In-process strategy (18.2% of variance)			
3. I have tried by talking with my partner	0.80	403 (32.2)	187 (15.0)
4. I have sought advice from family and/or friends	0.68	241 (19.3)	
5. I'm looking for work to become financially independent	0.35	104 (8.3)	
Factor 3. Distancing strategy (21.3% of variance)			
6. I have sought help from services for battered women	0.79	150 (12.0)	907 (72.5)
7. I have reported my partner to the police	0.75	180 (14.4)	
8. I have sought help from healthcare professionals	0.56	264 (21.1)	
9. I have left my partner	0.19	752 (60.2)	

The total variance percentage explained is of 52.3.

\*Women who did not answer questions about their responses to intimate partner violence (IPV), n=219 (14.9%).

†Responses to IPV were not mutually exclusive.

Women who did not answer the questions (15%) were not included in the analyses although no differences were detected in demographic and violence characteristics between those who did and did not answer. The factor analysis identified three factors labelled as strategies: distancing (seeking help from battered women's services, calling the police, visiting healthcare professionals, ending the relationship); in process (speaking to their partner, seeking advice from family or friends, looking for work); and inhibition (have not tried; I do not know how). The distancing strategy was the most common strategy used by women (72.5%); only 15% of women had initiated an in-process strategy and the remaining women (12.5%) had not tried any action, so they were classified into the inhibition strategy.

Women included in distancing strategies are mainly separated or divorced, aged 35–44 years, mothers and employed; those who carried out an in-process strategy were older (45–55 years), married, mothers and employed. The strategy classified as inhibition was instigated by women who are currently married, aged 55 years or over, mothers and mainly housewives. A significant association was detected between the violence-related variables, that is, type, women's age at onset of abuse and duration in time. The association between the distancing strategy and shorter duration of IPV is of particular note compared with in-process and inhibition strategies, in which the abuse lasted more than 5 years (table 3).

Table 4 shows the results of the three models adjusted by variables that reached significance in bivariate analysis and the p value of the forward end models. Having a job, being young when abuse began and the combination of physical and psychological IPV was significantly associated with a distancing strategy. For women who respond with an in-process strategy, having dependent children and monthly incomes exceeding €900 were significant variables. Finally, the variables related to an inhibition strategic response were for women with a lower educational level, housewives and when IPV was a combination

**Table 3** Association between sociodemographic and abuse characteristics and strategic responses to IPV

Characteristics	Distancing		Process		Inhibition	
	n (%)	p Value	n (%)	p Value	n (%)	p Value
<b>Marital status</b>						
Married	216 (24.0)		138 (75.0)		106 (68.4)	
Separated/divorced	450 (49.9)	<0.001	11 (6.0)	<0.001	12 (7.7)	<0.001
Others	235 (26.1)		35 (19.0)		37 (23.9)	
<b>Age, years</b>						
<35	259 (28.7)		44 (23.8)		31 (20.0)	
35–44	292 (32.3)	<0.001	45 (24.3)	0.053	43 (27.7)	<0.001
45–54	229 (25.4)		57 (30.8)		35 (22.6)	
≥55	123 (13.6)		39 (21.1)		46 (29.7)	
<b>Educational level</b>						
Primary education	349 (38.9)		98 (53.0)		92 (61.3)	
Secondary education	342 (38.1)	<0.001	50 (27.0)	0.012	47 (31.3)	<0.001
University degree	207 (23.1)		37 (20.0)		11 (7.3)	
<b>Children</b>						
No	380 (42.4)		55 (29.9)		55 (36.4)	
Yes	516 (57.6)	<0.001	129 (70.1)	0.001	96 (63.6)	0.195
<b>Employment status</b>						
Housewife	123 (13.7)		64 (34.8)		80 (52.6)	
Employed	579 (64.5)	<0.001	79 (42.9)	<0.001	49 (32.2)	<0.001
Unemployed/student/retired	195 (21.7)		41 (22.3)		23 (15.1)	
<b>Monthly family income (€)</b>						
≤900	315 (35.8)		39 (21.7)		60 (40.8)	
901–1800	390 (44.3)	0.189	97 (53.9)	0.004	63 (42.9)	0.080
>1800	175 (19.9)		44 (24.4)		24 (16.3)	
<b>Social support</b>						
No	74 (8.8)		16 (9.4)		19 (13.1)	
Yes	767 (91.2)	0.231	154 (90.6)	0.814	126 (86.9)	0.040
<b>Women's age at onset of IPV, years</b>						
<25	459 (52.8)		81 (46.3)		68 (45.3)	
≥25	419 (47.2)	0.032	94 (53.7)	0.149	82 (54.7)	0.144
<b>Duration of IPV, years</b>						
≤5	455 (52.2)		62 (36.5)		40 (27.0)	
>5	416 (47.8)	<0.001	108 (63.5)	<0.001	108 (73.0)	<0.001
<b>Physical IPV only</b>						
No	430 (94.1)		81 (96.4)		58 (98.3)	
Yes	27 (5.9)	0.142	3 (3.6)	0.553	1 (1.7)	0.230
<b>Psychological IPV only</b>						
No	101 (28.6)		11 (16.2)		14 (30.4)	
Yes	252 (71.4)	0.162	57 (83.8)	0.011	32 (69.6)	0.628
<b>Sexual IPV only</b>						
No	411 (85.4)		76 (90.5)		36 (75.0)	
Yes	70 (14.6)	0.863	8 (9.5)	0.054	12 (25.0)	0.052
<b>Physical and psychological IPV</b>						
No	461 (78.3)		84 (85.7)		60 (95.2)	
Yes	128 (21.7)	0.001	14 (14.3)	0.243	3 (4.8)	0.002
<b>Physical and sexual IPV</b>						
No	589 (99.3)		100 (100)		62 (98.4)	
Yes	4 (0.7)	0.932	0 (0.0)	0.353	1 (1.6)	0.390
<b>Sexual and psychological IPV</b>						
No	485 (81.9)		84 (85.7)		49 (77.8)	
Yes	107 (18.1)	0.841	14 (14.3)	0.282	14 (22.2)	0.307
<b>Physical, psychological and sexual IPV</b>						
No	485 (62.9)		84 (51.5)		49 (36.0)	
Yes	286 (37.1)	<0.001	79 (48.5)	0.025	87 (64.0)	<0.001

IPV, intimate partner violence.

of physical, psychological and sexual abuse. The duration of abuse was significantly associated for the three strategies: a duration over more than 5 years increased the probability of women to respond with an in-process (OR 1.82, 95% CI 1.26 to

2.64) or inhibition (OR 1.99, 95% CI 1.26 to 3.15) strategy, whereas a duration of less than 5 years increased the likelihood of responding with a distancing strategy (OR 1.66, 95% CI=1.12 to 2.46).

**Table 4** Significant predictors for the distancing, in-process and inhibition strategy: logistic regression

Predictor variables	Distancing n = 907		Process n = 187		Inhibition n = 156	
	AOR (95% CI)	p Value*	AOR (95% CI)	p Value*	AOR (95% CI)	p Value*
Educational level						
Primary education	1		1		2.66 (1.25 to 5.66)	0.011
Secondary education	1.49 (0.82 to 2.70)		0.70 (0.34 to 1.43)		2.17 (1.00 to 4.71)	0.049
University degree	1.84 (1.12 to 3.03)		0.31 (0.15 to 0.61)		1	
Children						
No	1		1		1	
Yes	0.87 (0.56 to 1.34)		1.78 (1.20 to 2.62)	0.003	0.49 (0.26 to 0.94)	
Employment status						
Housewife	1		1		3.50 (2.20 to 5.58)	<0.001
Employed	3.36 (2.02 to 5.58)	<0.001	0.54 (0.26 to 1.13)		1	
Unemployed/student/retired	1.88 (1.07 to 3.32)	0.028	1.20 (0.55 to 2.65)		0.95 (0.52 to 1.74)	0.882
Monthly family income (€)						
≤900	1		1		1	
901–1800	0.68 (0.41 to 1.12)		2.12 (1.37 to 3.27)	0.001	0.55 (0.27 to 1.11)	
>1800	0.52 (0.28 to 0.96)		2.14 (1.27 to 3.62)	0.001	0.56 (0.21 to 1.44)	
Women's age at onset of IPV, years						
<25	2.02 (1.35 to 3.01)	0.001	0.64 (0.38 to 1.08)		1	
≥25	1		1		2.33 (1.21 to 4.46)	
Duration of IPV, years						
≤5	1.66 (1.12 to 2.46)	0.011	1		1	
>5	1		1.82 (1.26 to 2.64)	0.001	1.99 (1.26 to 3.15)	0.003
Physical and psychological IPV						
No	1		1		1	
Yes	2.11 (1.18 to 3.76)	0.011	0.76 (0.38 to 1.51)		4.04 (1.19 to 13.70)	
Physical, psychological and sexual IPV						
No	1		1		1	
Yes	2.11 (1.61 to 2.77)		1.48 (1.05 to 2.10)		2.24 (1.45 to 3.46)	<0.001

AOR, adjusted by variables significant in bivariate analyses for each strategy.

\*Only significant in final forward stepwise models.

IPV, intimate partner violence.

## DISCUSSION

Our results indicate that 87% of abused women took action to try to overcome IPV. This finding is consistent with recent research<sup>11–14 23</sup> and differs from the previous common perception of abused women as passive victims.<sup>24</sup>

Different sociodemographic characteristics and specific circumstances of the abuse were detected between the three strategic responses. Women were more able to seek outside help or leave the partner if they were employed, were younger when the abuse began and when the duration of the abuse was shorter. Women with fewer personal resources, usually housewives and with a lower educational level and with a long-lasting duration of physical, psychological and sexual abuse are less able to try any action to cope with the violent relationship. As abuse persists over time women's mental health may be affected by several emotional responses such as hopelessness and low self-esteem<sup>25</sup> and by the building emotional barriers against creating an independent life. The implementation of gender empowerment measures should be a priority. Policies and programmes to support women on low incomes should offer greater financial support to assist abused women better.

Children constituted a problem for leaving if women were financially dependent on their partner. These women are more likely to use their personal and social resources by defending themselves verbally, looking for work or seeking advice from family or friends than by resorting to formal outside help. These women are likely to remain with a violent partner for a longer period of time. It is striking that although a vast majority of women reported having someone available for help few women

sought help from their social network. As the acceptability of violence against women plays an important part in shaping the social environment,<sup>26</sup> changing social attitudes could make an important contribution to preventing male partner violence.

In spite of the increase in the number of governmental and non-governmental services for battered women in Spain, our results suggested that the use of these services is far below expectations, although the percentage of women who use them has increased from 7% to 12% according to a previous Spanish study.<sup>13</sup> To promote the use of these services media campaigns should better inform about the help they could provide.

In our study more women seek help from healthcare providers than from services for battered women. Given that the recognition of abuse may influence the evaluation of the patients' health complaints as well as the outcomes of care,<sup>27</sup> guidelines for managing victims of IPV recommend screening and identification, safety planning and referral.<sup>28</sup> These interventions are generally targeted at women who are seeking options to end the abuse.<sup>29 30</sup> For women who acknowledge their abuse but are not prepared for disclosure physicians could provide an opportunity for them to be heard and receive the message that the office is a safe place to talk and that help is available.

Despite the fact that in recent years abused women have been encouraged to report their abusers it was not the most frequent response by women in our study. A similar observation has been detected in other studies.<sup>11 17</sup> One possible explanation could be that many women might deter from such a decision as serious violence may increase after it is reported.<sup>31</sup> In fact, 20% of women killed by their partner during 2008 in Spain had

### What is already known on this subject

- ▶ Most abused women may try a variety of strategies to overcome IPV by resorting to a range of healthcare, legal or sociocommunity services.
- ▶ However, research into women's responses to IPV has largely been limited to women who have been exposed to the most severe forms of violence.
- ▶ Therefore, little is known about the responses of women to overcome IPV whose experiences are less severe.

### What this study adds

- ▶ This study included a sample of women from different socioeconomic backgrounds and with a variety of types and durations of IPV.
- ▶ Women opted for different responses to overcome IPV depending on their own personal and social resources as well as the circumstances linked to the violent situation.
- ▶ The results of this study help to increase our knowledge of the importance of taking into account the specific needs and circumstances of abused women with a view to providing more and better help for such women.

previously reported their abuser to the police, with an average time lapse of approximately 22 months between reporting and the fatal outcome.<sup>32</sup> It is therefore a priority to improve the response of the legal institutions so that when women do decide to report their partner they receive appropriate and timely support as well as lasting court safety measures.

The more long-lasting IPV women experience the less likely women are to seek outside help. Disclosure and reaching out to others for help are critical steps along the pathway of change for abused women.<sup>33</sup> So, it is important that women understand that violence will probably only escalate, making it safer to leave earlier rather than later,<sup>34</sup> although ending the relationship does not necessarily guarantee an end to IPV<sup>35</sup> as many men become even more violent towards women who separate or attempt to separate.

This study has a series of limitations, some common to self reported surveys. By excluding women who attend the healthcare services accompanied by a male partner, we may have left out an undetermined number of women exposed to greater control and abuse by their partners than those who attend alone. The association detected between IPV and low socioeconomic levels and the exclusion of illiterate women could have led to an underestimation of some associations. Despite the limitations described above, we should underline that this study was performed on a sample of women from different socioeconomic backgrounds and with a variety of types and durations of IPV. By identifying subgroups of women with different characteristics, resources and needs, a better application could be made of the existing measures in current plans and policies.

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**Patient consent** Obtained.

**Ethics approval** This study was approved by the ethics committee of the University of Valencia.

**Contributors** IM led the conception, statistical analysis, interpretation of data and writing of the study. All the other authors contributed to the design of the study and IM, IR-P, CV-C, MT and RP contributed to the data gathering and recollection. DM-B, VE-A and JP-C participated in the analysis of the data, and all the authors participated in their interpretation. All the authors reviewed the different drafts of the paper and approved the final version.

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