

# Women's Response to Intimate Partner Violence

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The responses of women to a situation of abuse by their partner has hardly been addressed in the literature. Using a self-administered, anonymous questionnaire, 400 women attending three practices in a primary health care center in Granada (Spain) were studied. The women's response to abuse was used as a dependent variable. Sociodemographics, intensity, duration, and combination of the types of abuse were used as independent variables. Lifetime prevalence of any type of partner abuse was 22.8%. Of abused women, 68% showed an active response, attempting to resolve the situation mainly through separation (58.2%). The factors independently associated with a woman's active response were being separated, widowed, or divorced; reporting a greater intensity of abuse; and being younger than age 35 years. The results of this study show that a large majority of abused women in Spain try to resolve their situation, and that they are not passive victims.

**Keywords:** domestic violence; spouse abuse; women; attitude

Intimate partner violence (IPV) is one of the acts included in the category of violence against women or gender-based violence. This type of violence evolves from patriarchal social structures that imply women's subordinate status in society (Heise, Ellsberg, & Gottemoeller, 1999). IPV is defined as physical, sexual, and psychological violence, perpetrated by the man who is or was the woman's intimate partner. This is one of the least visible types of violence, as it takes place within the family home (Krug, Mercy, Dahlberg, & Zwi, 2002).

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Although physical violence is the most visible form of IPV, it is important to notice that there are other types of violence (psychological and sexual) that in the long term can have as much, if not more, of an impact on women's health (Campbell et al., 2002; Coker, Smith, McKeown, & King, 2000; Pico-Alfonso, García-Linares, Celda-Navarro, Herbert, & Martínez, 2004; Romito, Molzan, & De Marchi, 2005).

In terms of IPV prevalence, the figures range from 10% to 69%, depending on the scope of the study, the year, and the country where it is conducted (Anonymous, 2000; Geary & Wintage, 1999; Heise et al., 1999; Melnick, Maio, & Blow, 2002; Zachary, Mulvihill, & Burton, 2001). In Spain, a Macro-Survey carried out by the Women's Institute in 1999 found that 12.4% of women were technically considered to have been abused by their partner (Women's Institute, 1999). In a second survey, carried out in 2002, frequency was 11.1% (Women's Institute, 2002). Medina-Ariza and Barberet (2003) found, in a population-based study, that 45.5% of the women studied were victims of psychological abuse, 8% of physical abuse, and 11.4% of sexual abuse. Another study found that 31.5% of women attending a primary health care center presented lifetime IPV of any type (Raya Ortega et al., 2004). It is worth noting that the magnitude of the problem in the country is such that the government has recently enacted an Integrated Law Against Domestic Violence, to urge social, legal, and health services to work together in the eradication of IPV.

An aspect that has received little attention in the literature is that of the responses of women to a situation of IPV. The question that often arises is: Why do women stay in an abusive relationship? For some authors, to ask this question is to place the responsibility on the abused women, and also to assume that a high percentage of abused women do not abandon a relationship of this type (Medina, 2002).

From a psychological angle, attempts have been made to explain why women remain in an abusive relationship (the woman's masochistic nature and emotional dependence); however, more often and from a more sociological perspective, emphasis is placed on the fear of retaliation, the fear of losing their children, the financial dependence, the lack of support from friends and family, and the constant hope that "he might change" (Ellsberg, Peña, Herrera, Liljestrand, & Winkvist, 2000). At the same time, denial of the situation and fear of social rejection very often prevent women from seeking help. In developing countries, women talk of being single or unmarried as something social and culturally unacceptable, and this fact constitutes an additional obstacle that keeps them from leaving an abusive relationship.

However, various qualitative studies have shown that the majority of abused women are not passive victims but, on the contrary, tend to adopt strategies to guarantee their safety and that of their children by assessing the risk or danger inherent in their situation (Krug et al., 2002). In Nicaragua, 41% of women stated they had separated from their partner, either permanently or temporarily (Ellsberg, Winkvist, Peña, & Stenlund, 2001). It should be considered that separation and disclosing the violence are not the only active responses women can adopt in their situation. In a study carried out in South Carolina, 87.3% of women experiencing IPV disclosed their abusive relationship and shared their feelings with family, friends, doctors, or therapists (Coker & Derrick, 2000).

Furthermore, a woman's response to a situation of IPV will be conditioned by the circumstances of the abuse and the options available to her. As far back as 1988, Strube (1988) showed that the factors contributing to women not abandoning the relationship were the lack of financial resources, a not very severe abusive relationship, and a situation that does not directly affect the children.

It is also important to remark that the options available to a woman are conditioned by factors beyond her control, such as the attitude of the community toward IPV, the resources available for abused women, and access to financial resources and social support (Ellsberg et al., 2001). In this sense, when a woman decides to seek help, the response she receives from the community determines her future actions.

The aim of the current study is to identify and analyze the responses to IPV adopted by abused Spanish women. The current study forms part of a broader research project on IPV (Mata & Ruiz, 2002).

## Method

### Participants and Setting

A cross-sectional survey was carried out in three practices of a primary health care center in Granada, Spain. All women ages 18 to 65 years attending these practices for whatever reason during July 2002 were included in the study. Following the Ethical and Safety Recommendations for Research on Domestic Violence against Women (World Health Organization [WHO], 1999), females accompanied by their male partners were excluded from the study. Women who could not understand Spanish and those with severe cognitive disabilities were also excluded.

Accepting an alpha risk of .05 for an accuracy of  $\pm .05$  in a bilateral contrast for an estimated proportion of .5, a random population sample of 385 participants was defined.

### Survey Measures and Instrument

The outcome measure was women's response to IPV, that included: none, reporting the abuse to the authorities, partner separation, seeking help from battered women's associations, and seeking help from health care professionals. These categories were not mutually exclusive. For analysis purposes, this measure was divided into two categories: active response (if the participant responded affirmatively to at least one of the options) and passive response (when the participant answered negatively to all the options).

The independent variables considered in this study were:

- Sociodemographics: age, number of children, marital status, employment status, education, and monthly family income
- Variables related to IPV: intensity of IPV and combination of the types of lifetime abuse (physical, psychological, and sexual); duration of the abuse (< 1 year, 1 to 5 years and > 5 years).

A self-administered structured questionnaire was specifically designed for the current study. It included 14 closed-ended questions that could be answered in 10 minutes. Six of the questions referred to sociodemographic variables. Six inquired about the intensity and type of IPV (in a current and a previous relationship). Each of these six questions had three possible responses reflecting intensity: very often, sometimes, and never (i.e., Have you ever been abused by your current partner physically [hit, slapped, kicked, pushed]? And what about a previous partner?). The woman was considered "abused" if she replied *very often* or *sometimes* to any of the six abuse-related questions. The woman was considered to have ever experienced physical IPV if she answered *very often* or *sometimes* to any of the two specific questions about physical IPV (with a current or previous partner), and the same applied to psychological and sexual abuse. Given that there is usually considerable overlap between IPV types, we created combinations of abuse: one type of abuse, two types of abuse, and three types of abuse for analysis purposes. One question asked about the duration of abuse, and in a final question women were asked about their response to IPV (in case of abuse). The formulation of the questions was based on scales used in other studies, such as the WHO Multi-Country Study on Women's Health and Life Events (Straus, 1990; WHO, 2003).

### Procedure

The information was gathered by a trained researcher in the waiting room of the three primary health care practices. Having asked the woman for her collaboration and having checked whether she met the inclusion

criteria, a brief introduction was given to her explaining that a study on health and women was being conducted. If the woman gave consent for participation, she was handed the questionnaire in a sealed envelope. Particular emphasis was placed on the confidentiality and anonymity of the responses, and on the importance of answering all the questions. The researcher offered to help women fill in the questionnaire if necessary. When completed, the woman deposited the questionnaire in a box prepared for this purpose. The envelope containing the questionnaire also included information on available community resources for battered women in the area.

### Data Analysis

An initial descriptive analysis was carried out using number of cases and percentages for qualitative variables. The association between the dependent variable and each of the independent variables was analyzed using the chi-squared test. Statistical significance was set at  $p < .05$ . The magnitude of the association was estimated using the odds ratio (OR), with a Confidence Interval (CI) of 95%. Finally, a logistic regression analysis was conducted for the joined control of possible confounding factors. Included in the model were all the significant variables in the bivariate analysis and all those considered to be of interest for the current study. It should be noted that some of the variables were recoded for the bivariate and multivariate analysis, given the small number of women in some of the initial categories of the variables used in the descriptive analysis.

### Results

During the period of the current study, the three practices were attended by 853 women. Of all these, 449 met inclusion criteria, and 49 refused to participate (36 of these claimed they were in a hurry). Therefore, 400 women completed the questionnaire (response rate of 89.08%).

Table 1 shows the sociodemographic characteristics of the sample and IPV-related characteristics. The most frequent age group was 36 to 50 years (40.3%), and 34% of the sample had two children. Of the women, 68% were married, and 45.3% were employed. The majority of the women (47.9%) had only primary studies or no studies at all, and 55.2% reported a monthly family income between 600 and 1,200 euros.

The prevalence of any type of lifetime IPV was 22.8% ( $n = 91$ ). Among abused women, it was observed that 53.8% experienced only one kind of abuse, 29.7% two types, and 16.5% all three types. Regarding abuse duration,

**Table 1**  
**Sociodemographic and Intimate Partner Violence (IPV)-Related Characteristics of the Sample ( $N = 400$ )**

Variables	$n^a$	%
Age		
18 to 35 years	137	34.9
36 to 50 years	158	40.3
51 to 65 years	97	24.8
Number of children		
None	96	24.0
1 child	56	14.0
2 children	136	34.0
3 to 7 children	112	28.0
Marital status		
Married	272	68.0
Single	82	20.5
Separated and/or divorced	29	7.3
Widowed	17	4.2
Employment status		
Housewife	159	39.8
Employed	181	45.3
Student	23	5.9
Unemployed	36	9.0
Education		
None or primary	190	47.9
Secondary	104	26.2
Further and/or university	103	25.9
Monthly family income		
< 600 Euros	67	18.3
600 to 1200 Euros	202	55.2
> 1200 Euros	97	26.5
Intensity of IPV		
Very often	36	9.0
Sometimes	55	13.8
Never	309	77.2
Combination of the types of abuse		
One type of abuse	49	53.8
Two types of abuse	27	29.7
Three types of abuse	15	16.5
Duration of abuse		
1 month to 1 year	24	31.6
1 to 5 years	19	25.0
> 5 years	33	43.4

a. Total sample numbers differ because of missing data.

**Table 2**  
**Response to Intimate Partner Violence (IPV)**  
**Adopted by Abused Women (*n* = 91)**

Response	<i>N</i>	%
Active response to IPV (the woman does something)	54	68.4
Partner separation	46	58.2
Report of IPV to the authorities	12	15.2
Seeking help from healthcare professionals	12	15.2
Seeking help from battered women's associations	5	6.3

43.4% of the abused women stated they had been victims of abuse for more than 5 years.

In terms of the response to IPV adopted by abused women, 68.4% showed an active response, attempting to resolve the situation mainly through separation (58.2%), followed by reporting the abuse to the authorities (15.2%), seeking help from health professionals (15.2%), and seeking help from battered women's associations (6.3%; see Table 2).

The association of the sociodemographic and IPV-related variables with the woman's response to IPV is shown in Table 3. As age increases, the frequency of abused women trying to resolve this situation drops (84.6% of those ages younger than 35 years, compared to 54.5% of those ages more than 50 years; OR = .21, 95% CI = .05-.84). Regarding marital status, abused women who were single and those who were separated, divorced, and widowed were more likely to have an active response to IPV than married abused women (OR = 7.36; 95% CI = 1.47-36.83, and OR = 7.36, 95% CI = 1.88-28.79, respectively). Similarly, employed, students, and unemployed abused women were more likely to have an active response to IPV than housewives (OR = 3.56, 95% CI = 1.32-9.59). The probability of an active response to IPV decreased with an increase of number of children and monthly family income and with a decrease of educational level, although these differences were not statistically significant.

Regarding IPV characteristics, women reporting a greater abuse intensity ("very often") had a more active response to IPV than women with a lower abuse intensity ("sometimes"; OR = 3.95, 95% CI = 1.36-11.46). Women who referred having experienced two and three types of abuse simultaneously also had a more active response to IPV than those that experienced only one kind (mostly psychological), and the probability of an

**Table 3**  
**Association Between Sociodemographic Variables, Variables**  
**Related to Intimate Partner Violence (IPV) and Woman's**  
**Response to Reported IPV (*n* = 91)**

	Active response to IPV			
	<i>N</i> <sup>a</sup>	%	Odds Ratio <sup>b</sup>	95% Confidence Interval
Age				
18 to 35 years	22	84.6	1	1
36 to 50 years	20	64.5	.33	.09-1.20
51 to 65 years	12	54.5	.21	.05-.84
Number of children				
None	16	80.0	1	1
1 to 2 children	19	67.9	.52	.13-2.04
3 to 7 children	19	61.3	.39	.10-1.47
Marital status				
Married	19	48.7	1	1
Single	14	87.5	7.36	1.47-36.83
Separated, widowed, or divorced	21	87.5	7.36	1.88-28.79
Employment status				
Housewife	16	51.6	1	1
Employed, student, unemployed	38	79.2	3.56	1.32-9.59
Education				
None or primary	24	64.9	1	1
Secondary/further/university	29	70.7	1.30	.50-3.39
Monthly family income				
< 600 Euros	18	75.0	1	1
600 to >1200 Euros	30	62.5	.55	.18-1.65
Intensity of IPV				
Sometimes	24	55.6	1	1
Very often	30	83.3	3.95	1.36-11.46
Combination of the types of abuse				
One type of abuse	21	55.3	1	1
Two types of abuse	21	80.8	3.40	.94-12.96
Three types of abuse	12	80.0	3.24	.68-17.35
Duration of abuse				
1 month to 1 year	5	78.3	1	1
1 to 5 years	6	66.7	.55	.13-2.23
> 5 years	2	63.6	.48	.14-1.64

a. Total sample numbers differ because of missing data.

b. The comparison group comprised those abused women who reported no active response to IPV (*n* = 37).

**Table 4**  
**Factors Independently Associated With the Woman's**  
**Response to Intimate Partner Violence (IPV).**  
**Logistic Regression Analysis (*n* = 91)**

	Active Response to IPV		
	Adjusted Odds Ratio <sup>a</sup>	95% Confidence Interval	<i>p</i> Values
Age			
18 to 35 years	1	1	
36 to 50 years	.20	.03-1.24	.05
51 to 65 years	.18	.02-.86	.04
Intensity of abuse			
Sometimes	1	1	
Very often	5.88	1.59-21.65	.01
Marital status			
Married	1	1	
Single	5.23	.87-33.11	.07
Separated, widowed or divorced	10.41	2.26-47.91	< .01

a. The comparison group comprised those abused women who reported no active response to IPV (*n* = 37).

active response to IPV decreased with an increase of duration of abuse, although these differences were not statistically significant.

Finally, the variables independently associated with the woman's active response to IPV were being separated, widowed, or divorced; referring a greater intensity of abuse and being younger than age 35 years (Table 4).

## Discussion

To our knowledge, this is one of the first studies to be published in Spain on the response of women to IPV.

The overall prevalence of lifetime IPV of any type (physical, psychological, and/or sexual) in the current study was 22.8%. This figure is consistent with data found in other international studies. In a Population Report carried out by the Center for Health and Gender Equity (Heise et al., 1999) that reviewed around 50 population-based studies up to 1999, between 10% and 69% of women all over the world reported having been victims of physical IPV at some point in their life. In European countries, the figures ranged from 18% to 58% (Heise et al., 1999).

Many studies have been carried out within the health care setting (primary or specialized health care, emergency services, or gynecology practices), because it has been demonstrated that abused women make a greater use of the health care system than nonabused women (Koss, Koss, & Woodruff, 1991). Internationally, and particularly in Anglo-Saxon countries (United States, United Kingdom, and Canada), prevalence data in the health care setting range between 20% and 55% (Armstrong, 2001; Bradley, Smith, Long, & O'Dowd, 2002; Hegarty, Gunn, Chondros, & Small, 2004; Richardson et al., 2002). It should be noted that Spain has a public National Health System that aims to provide universal medical care. Therefore, although prevalence data found in the current study cannot by any means be generalized to the Spanish population, we should acknowledge that findings from studies in the general practice are probably the closest data we can have to the real magnitude of the problem.

With regard to women's response to IPV, 68.4% of abused women in the current study tried to resolve their situation and were, mainly, young women and separated or single. The literature shows that the frequency of women who experience physical violence and seek help varies between 32% in Bangladesh, 53% in Egypt, and 78% in Canada (Heise et al., 1999).

In the current study, more than one half of the abused women opted for separation, contradicting the traditionally held view of passiveness of abused women. This result indicates that individual efforts are made by a large number of women, who choose an option that very often involves a very difficult period of cohabitation, when the most severe forms of abuse often happen, sometimes resulting in the woman's death.

A total of 15% of abused women in the current sample tried to resolve their situation by reporting the abuse to the authorities. This figure may suggest an increase in the number of reports of abuse because data from the Spanish Ministry of Internal Affairs indicate that in 1997 only 5% of abused women reported it ("Violencia Domestica. La Respuesta Politica," 2002). Until very recently, reporting and disclosing an abusive relationship and seeking help in general has been socially repressed because IPV was considered a phenomenon limited to the private sphere. In recent years, fortunately, women have been encouraged to report cases of IPV. However, this new situation requires legal, social, and economic instruments to provide suitable protection for the victims (Rodriguez, Sheldon, & Rao, 2002).

It is worth noting that only 6% of the women that experienced IPV sought help in associations for battered women. The reasons for this were not explored in the current study; however, it might be either that the woman is not aware of the existence and availability of these resources or

that she does not trust their effectiveness. It would be desirable for these organizations to work harder in making their existence well known by means of increased publicity in the mass media.

Finally, 15% of abused women shared their problem with health care professionals, taking the initiative and placing the doctor in a situation of particular responsibility in such an important issue, in which prevention and early detection are of vital importance to avoid later consequences and greater harm.

Some studies have suggested that there are a number of factors that lead women to end an abusive relationship. In the current study, age and intensity of abuse were found to be clearly associated with attempting to resolve an abusive situation. This result is consistent with works published in other countries (McFarlane, Soeken, Reel, Parker, & Silva, 1997; Strube, 1988). Ellsberg et al. (2001) found that the severity of violence seems to have an effect on permanent separation, through its effect on the intervening coping strategies, such as help seeking and temporary separations. It is encouraging that younger women, on the whole, and compared to women of their mothers' generation, seem to be less tolerant of partner violence and more willing to initially try a variety of options to end with the violence, such as temporary separations or seeking help outside. This difference is probably reflecting the changes in cultural attitudes toward gender violence and in the availability of resources for abused women.

Leaving an abusive relationship is a process that typically includes periods of denial, self-blame, and enduring the situation before the woman admits that the abuse really exists and identifies herself with other women in the same situation. This is the beginning of the break and of the recovery. The majority of women leave their relationship and return to it several times before definitive abandonment. It is for this reason that detecting the situation and informing of the existing resources in the first stages of the conflict is probably more effective than acting when the situation of abuse is already strongly present.

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## Risk Factors for Peer Sexual Harassment in Schools

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This study introduces potential risk factors for victimization and perpetration of sexual harassment among teens not previously studied. The first set of analyses compared histories of perpetration and victimization by gender, as well as the relationship between risk factors and perpetration or victimization. For girls ( $r = .544$ ) and boys ( $r = .700$ ), the relationships between perpetration and victimization histories were very strong. Most proposed risk factors were also significantly related to perpetration and victimization histories for both genders, including alcohol use frequency, delinquency, histories of family violence and victimization, cultural and personal power, and retaliation, with all increasing as perpetration or victimization history increased. For girls, two direct paths were moderately related to victimization—delinquency and family victimization. For boys, only one variable—perpetration history—was related to victimization history. Four variables were directly related to greater sexual harassment perpetration—greater personal power, delinquency, family violence, and family victimization.

**Keywords:** adolescents; school; sexual harassment

During the past 20 years, research on sexual harassment has focused on the workplace and university setting. It is only during the past decade that researchers have turned their attention to sexual harassment in K-12 schools, making it a relatively new field. Studies to date have addressed the prevalence of sexual harassment occurring in schools but have not fully explored risk and protective factors of this phenomenon. In fact, none of the current research on sexual harassment makes a distinction between victims and nonvictims or perpetrators and nonperpetrators. Gleaning information

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