High prevalence of intimate partner violence against women in young adulthood: Is prevention failing?

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Abstract

In the last decades, prevention measures have been taken globally to reduce the high prevalence of intimate partner violence against women (IPVAW) in our societies. As a consequence, a gradual reduction in the prevalence of IPVAW in the younger generations should be expected. However, international prevalence data suggests that this is not the case. In the present study, we aim to compare IPVAW prevalence rates across age groups in the adult population in Spain. We used data from the Spanish 2019 national survey based on 9,568 interviews with women, reporting IPVAW in three time periods: lifetime, the last four years, and the last year. To ensure accurate comparisons of IPVAW prevalence rates across age groups, we first examined the psychometric properties, and measurement invariance of the set of questions addressing the different types of IPVAW (i.e., physical, sexual, psychological) in this survey. Results supported a three-factor latent structure addressing psychological, physical, and sexual IPVAW, showing high internal consistency and validity evidence. For lifetime prevalence, the youngest age group (18-24) were those with the highest latent mean in psychological and physical IPVAW, with those aged 25-34 having the highest score in sexual IPVAW. Women aged 18-24 showed the highest factor scores in the three types of violence during the last four years and during the last year. A number of potential explanatory hypotheses are proposed to better understand the high prevalence of IPVAW among younger generations. The reason why IPVAW prevalence remains alarmingly high among young women, despite the preventive measures taken in recent years, is a research question that remains open. Prevention efforts should target younger generations if IPVAW is to be eradicated in the long term. However, this goal will only be achieved if those prevention efforts prove to be effective.

High prevalence of intimate partner violence against women in young adulthood: Is prevention failing?

Intimate partner violence against women (IPVAW) is the most frequent form of violence experienced by women, and is a global public health problem with serious consequences for the victims, their children, and society in general (Devries et al., 2013; Stöckl et al., 2013; World Health Organization [WHO], 2013, 2021).

In the last decades, a wide range of measures have been taken globally to reduce the high prevalence of IPVAW. International initiatives include the 1995 Beijing Declaration and Platform for Action (supported by 189 countries), which is considered to be the most comprehensive global policy framework for achieving gender equality and the human rights of women and girls, and includes violence against women among its critical areas for action (UN Women, 1995-2015). At the European level, the "Council of Europe Convention on preventing and combatting violence against women and domestic violence" (2011), also known as the Istanbul Convention, is an instrument that legally binds ratifying countries (34 member states of the Council of Europe) to act in four areas: preventing violence against women, protecting victims, prosecuting perpetrators, and implementing coordinated policies. Since the 1993 "Declaration on the Elimination of Violence against Women", the United Nations (UN) has also been very active in fighting what is considered to be a violation of human rights and a critical obstacle to gender equality. In light of this concern, in 2015 the 2030 UN Sustainable Development Agenda was extended to include a specific Sustainable Development Goal (SDG) target (Target 5.2.) calling on member countries to "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" (UN, 2015). To monitor advances in reducing IPVAW, governments adopting this agenda are urged to report regularly on the prevalence of

physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months (UN 2015, Indicator 5.2.1.). Within these larger frameworks many initiatives have also been proposed and implemented at global, national and local levels (Heise, 2011; Krisch et al., 2015; Sanz-Barbero et al., 2018a).

Despite these initiatives, progress in the global reduction of IPVAW is widely judged to be slow and insufficient. For example, an evaluation 20 years after the Beijing Declaration identifies ending IPVAW as one of the critical areas where insufficient progress has been made (UN Women, 1995-2015). The United Nations Committee on the Elimination of Discrimination against Women, 25 years after its 1992 general recommendation on gender-based violence against women, considered that, despite all advances, gender-based violence against women remains pervasive in all countries, with high levels of impunity. Also, the findings of the latest WHO report confirm that IPVAW "remain[s] a concern of pandemic proportions" (WHO, 2021). The WHO recognizes that although "progress has been made in terms of the recognition and awareness of intimate partner violence by both policymakers and the general public […], the new and updated numbers in this report show that violence against women persists at unacceptably high levels" (2021, pp. 36-37). Regarding the UN SDG.5.2 on the elimination of IPVAW, Sardinha et al. (2022) note that countries are not on track to meet the commitments outlined in the SDGs, and that the WHO report unequivocally establishes the persistently high prevalence of intimate partner violence.

Despite this general lack of progress, we should at least expect to see a gradual reduction in the prevalence of IPVAW among the younger generations as a result of these prevention efforts. According to the latest WHO report (2021, Sardinha et al., 2022), globally, the average of ever-partnered women and girls aged 15 years and older who have experienced physical and/or sexual IPVAW in their lifetime is 26%. However, the

WHO study also showed that IPVAW continues to start early, given that IPVAW lifetime prevalence was already high (24%) in the youngest age cohort (15-19 years old). The European Union Agency for Fundamental Rights (FRA, 2014) estimated the average lifetime prevalence of physical and/or sexual IPVAW at 22% across the 28 European Union (EU) member states, also with high rates (20%) among young adults (18-29).

The case of Spain, the country where this study was conducted, is particularly interesting. Comparatively, Spain is one of the EU member states with the lowest prevalence of IPVAW (FRA, 2014; Gracia & Merlo, 2016; Martín-Fernández et al., 2019, 2020; Vives-Cases et al., 2011). Among its European neighbors, and internationally, Spain also stands out for its measures against IPVAW, mainly brought in by the Organic Law on Integral Protection Measures against Gender Violence in 2004 (see Castro et al., 2022, for a more detailed description). Various international organizations have recognized this law as one of the most innovative and far-reaching pieces of IPVAW legislation (European Institute for Gender Equality, 2014; United Nations Women, 2014). By taking a comprehensive and multidisciplinary approach to IPVAW (including preventive, educational, and social aspects as well as criminal sanctions), this law led to an increase in awareness and prevention campaigns, greater attention in the media, and specialized training for professionals (Castro et al., 2022; Corradi & Stöckl, 2016; Sanz-Barbero, et al., 2018a; Vives-Cases & La Parra Casado, 2008). Interestingly, and despite these measures, prevalence rates in Spain have remained quite stable over the years. Data from the six national surveys conducted in Spain so far do not indicate a significant fall in lifetime prevalence of physical and/or sexual IPVAW in the last two decades (comparisons should be made with caution, as these surveys are not strictly comparable). Although survey data suggested a small reduction of IPVAW prevalence from 1999 to 2011 (1999: 12.4%, 2002: 11.1% 2006: 9.6%, 2011: 10.9%), the latest available surveys

suggested similar (2015: 12.5%) or even higher prevalence levels of IPVAW (2019: 14.2%) than the 12.4% found in 1999 (Delegación del Gobierno para la Violencia de Género, 2011, 2015, 2020). Data from these surveys suggest that in Spain younger generations do not seem to have benefited from the range of measures put in place to reduce the prevalence of IPVAW. The stability (or even increase) of IPVAW over the last two decades in Spain suggests that prevalence of IPVAW among younger generations remains high compared to older generations. However, no adequate comparisons have been conducted in these surveys to establish whether there are significant differences in IPVAW prevalence across different age groups, a gap in the knowledge that we aim to address in the present study.

The present study

As in most national or international surveys, the psychometric properties (i.e., evidence of reliability and validity), and measurement invariance of the set of questions addressing the different types of IPVAW (i.e., physical, sexual, psychological) used in the latest Spanish national survey on Violence Against Women (Delegación del Gobierno contra la Violencia de Género, 2019), were not properly tested before the survey was administered. It is unclear whether different prevalence rates across age groups are due to a possible reporting bias, or whether they reflect actual differences. Ensuring adequate psychometric properties and measurement invariance of the IPVAW survey questions is a necessary prerequisite for accurate and valid comparisons between age groups as it allows to rule out the possibility of group response bias (Gregorich, 2006; Van de Schoot et al., 2012; Vandenberg & Lance, 2000). If measurement invariance is not met, it would mean that respondents of different age groups interpret and answer the survey questions differently and, therefore, their scores cannot be directly compared (Lubke et al., 2004; Putnick & Bornstein, 2016). If this were the case, the same score may reflect different

levels of IPVAW, or even a different construct, so it could not be assumed that IPVAW is interpreted in the same way across all age groups; this would yield unreliable conclusions because the validity of these comparisons would be questionable (Van de Schoot et al., 2012). To avoid this problem, in the present study we aim to compare, in an appropriate way, IPVAW prevalence rates across age groups in the adult population of Spain, first by establishing whether the set of questions used in this survey presents sufficient evidence of reliability and validity, and second, by ensuring measurement invariance across age groups in order to rule out the possibility of measurement bias. If higher prevalence rates are confirmed among young adult women, the effectiveness of the measures taken so far to reduce rates of IPVAW would be called into question, especially for the younger generations, and it would also highlight the need to understand the particular factors young people face in relation to IPVAW to inform more effective preventive strategies.

Method

Sample

In this study we used data on IPVAW from the national survey on violence against women conducted in 2019 by the Spanish Government (Delegación del Gobierno contra la Violencia de Género, 2019) in which 9,568 women were interviewed. The survey used a two-stage stratified sampling by clusters, with municipalities and census tracts as the primary and secondary units, respectively. The questionnaires were administered in a computer-assisted personal interview in the women's homes. Inclusion criteria for the present study were: 1) adult women (18 years and over), 2) women who had been in an intimate relationship with a man, and 3) women who had not omitted any questions on psychological, physical, or sexual IPVAW. The final sample consisted of 8,824 women, aged between 18 and 96 years old

(M_{age}= 51.10, SD_{age}= 17.53). We categorized participant age in 10-year intervals, except for younger women, for whom we used the 18–24-year-old classification. Sociodemographic characteristics of the sample can be found in Table 1.

[Insert Table 1]

Measures

The survey included items addressing three types of IPVAW perpetrated by an intimate partner or ex-partner: physical (7 items), sexual (8 items), and psychological (17 items). Items of each type of violence were presented in differentiated sections of the survey. Responses to these items were dichotomized (0 = "never", 1 = "at least once"). IPVAW was reported considering three time periods: lifetime, the last four years, and the last year. Two measures included in the survey were used for validation purposes: perceived health (1 = "very bad", 5= "very good"), and suicidal ideation (0 = "no", 1 = "yes").

Data Analysis

The data were analyzed in four steps. First, to inspect the properties of the items we conducted a descriptive analysis of the items by computing their mean, standard deviation, skewness, and kurtosis statistics of the lifetime prevalence data.

Second, we examined the psychometric properties (i.e., latent structure, internal consistency, and validity evidence) of the psychological, physical, and sexual IPVAW items for lifetime, last four years and last year data. Following the rationale used in previous research with similar surveys (e.g., Martín-Fernández et al., 2019, 2020) we conducted a confirmatory factor analysis (CFA) positing a 3-factor model, corresponding to the three types of IPVAW differentiated in three sections of the survey. The factors were allowed to correlate with each other. Given the categorical nature of the items, the model was estimated using weighted least squares with mean-

and variance-adjusted (WLSMV). Goodness of fit was assessed using the following guidelines: comparative fit index (CFI) and Tucker-Lewis index (TLI) above 0.95, and root mean squared error of approximation (RMSEA) below 0.06 (Hu & Bentler, 1999). The internal consistency of the psychological, physical, and sexual IPVAW items was evaluated by computing Cronbach's α and McDonald's ω omega statistics. The validity evidence of the items was assessed by relating the factor scores of the model to perceived health and suicidal ideation.

Third, we conducted a multiple-group CFA (MG-CFA) to test measurement invariance across the age groups. This is a necessary step to ensure appropriate and valid comparisons across groups, aimed to control measurement bias (Lubke at al., 2003; Van de Schoot et al. 2012). We assessed configural, metric, and scalar invariance by adding a series of constraints to the MG-CFA model using WLSMV. Configural invariance ensures that the same factorial model could be applied for the different groups. Metric invariance tests whether the item loadings are the same across groups, ensuring that respondents from different age groups interpret the items in a similar way. Scalar invariance assesses whether the item thresholds are equal across groups, ensuring that the same response patterns in different age groups yield the same factor scores, thus ruling out measurement bias. To evaluate the goodness of fit of the MG-CFA, we used the cut-offs proposed by Meade et al. (2008), computing the change in the CFI (ΔCFI) and RMSEA (ΔRMSEA). This approach is more restrictive than the usual cut-offs for this analysis when dealing with categorical indicators (Sass et al., 2014). ΔCFI values below 0.002 and ΔRMSEA values below 0.007 indicated no substantial differences between the configural, metric, and scalar invariance.

Fourth, we compared the IPVAW measures between age groups. To do so we first examined the raw prevalence of psychological, physical, and sexual IPVAW. The

raw prevalence for each group was obtained by computing the proportion of women who gave an affirmative response to at least one of the items. We then conducted a latent mean analysis for the lifetime data (Putnick & Bornstein, 2016). This procedure allows making significant comparisons across groups by estimating the factor means of each age group of the MG-CFA from the scalar invariance model. We used the group of women above 65 years old as the reference group, fixing hence their factor mean to zero and freely estimating the factor means of the other groups. For the last four years and last year data we computed the factor scores of the CFA model, using an ANOVA to compare groups (an MG-CFA could not be conducted as there were many empty cells in the cross-tables of the items for some age groups).

All analyses were performed with the statistical package R (R Core Team, 2021), except for the factor analyses, which were carried out with MPlus (Muthén & Muthén, 1998-2017).

Results

Descriptive analysis of the items

A descriptive analysis of the items was first conducted for the lifetime prevalence data (see Table 2). The means of the items were around 0.10 for the psychological violence measure, 0.05 for physical violence, and 0.04 for sexual violence, with an average standard deviation of 0.30 for psychological violence and 0.20 for physical and sexual violence. In conjunction with the high skewness and kurtosis statistics, this indicated that most of the respondents never experienced the behaviors assessed by the survey. Descriptive statistics of data for the last four years and the last year followed a similar trend.

[Insert Table 2]

Latent structure, internal consistency, and validity evidence of the IPVAW measures

A three-factor model (one factor for each type of IPVAW) was estimated. Results indicated an excellent goodness of fit for the lifetime, last four years, and last year data (see Table 3). The factor loadings were high for all items: above 0.80 for the psychological violence items, and above 0.90 for the physical and sexual violence items (see Figure 1). The factors were strongly correlated, with correlations above 0.80 among them, indicating some comorbidity between the different forms of IPVAW. The internal consistency of all three measures was good, with values above 0.85 in both statistics (see Table 3). The overall internal consistency for all measures was also good in each time period ($\omega_{lifetime}$= 0.96, $\omega_{last\ 4years}$ = 0.96, $\omega_{lastyear}$ = 0.95).

[Insert Table 3]

[Insert Figure 1]

Regarding the validity evidence based on the relations of each measure to other relevant variables, we found that women with higher scores in the psychological, physical, and sexual violence factors tended to present, on average, more suicidal ideation, and lower perceived health. Results for the last four years and the last year followed this trend for suicidal ideation and perceived health (see Table 3).

Measurement invariance across age groups

Configural, metric and scalar invariance were then tested across age groups. The configural model showed an excellent fit to the data, and thus the same three-factor model could be applied for the different groups (CFI = 0.996, TLI = 0.995, RMSEA[90%C.I.] = 0.023[0.022, 0.024]). Metric invariance (CFI = 0.997, TLI = 0.997, RMSEA[90%C.I.] = 0.019[0.018, 0.021]) and scalar invariance (CFI = 0.996, TLI = 0.996, RMSEA[90%C.I.] = 0.020[0.019, 0.021]) were achieved, as the differences in

the goodness of fit were below ΔCFI = |0.002| and ΔRMSEA = |0.007|. This indicated that the same factor loadings and thresholds could be maintained across age groups for psychological, physical, and sexual IPVAW.

Comparisons of psychological, physical, and sexual IPVAW across age groups

Once scalar invariance was established, meaningful comparisons across age groups could be made. The raw prevalence of each type of violence seemed to indicate that the youngest women presented the highest rates of IPVAW, except for the lifetime prevalence of physical violence, for which women aged between 25 and 34 showed the highest prevalence rate (see Table 4). This trend was especially pronounced for psychological violence.

[Insert Table 4]

The factor means of the scalar invariance model were then compared in the lifetime data (see Figure 2). We found that the youngest women, aged between 18 and 24, presented the highest latent mean in psychological violence (Z_{psy}[S.E.] = 0.42 [.08]), followed by women in age groups 35-44 (Z_{psy}[S.E.] = 0.34 [.06]), 25-34 (Z_{psy}[S.E.] = 0.31 [.07]), and 45-54 (Z_{psy}[S.E.] = 0.30 [.06]) (Figure 1). In the physical violence factor, women in the18-24 and 25-34 age groups presented the highest latent mean (Z_{phy}[S.E.] = 0.61 [.06], and Z_{phy}[S.E.] = 0.60 [.05], respectively), followed by those in groups 35-44 (Z_{phy}[S.E.] = 0.55 [.04]) and 45-54 (Z_{phy}[S.E.] = 0.48 [.05]) (Figure 1). Regarding sexual violence, we found the highest latent mean in women in the 25-34 age group (Z_{sex}[S.E.] = 0.48 [.07]), closely followed by those in groups 45-54, 35-44 and 18-24 (Z_{sex}[S.E.] = 0.45 [.06]; Z_{sex}[S.E.] = 0.44 [.06]; and Z_{sex}[S.E.] = 0.41 [.09], respectively). On the other hand, elderly women presented the lowest latent mean in the three types of violence, followed by women aged between 55 and 64 (Z_{psy}[S.E.] = 0.16

[.07], Z_{phy} = 0.26 [.05], Z_{sex} = 0.28 [.07]). All these differences were statistically significant.

[Insert Figure 2]

We also found significant differences in the factor scores between age groups in data for the last four years and the last year. Age had a significant effect on psychological violence (F [df] = 107.6 [5], p< .001, η^2 = .06), physical violence (F [df] = 111.2 [5], p< .001, η^2 = .06), and sexual violence (F [df] = 102.5 [5], p< .001, η^2 = .05), all with a moderate effect size for the last four years. Tukey post-hoc analyses revealed that the factor scores decreased with increasing age, with the youngest women having the highest factor scores on psychological, physical, and sexual violence. Specifically, there were significant differences between all age groups in the three types of violence, except for women aged between 55 and 64 and above 65. A significant effect was found for the last year data, with age having a smaller effect size in psychological violence (F [df] = 31.6 [5], p< .001, η^2 = .02), physical violence (F [df] = 32.9 [5], p< .001, η^2 = .02), and sexual violence (F [df] = 30.9 [5], p< .001, η^2 = .02). The post-hoc analyses showed that the trend was similar to the four-year data, where the factor scores decreased as the age increased. Conversely, not all paired comparisons were significant between all groups, with no differences between the women in age groups 25-34 and 35-44, 35-44 and 45-54, and 55-64 and above 65 in the three types of IPVAW.

Discussion

This is the first study to assess the measurement invariance of the set of questions in the Spanish national survey addressing psychological, physical, and sexual IPVAW, ensuring the absence of an age-related group bias in IPVAW prevalence differences. Results indicated that this set of questions was psychometrically sound,

supporting a three-factor latent structure addressing psychological, physical, and sexual IPVAW, showing a high internal consistency for the lifetime, last four years, and last year data, as well as validity evidence.

We were able to establish configural, metric, and scalar invariance across all age groups, which is a critical prerequisite before conducting valid comparisons between groups (Davidov et al., 2014; Putnick & Bornstein, 2016). Configural invariance indicated that respondents from different age groups conceive IPVAW in a similar manner, ensuring that the basic conceptualization of the latent construct—the three-factor model of IPVAW—was supported across all age groups. Metric invariance indicated that the items contributed to the latent construct to a similar degree across all age groups, and hence suggested that women from different age groups interpret the items in a similar way. Scalar invariance ensured that the location of the items in the latent construct was the same across age groups, indicating that the same response patterns to the survey yielded the same factor scores for women of different age groups. These results allowed us to rule out an age-related group bias in the survey responses.

When the raw prevalence in psychological, physical, and sexual IPVAW was examined in the three time periods (i.e., 12-month prevalence, last four years prevalence, lifetime prevalence), we found that women in the youngest age groups (18-24 and 25-34) presented the highest prevalence rates in the three types of violence. Although raw prevalence can be useful for descriptive comparisons, it is a limited approach that does not take into account the measurement model, nor how each item contributes to each factor. When the latent means of each type of violence were examined for the lifetime prevalence data, our findings confirmed that the youngest women were those with the highest latent mean in psychological and physical IPVAW, closely followed by women aged between 25 and 34 in the physical IPVAW factor.

Regarding sexual IPVAW, we found the highest latent mean for the group of women aged between 25 and 34. Our findings for the last four years and last year prevalence showed that the factor means of each age group in psychological, physical, and sexual IPVAW decreased as the participants' age interval increased. In particular, we found the highest factor scores in the three types of violence during the last four years, and also during the last year, for women aged between 18 and 24.

These results are in line with the latest WHO data (2021; Sardinha et al., 2022), which show an alarmingly high IPVAW prevalence globally among adolescent and young women (16% of women aged 15-24 experienced IPVAW within the past 12 months); and with available EU data (FRA, 2014; Sanz-Barbero et al., 2018a), which also reflect the highest IPVAW prevalence in the past 12 months among the youngest age group (18-29). A number of studies also show high rates of IPVAW among young women (Sanz-Barbero et al., 2018b, 2019; Stöckl et al., 2014), and according to Yakubovich et al.'s (2018) systematic and meta-analytic review, being younger is a risk factor for IPVAW. The results of this study add more evidence to this body of research suggesting that the higher prevalence of IPVAW among young people is a cross-country phenomenon.

Our results show higher IPVAW prevalence rates among younger age groups, regardless of the time period considered (i.e., 12-month, four years, and lifetime). The finding that younger women experienced more or as much IPVAW in their shorter lifetimes as older women is quite unexpected, as older women should have had, if anything, more IPVAW experiences simply because they had more time to accumulate them. However, this is not the only study to reach this conclusion, as our results are in line with global (24%) and EU (20%) data showing high lifetime prevalence of physical and/or sexual IPVAW among younger age groups (WHO, 2021; FRA, 2014). It is quite

puzzling that even after decades of global and national efforts to address IPVAW, younger generations of women are still at greater risk. This phenomenon is particularly interesting in the case of Spain, a country with an outstanding record in combating IPVAW. One would expect that, after all these preventive efforts in reducing IPVAW over the years, the prevalence of this type of violence among younger generations would be lower than in older ones.

The question not only of why IPVAW prevalence rates remain high among younger generations, but why this prevalence is even higher than in older generations clearly presents a challenge for researchers and policymakers, as it suggests that policies and other measures designed to reduce IPVAW may not be having the desired effect. What could explain these high IPVAW rates in younger generations? Although our data set does not allow us to answer this question, the potential explanatory hypotheses we propose below suggest avenues for future research to advance understanding of this phenomenon: (1) Are IPVAW policies and preventive strategies actually effective? (2) Do younger generations have more tolerant attitudes toward IPVAW? (3) Is there a continuum from high rates of adolescent dating violence to higher prevalence of IPVAW in young adults? (4) Is there a backlash effect against increasing gender equality and IPVAW policies? And (5) do technology and idiosyncratic relational forms among younger generations facilitate and create new scenarios of IPVAW?

As our study and international prevalence data suggest, policies and other preventive measures to reduce IPVAW seem to have a low impact among younger generations. Gender equality policies, laws, education and social awareness campaigns, and other measures implemented to reduce IPVAW, are expected to succeed in their aims. However, there is little evidence to support this assumption, as rigorous research assessing the effectiveness of public policies, education and awareness campaigns, and

other measures in reducing IPVAW is clearly lacking (Bourey et al., 2015; Gracia et al., 2020; Heise, 2011; Sardinha et al., 2022). On the other hand, some scholars point to the importance of assessing gender equality and IPVAW measures as they may be having the opposite effect to that expected (Abramsky et al., 2011; Heise, 2011). As Heise (2011) noted, awareness campaigns may normalize IPVAW by conveying the idea that everyone is doing it, and so they may not be effective in reducing IPVAW. According to Sardinha et al. (2022), given the persistently high prevalence of IPVAW, it is paramount to continue developing strategies to monitor and evaluate not only the levels of IPVAW in the society, but also the effectiveness of the measures taken to reduce and prevent this type of violence.

More accepting and tolerant attitudes toward IPVAW among younger generations is another possible explanation for its higher prevalence in this age group. Although research provides mixed results regarding the relationship between age and attitudes toward IPVAW (Gracia et al., 2020; León et al., 2022), some studies suggest that younger people hold more supportive attitudes toward this type of violence (e.g., more acceptance and legitimation of IPVAW, less willingness to intervene, or higher endorsement of rape-supportive norms) (De Miguel Luke, 2015; Flood & Pease, 2009; Martín-Fernández et al., 2018, 2022; Waltermaurer, 2012; Wang, 2016). A number of studies also refer to a U-shaped pattern in the relationship between age and supportive attitudes toward IPVAW (Fernández et al., 2004; Hammond, 2018; Sánchez-Prada et al., 2020; VicHealth, 2010). For example, in Spain a national survey found that a third of young people did not identify controlling behaviors as IPVAW, and that younger people were more tolerant of this type of violence than the general population (De Miguel Luke, 2015). Another recent survey in Spain found that among respondents aged 15-29, support for feminism and the perception of gender-based violence as a serious social problem had decreased for men,

and increased for women (Rodríguez et al., 2021). Clearly, more research is needed to better understand the younger generation's attitudes toward IPVAW, how they are shaped and what their correlates are, and how they relate to the high prevalence of IPVAW in these age groups. Future cohort studies and cross-cultural research will help to ascertain whether and where these attitudes have changed over the years, or whether they represent a global or a local generational phenomenon.

Relatedly, another potential explanation for the high prevalence of IPVAW in younger generations could be linked to the high prevalence rates of adolescent dating violence and its stability over time. Higher rates of adolescent dating violence in younger generations (Sanz-Barbero et al., 2018a, 2019; Vives-Cases et al., 2021; Wincentack et al., 2017) may lead to a normalization and tolerance of violence in intimate relationships and could explain why young adults have higher rates of IPVAW, as experiencing violence during early intimate partner relationships has been related to an increased risk of IPVAW in adulthood (Fernández-González et al., 2020; Greenman, 2016; Manchikanti, 2011). According to Lapiere et al. (2019) the trajectories of dating violence perpetration in adolescence may vary over time in form (i.e., physical, psychological, sexual) and prevalence (i.e., stabilization or increase), being these changes influenced by peer relationships, context, and personal characteristics. As Sardinha et al. (2022) noted, the importance of adolescence and young adulthood in the formation of healthy relationships should be acknowledged, and these life-cycle stages should be considered key entry points for IPVAW prevention strategies. In this regard, the large-scale application and the long-term effectiveness of dating violence programs, as well as the need to target these programs to those adolescents at increased risk of victimization and/or perpetration, are key issues for future research (Lee & Wong, 2020; Reyes et al., 2020).

The higher prevalence of IPVAW among younger people could also be the result of a backlash against increasing macro-level gender equality and IPVAW policies (Latzman et al., 2019; Roberts, 2011; Whaley & Messner, 2002; Xie et al., 2012). The backlash hypothesis has been proposed to explain the Nordic paradox phenomenon, according to which Nordic countries, which are among those with the highest levels of gender equality in the world, have at the same time high levels of IPVAW prevalence (Castro et al., 2022; Gómez-Casillas et al., 2023; Gracia & Merlo, 2016; Ivert et al., 2020; Wemrell et al., 2020). Spain has in recent years experienced notable advances in gender equality and IPVAW policies, which may have led to a backlash effect. According to Kosakowska-Berezecka et al. (2020), increases in macro-level gender equality and advances in women's power and status in society can be perceived by some men as gains that are achieved at their expense, threatening their masculinity, power, and status in society. Such zero-sum beliefs may increase men's hostile sexism, and reduce their willingness to act collectively in favor of gender equality, making endorsement of IPVAW more likely (Baugher & Gazmararian, 2015; Kosakowska-Berezecka, 2016; 2020; Santana et al., 2006). Relatedly, a backlash effect has been linked to the rise of right-wing and extremist forces and their resistance to feminism and gender equality, an antagonism directed to what is considered a "gender ideology" (Goldscheid, 2018; Graff et al., 2019; Roggeband & Krizsán, 2020; Wemrell et al., 2020). Future research should analyze how younger generations, in particular young men, are assimilating social and political changes related to greater gender equality, and whether this may be related to a possible backlash effect, leading to an increase in IPVAW prevalence rates.

Finally, a further possible explanation for the high prevalence of IPVAW among younger people is that they belong to a generation—mostly Millennials and Generation Z—whose use of technology, as compared to other generations, may facilitate or create

new ways of experiencing and perpetrating IPVAW (Carlson et al., 2015; Dimond et al., 2011; Duerksen & Woodin, 2019; Marganski & Melander, 2018; Stonard, 2021; Woodlock, 2017). IPVAW has been related to digital technologies, as they provide a wider range of ways in which the perpetrator can exert control over the victim, but also because they make it difficult to set boundaries within an intimate relationship in terms of digital privacy or to erase the abuser from one's life when social circles online are shared (Carlson et al., 2015; Dimond et al., 2011; Duerksen & Woody, 2019; Freed et al., 2017; Marganski et al, 2018; Stonard, 2021; Woodlock, 2017). However, the relationship between IPVAW, technologies, and young people seems more complex. A study conducted by Carlson et al. (2015) among undergraduate and graduate students aged 18–25 found that those who perceived their partner to use technology more (i.e., monitor, embarrass, make them feel bad, control, argue) were also the ones at less risk to suffer violence. This supports the idea that younger generations may use technology to communicate differently when compared with the older population, and that it may be a requirement for young adult relationships to do so in order not to increase tension in the couple (Carlson et al., 2015; Coyne et al., 2011). Given the relationship between the use of technology, social networking, and IPVAW, the question that remains for future research is whether technology is just a tool that can facilitate IPVAW in younger generations, or whether it enables an idiosyncratic way of relating to each other that may be shaping new scenarios of IPVAW, increasing its prevalence among younger people.

This study is not without limitations. First, item dichotomization for analyses may have resulted in some information loss. However, this transformation was necessary to ensure the comparability of the different age groups. Second, the cross-sectional design of the survey precluded the assessment of measurement invariance across different periods of time. Third, the cross-sectional nature of the data did not allow us to determine

whether the differences in IPVAW across age groups represent a new phenomenon or a tendency in recent years. Fourth, the unexpected higher IPVAW lifetime prevalence among younger women could be partly explained by recall bias, as older women may not recall incidents that occurred long time ago. Clearly, future cohort studies could help to shed light on some of these issues. Fifth, exploring other potential explanations of the high prevalence among younger generations, such as the effects of pornography on the young male population, drug/alcohol misuse among young people, or gender identity issues, might contribute to advance our understanding of the phenomenon depicted in our study. A better understanding of this phenomenon, however, should acknowledge the complex nature of IPVAW, where the interplay of multiple factors (e.g., individual, relational, community, macrosocial) working at different levels of the social ecology need to be taken into account (Gracia et al., 2009, 2021; Heise, 2008, 2011; Hardesty & Ogolsky, 2020; Heise & Kotsadam, 2015; Ivert et al., 2020; Turner et al., 2022; Yohros, 2020). Also, the psychosocial factors and dynamics of the different types of IPVAW (i.e., physical, psychological, and sexual), differ in important ways, and they should be addressed to better target prevention and intervention strategies. Finally, and in terms of diversity, the purpose of the national survey analyzed was to establish the prevalence of violence against women by their male intimate partners, so violence by women to men or between same sex intimate partners was not considered. Also, the present study failed to represent the diversity of the population in terms of race or ethnicity, as the survey did not collect this information.

This study illustrates that despite the preventive measures taken in recent years, in Spain, as in other countries, the prevalence rates of IPVAW victimization among younger generations of women remain alarmingly high. The reason why this is the case is an important research question that future studies should address to better inform

preventive strategies. Our study also raises questions regarding the effectiveness of the measures taken so far to prevent IPVAW in our societies. Given the high rates of IPVAW among young adults, prevention and intervention efforts should clearly target younger generations if this type of violence is to be eradicated in the long term. This goal will only be reached, however, if those preventive strategies and policies prove to be effective.

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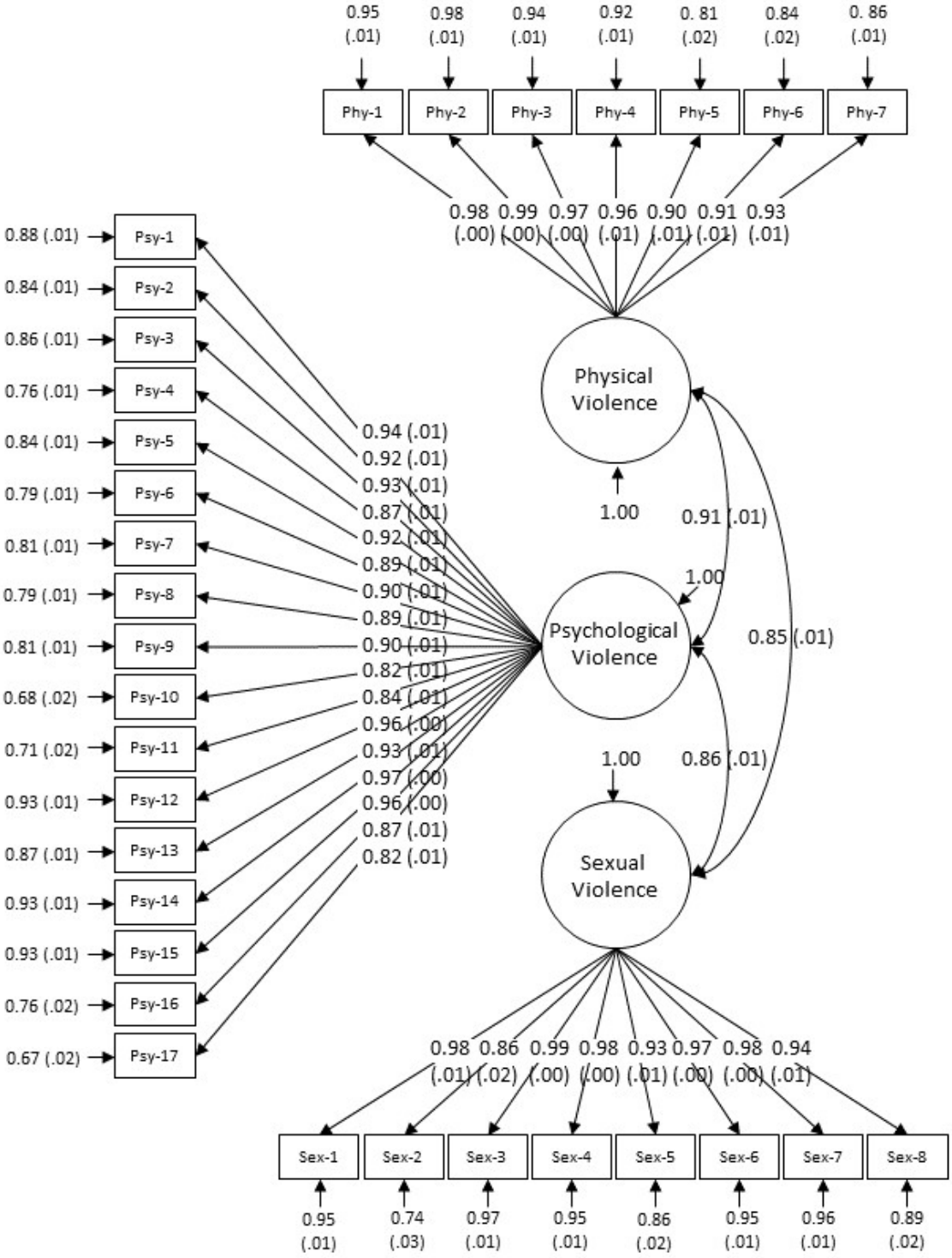

Figure 1. Confirmatory factor analysis 3-factor model.

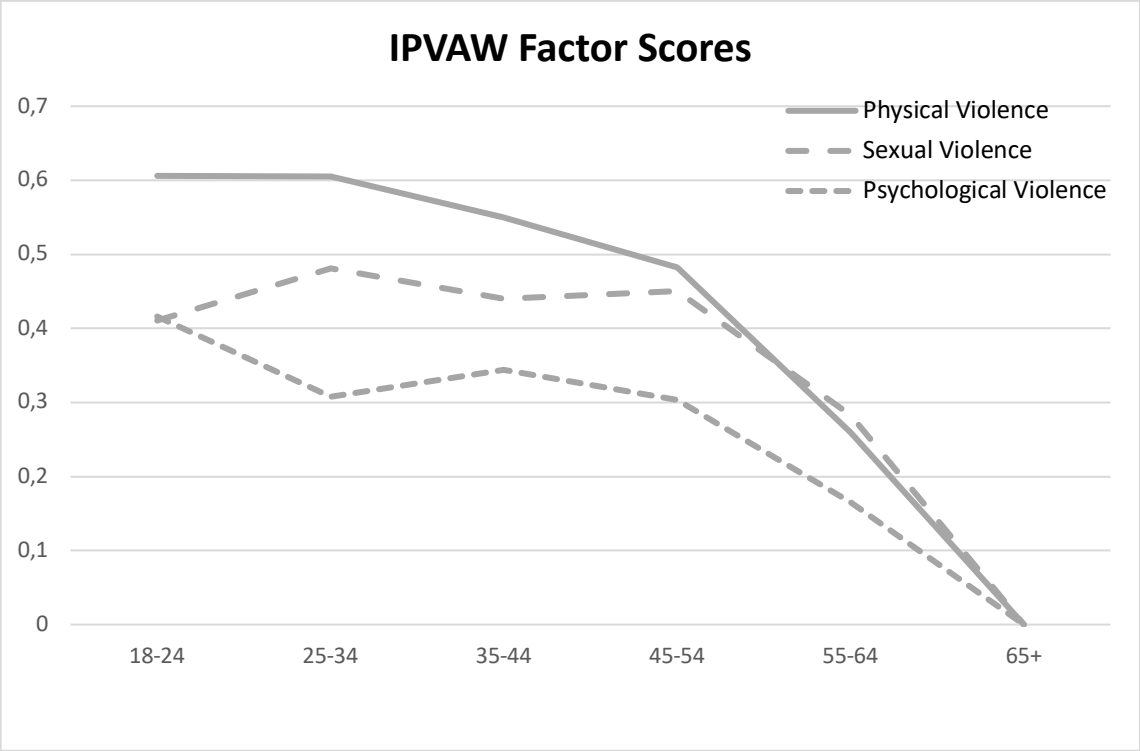

Figure 2. Latent means of IPVAW by age.

Table 1. Sociodemographic characteristics of the sample.

	Total	%
Age		
18-24	571	6.5
25-34	1159	13.1
35-44	1693	19.2
45-54	1659	18.8
55-64	1514	17.2
65+	2228	25.2
Nationality		
Spanish	8108	91.9
Immigrant	716	8.1
Level education		
Basic	610	6.9
Primary	1593	18.1
Secondary	1780	20.2
Upper-secondary	2839	32.2
University	1986	22.5
Household income (monthly)		
Less than 600€	443	7.6
601-1,200€	1750	29.9
1201-1,800€	1260	21.5
1801-2,400€	1039	17.7
2401-3,000€	673	11.5
3001-4,500€	506	8.6
4501-6,000€	139	2.4
More than 6,000€	47	0.8
Working status		
Employed	4020	45.8
Retired or pensionist	1964	22.4
Unemployed	1262	14.4
Student	299	3.4
Housewife	1240	14.1

Table 2. Descriptive statistics of the items

		Mean	SD	Skew	Kurtosis
Psychological violence					
Psy-1	He tried to prevent you to see your friends.	0.13	0.34	2.19	2.8
Psy-2	He was trying to prevent you from interacting with your immediate family or relatives.	0.08	0.28	3.01	7.06
Psy-3	He insisted on knowing where you were at any time.	0.16	0.37	1.85	1.42
Psy-4	He ignored you or treated you with indifference.	0.15	0.36	1.96	1.83
Psy-5	He would get angry if you talked to another man or woman.	0.15	0.36	1.91	1.66
Psy-6	He suspected for no reason that you were unfaithful.	0.12	0.32	2.34	3.5
Psy-7	He expected you to ask for permission before going to certain places on your own, such as a hospital or health centre, a cultural or sports centre, etc.	0.09	0.28	2.93	6.61
Psy-8	He refused to give you money for household expenses when the couple had money for other things	0.06	0.24	3.71	11.77
Psy-9	He prevented you from making decisions related to family finances and/or making purchases independently	0.07	0.26	3.3	8.91
Psy-10	He would not allow you to work or study outside the home	0.05	0.22	4.18	15.47
Psy-11	He used your money or credit card or took out loans in your name without your consent	0.05	0.21	4.36	17.05
Psy-12	He insulted you or made you feel bad about yourself.	0.19	0.39	1.57	0.47
Psy-13	He belittled or humiliated you in front of other people	0.14	0.35	2.06	2.26
Psy-14	He verbally threatened to harm you.	0.13	0.33	2.23	2.96
Psy-15	He verbally threatened to harm your children or someone else who is/was important to you.	0.09	0.29	2.85	6.1
Psy-16	He threatened you with self-harm if you leave him	0.04	0.19	4.99	22.87
Psy-17	He threatened to take your children away from you	0.06	0.24	3.69	11.62
Physical Violence					
Phy-1	He slapped you or threw something that could hurt you	0.07	0.25	3.41	9.61
Phy-2	He pushed, grabbed, or pulled your hair.	0.09	0.28	2.97	6.79
Phy-3	He hit you with his fist or something else that could hurt you.	0.05	0.21	4.28	16.31
Phy-4	He kicked, dragged, or beat you	0.04	0.19	4.98	22.78
Phy-5	He purposely tried to suffocate or burn you.	0.02	0.14	7.04	47.53
Phy-6	He threatened to use or used a gun, knife, or other dangerous weapon or substance against you	0.02	0.14	6.93	46.01
Phy-7	He used force against you, in any other of the ways listed above, in a way that harmed you or could have harmed you.	0.04	0.2	4.66	19.75
Sexual Violence					
Sex-1	He forced you to have sexual intercourse by threatening you, holding you down or harming you in any way. By sexual intercourse we mean vaginal or anal penetration or anal penetration with a penis or objects, or oral sex.	0.04	0.19	4.81	21.14

Sex-2	He made you have sex when you were unable to refuse because you were under the influence of alcohol or drugs.	0.02	0.13	7.47	53.83
Sex-3	You had unwanted sex because you were afraid of what he might do to you if you refused.	0.05	0.21	4.21	15.76
Sex-4	He forced you to have sex when you did not want to have sex	0.06	0.24	3.67	11.46
Sex-5	He tried to force you to have sex against your will without success.	0.04	0.2	4.49	18.2
Sex-6	He touched your private parts - genitals or breasts - or made any other type of sexual touching when you did not want him to.	0.05	0.22	4.16	15.29
Sex-7	He made you touch his intimate parts - genitals or breast - or forced you to perform some other type of sexual touching when you did not want him to.	0.04	0.19	4.95	22.52
Sex-8	He forced you to engage in any other sexual practices that I did not mention to you already	0.02	0.14	6.93	46.01

Table 3. CFA goodness of fit, internal consistency, and validity evidence based on its relation to other variables

		CFA goodness of fit (3-factor model)			Internal Consistency	Validity evidence	
		CFI	TLI	RMSEA (90% CI)		Suicidal ideation	Perceived health
Life-time		0.99	0.99	0.033 (0.032, 0.034)			
	Psychological IPVAW				α = .89, ω = .90	0.26*	0.09*
	Physical IPVAW				α = .89, ω = .90	0.27*	0.10*
	Sexual IPVAW				α = .92, ω = .92	0.26*	0.09*
Last 4 years		0.99	0.98	0.028 (0.027, 0.029)			
	Psychological IPVAW				α = .93, ω = .92	0.21*	0.05*
	Physical IPVAW				α = .88, ω = .91	0.15*	0.05*
	Sexual IPVAW				α = .91, ω = .89	0.14*	0.11*
Last year		0.99	0.98	0.012 (0.013, 0.015)			
	Psychological IPVAW				α = .90, ω = .87	0.17*	0.07*
	Physical IPVAW				α = .87, ω = .88	0.10*	0.04*
	Sexual IPVAW				α = .87, ω = .87	0.11*	0.05*

Note: CFI = Comparative fit index; TLI = Tucker-Lewis index; RMSEA = Root mean squared error by approximation. *: $p < 0.001$.

Table 4. Raw IPVAW prevalence rates by age.

			Lifetime prevalence			Last 4-years prevalence			Last-year prevalence		
Age	N	%	Psychological IPVAW	Physical IPVAW	Sexual IPVAW	Psychological IPVAW	Physical IPVAW	Sexual IPVAW	Psychological IPVAW	Physical IPVAW	Sexual IPVAW
18-24	571	6.1	0.426	0.128	0.119	0.322	0.088	0.084	0.151	0.023	0.033
25-34	1159	12.4	0.361	0.145	0.097	0.190	0.057	0.040	0.095	0.016	0.017
35-44	1693	18.1	0.315	0.128	0.098	0.128	0.030	0.024	0.074	0.011	0.012
45-54	1659	17.7	0.265	0.126	0.095	0.091	0.025	0.024	0.056	0.011	0.011
55-64	1514	16.2	0.195	0.086	0.071	0.057	0.013	0.013	0.037	0.007	0.010
65+	2228	23.8	0.156	0.054	0.056	0.042	0.004	0.009	0.032	0.001	0.005
Total	8824		0.258	0.104	0.083	0.108	0.027	0.024	0.062	0.009	0.012