

IS THERE AN INTIMATE PARTNER VIOLENCE VICTIM'S PROFILE?

Mercedes Domínguez Fernández

Investigadora predoctoral

Departamento de Anatomía Patológica y Ciencias Forenses

Universidad de Santiago de Compostela

María Sol Rodríguez Calvo

Catedrática de Medicina Legal y Forense

Departamento de Anatomía Patológica y Ciencias Forenses

Universidad de Santiago de Compostela

Abstract: Intimate partner violence (IPV) is a significant worldwide problem. Because risk factors vary across different settings and cultures, it is a priority to improve their knowledge so as to formulate better evidence-based policy responses. The aim of the present study was to investigate the characteristics of abused women from a medico-legal and criminological perspective in order to define a victim's profile. A retrospective analysis of IPV court proceedings with a final judgment was accomplished. Most IPV victims were young adult women, either married or single, with children, living in an urban environment and with a low family income level. The majority had a long-term relation-

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ship with their abuser and lived with him at the time of assault and, in many cases, also shared the family home with children or other family members. Taking into account the outcome of the court rulings, five age-dependent profiles of abused women could be highlighted.

Key words: Intimate partner violence; Women; Victim; Forensic Medicine; Criminology

Resumen: La violencia de género constituye un importante problema internacional. Dado que los factores de riesgo varían en diferentes contextos y culturas, es una prioridad mejorar su conocimiento para diseñar medidas basadas en la evidencia. El objetivo de este estudio fue investigar las características de las mujeres maltratadas desde un punto de vista médico-legal y criminológico con la finalidad de definir un perfil de víctima. Se realizó un estudio retrospectivo de expedientes judiciales por violencia de género con sentencia firme. La mayoría de las víctimas eran mujeres jóvenes, casadas o solteras, con hijos, residentes en un entorno urbano y con un bajo nivel de ingresos familiares. La mayoría mantuvo una relación duradera con el maltratador y vivía con él en el momento de la agresión. En algunos casos también convivía con hijos u otros familiares. Teniendo en cuenta el fallo judicial, hemos podido destacar cinco perfiles de mujer maltratada según la edad.

Palabras clave: Violencia de pareja; Mujer; Víctima; Medicina Forense; Criminología

Summary: 1. Introduction. 2. Material and Methods. 3. Results and discussion. 3.1. Sociodemographic characteristics of victims. 3.2. Characteristics of offspring and parenthood. 3.3. Characteristics of the intimate relationship. 3.4. Classification tree. 3.5. Limitations of the study. 4. Conclusions. 5. Bibliographic references.

1. INTRODUCTION

Intimate partner violence (IPV) is one of the most common forms of violence against women. It is considered a major public health problem worldwide, with significant socio-economic and familiar impact. It has serious short and long-term consequences on victims' health, the most extreme being the victims' homicide¹. The term IPV refers to “physical, psychological and/or sexual violence carried out by whoever is or has been an intimate partner of the victim, in a context of coercive control that often worsens over time”².

According to a report published by the World Health Organization (WHO) in 2013³, it is estimated that 30% of women have experienced some kind of violence from their partner at some point in their lives. This is a universal problem that affects all sectors of society. However, several international studies have identified different factors that increase the likelihood of victimization of women, such as age, low level of education, low family income and unemployment⁴. It has also been highlighted

- 1 See KRANTZ G, GARCIA-MORENO C.: “Violence against women”, en *J Epidemiol Com Health*, Vol.59, 2005, p.818–21, KRUG E, DAHLBERG L, MERCY J, ZWI A, LOZANO R. World Report on violence and Health. Geneva: World Health Organization, 2002, CAMPBELL JC.: “Health consequences of intimate partner violence”, en *Lancet*, Vol, 359, 2002, p.1331-36, VIVES-CASES C, RUÍZ-CANTERO MT, ESCRIBÀ-AGÜIR V, MIRALLES JJ.: “The effect of intimate partner violence and other forms of violence against women on health”, en *J Public Health*, Vol. 33, Nº1, 2010, p.15-21 and CHIBBER KS, KRISHNAM S.: “Confronting intimate partner violence, a global health care priority”, en *Mt Sinai J Med*, Vol 78, Nº 3, 2011, p.449-457.
- 2 Definition proposed by JEWKES R.: “Intimate partner violence: causes and prevention”, en *Lancet*, Vol. 359, 2002, p.1423-9.
- 3 World Health Organization/London School of Hygiene and Tropical Medicine/South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: *World Health Organization*, 2013, p. 51
- 4 See different studies as: CANAVAL GE, GONZÁLEZ MC, SÁNCHEZ MO.: “Perfil sociodemográfico de las mujeres que denuncias maltrato de pareja en la ciudad de Cali”, en *Inv Enf*, Vol.9, Nº2, 2007, p.159-176,

the particular vulnerability of female immigrants⁵. Furthermore, it has been reported that a higher educational and occupational status of women as well as social support are protective factors against IPV and its consequences⁶. In Spain, recent studies have confirmed these findings and found significant associations between marital status (separation or divorce appeared as potential risk factors), the age of the woman (the older the woman, the more protection against IPV), the number of children (women with more than three dependent children are more at risk for IPV), low educational level and the fact of being an immigrant⁷.

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- AKERSON LK, KAWACHI I, BARBEAU EM, SUBRAMANIAN SV.: “Effects of individual and proximate educational context on intimate partner violence: a population-based study of women in India”, en *Am J Public Health*, Vol.98, 2008, p.507-514, FLAKE DF.: “Individual, Family and Community Risk Makers for Domestic Violence in Peru”, en *Violence Against Women*, Vol.11, N°3, 2005, p.353-373, LOWN EA, VEGA WA.: “Prevalence and Predictors of Physical Partner Abuse Among Mexican American Women”, en *Am J Public Health*, Vol. 91, 2001, p.441-445 and ABRAMSKY T, WATTS CH, GARCIA-MORENO C, DEVRIES K, KISS L, ELLSBERG M, JANSEN H, HEISE L.: “What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women’s health and domestic violence”, en *BMC Public Health*, Vol. 11, 2011, p.109.
- 5 HAZWN AL, SORIANO FL.: “Experiences with intimate partner violence among Latin women”, en *Violence Against Women*, Vol. 13, 2007, p.562-582 and RAJ A, SILVERMAN JG.: “Immigrant South Asian women at greater risk for injury from intimate partner violence”, en *Am J Public Health*, Vol.93, 2003, p.435-7.
- 6 Written in other studies as: LOWN EA, VEGA WA.: “Prevalence and Predictors of Physical Partner Abuse Among Mexican American Women”, en *Am J Public Health*, Vol. 91, 2001, p.441-445, COKER A, WATKINS K, SMITH P, BRANT H.: “Social support reduces the impact of partner violence on health: application of structural equation models”, en *Prev Med*, Vol.37, 2006, p.259-267 and PLAZAOLA-CASTAÑO J, RUIZ-PÉREZ I, MONTERO-PINAR ML, GENDER VIOLENCE STUDY GROUP.: “Apoyo social como factor protector frente a la violencia contra la mujer en la pareja”, en *Gac Sanit*, 2008; (6): p.527-533.
- 7 RUIZ-PÉREZ I, PLAZAOLA-CASTAÑO J, ÁLVAREZ-KINDELA M, PALOMO-PINTO M, ARNALTE-BARRERA M, BONET-PLA A, DE SANTIAGO-HERNANDO ML, HERRANZ-TORRUBIANO A, GARALÓN-RUIZ LM.: “Sociodemographic associations of physical, emo-

Other studies have shown increased likelihood of IPV and death among immigrant women, as well as a different response to the problem⁸. The most common form of violence suffered by women is a combination of physical and psychological abuse⁹. The violence often appears quite early on at the start of the relationship and usually persists for years¹⁰.

The risk factors for intimate partner violence vary in different contexts and cultures, with social, political and healthcare consequences. Prevention and intervention strategies to combat this problem are now a priority in Spain, where different guides and protocols for clinicians and forensic practitioners have been implemented¹¹. For the purpose of locate and prevent this vic-

tional and sexual intimate partner violence in Spanish women”, en *Ann Epidemiol*, Vol.15, N°5, 2006, p.357-363 and VIVES-CASES C, ÁLVAREZ-DARDET C, GIL-GONZÁLEZ D, TORRUBIANO-DOMÍNGUEZ J, ROHFS I, ESCRIBÀ-AGÜIR V.; “Perfil sociodemográfico de las mujeres afectadas por violencia del compañero íntimo en España”, en *Gac Sanit*, Vol. 23, N° 5, 2009, p.410-414.

- 8 VIVES-CASES C, ÁLVAREZ-DARDET C, TORRUBIANO-DOMÍNGUEZ J, GIL-GONZÁLEZ D.: “Mortalidad por violencia del compañero íntimo en mujeres extranjeras residentes en España (1999-2006)”, en *Gac Sanit*, Vol. 22, N°3, 2008, p.232-235 and VIVES-CASES C, GIL-GONZÁLEZ, RUÍZ-PÉREZ I, ESCRIBÀ-AGÜIR V, PLAZAOLA-CASTAÑO J, MONTERO-PIÑAR MI, TORRUBIANO-DOMÍNGUEZ J.: “Identifying sociodemographic differences in Intimate Partner Violence among immigrant and native women in Spain: a cross-sectional study”, en *Prev Med*, Vol. 51, 2010, p.85-87.
- 9 THOMPSON RS, BONOMI AE, ANDERSON M, REID RJ, DIMER JA, ET AL.: “Intimate partner violence: prevalence, types, and chronicity in adult women”, en *Am J Prev Med*, Vol.30, N° 6, 2006, p.447-457 and LABRADOR FJ, FERNÁNDEZ-VELASCO MR, RINCÓN P.: “Psychopathological characteristics of female victims of intimate partner violence”, en *Psychol Spain*, Vol. 15, N°1, 2011, p.102-109
- 10 MENÉNDEZ S, PÉREZ J, LORENCE B.: “La violencia de pareja contra la mujer en España: cuantificación y caracterización del problema, las víctimas, los agresores y el contexto social y profesional”, en *Psychosocial Intervention*, Vol. 22, 2013, p.41-53.
- 11 Include the following guides and protocols: CONSEJO INTERTERRITORIAL DEL SISTEMA NACIONAL DE SALUD, “Protocolo común para la actuación sanitaria ante la violencia de género”, *Ministerio de Sanidad*,

timization it is essential to get to know the characteristics of women who suffer this violence. In recent years, numerous studies have been conducted in order to increase awareness of this problem and propose evidence-based policy responses. Many of these studies focus on one of the most controversial issues of IPV, that is, the possibility of a victim profile. The aim of this study is to investigate the characteristics of abused women from a medical-legal and criminological perspective in order to define whether or not there is an IPV victim's profile.

2. MATERIAL AND METHODS¹²

A retrospective analysis of files classified as gender violence in the Department of Public Prosecution of Santiago de Compostela (Galicia, NW Spain) was carried out. Cases of IPV were selected and other cases of violence against women were excluded from the sample. Only court proceedings with a final judgment between January 2005 and December 2012 were included in the investigation.

The information was collected on index cards previously designed for this purpose and completed with data from the court proceedings, thus providing the following socio-demographic information: age, marital status, descendants, nationality, place of residence, employment status, educational level and economic status. Data on the characteristics of the relationship between victim and perpetrator were also obtained: time spent together, duration of abuse and cohabitation or not with the abuser or others at the time of the attack. All data were subsequently

Servicios Sociales e Igualdad, 2012, CONSELLERÍA DE SANIDADE, "Guía Técnica do proceso de atención ás mulleres en situación de violencia de xénero", *Xunta de Galicia*, 2009 and COBO PLANA JA, (Coordinador), "Guía y Manual de Valoración Forense Integral de la Violencia de Género y Doméstica" *Ministerio de Justicia*, Madrid, 2005.

- 12 This project was supported by Grants from Ministerio de Ciencia e Innovación (FEM 2010-22350-C02-01 and FEM 2010-22350-C02-02) and from Ministerio de Sanidad, Servicios Sociales e Igualdad (181/12).

included in a digital database (Microsoft Office Excel 2007 ®). From these variables a descriptive analysis was performed, using the mean and standard deviation for quantitative variables, and the percentage distribution of frequencies for qualitative variables. Descriptive statistics was performed using R (R Core Team 2014) software¹³. Classification trees were carried out using the “tree” package (Brian Ripley, 2014: version 1.0-35)¹⁴.

3. RESULTS AND DISCUSSION

A total of 580 judicial files of intimate partner violence processed during 2005-2012 were included in the investigation. Only those cases with a final judgment were selected, with conviction in 68.6% of cases (N=398) and acquittal in the remainder (N=182, 31.4%) (**Figure 1**).

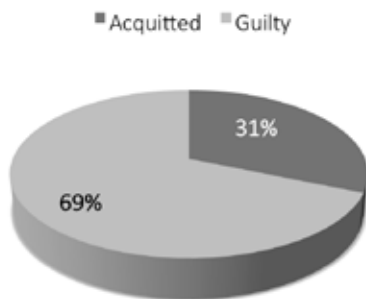


Figure 1. Judgment sentence

13 R Core Team (2014). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <http://www.R-project.org/>

14 Classification trees, package “tree”:: Brian Ripley (2014). tree: Classification and regression trees. R package version 1.0-35. <http://CRAN.R-project.org/package=tree>

3.1. Sociodemographic characteristics of victims.

This section shows the socio-demographic characteristics of victims, that is to say, those cases where the court judgment confirms a proven crime and finds the defendant guilty. Although with a broad age range (min=16, max=82), the average in our series was 36.67 years, with 80% of cases ranging between 21-50 years (**Table 1**). These data are consistent with other

Table 1. Age of victims (N=398)

	N	%
Age (years)		
16-20	24	6.03
21-30	95	23.87
31-40	146	36.68
41-50	74	18.59
51-64	36	9.05
≥65	10	2.51
Unknown	13	3.27
Age: mean (min-max, SD*)	36.67 (16-82, 11.95)	

*SD=Standard Deviation

studies, both nationally and internationally, which demonstrate that women who are part of the workforce and of childbearing age are those who are primarily subjected to IPV, with fewer cases of abuse in the younger and older ages¹⁵.

15 SWAHNBERG K, WIJMA B, SCHEI B, HILDEN M, IRMINGER K, WINGREN GB.: "Are sociodemographic and regional simple factors associated with prevalence of abuse?", en *Acta Obstet Gynecol Scand*, Vol. 83, 2004, p.276-288, CASTELLANO ARROYO M, ASO J, COBO JA, MARTÍNEZ-JARRETA B.: "Datos médico-forenses de 1485 agresiones denunciadas por mujeres", en *Rev Esp Med Leg*, Vol. 22, N°84-85, 1998, p.24-30, LABRADOR FJ, FERNÁNDEZ-VELASCO MR, RINCÓN P.: "Psychopathological characteristics of female victims of intimate partner violence", en *Psychol Spain*, Vol. 15, N°1, 2011, p.102-109, VIVES-CASES C, ÁLVAREZ-DARDET C, GIL-GONZÁLEZ D, TORRUBIANO-DOMÍNGUEZ J, ROHFS I, ESCRIBÁ-AGÜIR V.; "Perfil sociodemográfico

In relation to marital status (**Table 2**), in our series a high proportion of abused women were married (39.7%) or single (34.42%), although a significant number of them were separated or divorced. Recent studies have shown that formal marriage was a protective factor¹⁶, while being single¹⁷, separated / divorced¹⁸, were risk factors for abuse.

Table 2. Marital status (N=398)

	N	%
Single	137	34.42
Married	158	39.70
Common-law partners	8	2.01
Separated/Divorced	58	14.57
Widow	3	0.75
Unknown	34	8.54

de las mujeres afectadas por violencia del compañero íntimo en España”, en *Gac Sanit*, Vol. 23, Nº 5, 2009, p.410-414, RICKERT V, WIEMANN C, HARRYKISSOON S, BERENSON A, KOLB E.: “The relationship among demographics, reproductive characteristics, and intimate partner violence”, en *Am J Obstet Gynecol*, Vol.187, 2002, p.1002-7, MORAIS CALDAS I, GRAMS AC, AFONSO A, MAGALHAES T.: “Oral injuries in victims involving intimate partner violence”, en *Forensic Sci Int*, Vol. 221, 2012, p.102-5 and PETRIDOU E, BROWNE B, LICHTER E, DEDOUKOU X, ALEXE D, DESSYPRIS, N. What distinguishes unintentional injuries from injuries due to intimate partner violence: a study in Greek ambulatory care settings. *Inj Prev* 2002; 8: 197-201

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17 THOMPSON RS, BONOMI AE, ANDERSON M, REID RJ, DIMER JA, ET AL.: “Intimate partner violence: prevalence, types, and chronicity in adult women”, en *Am J Prev Med*, Vol.30, Nº 6, 2006, p.447-457., VEST JR, CATLIN TK, CHEN JJ, BROWSON RC.: “Multistate analysis of factors associated with intimate partner violence”, en *Am J Prev Med*, Vol. 22, Nº1, 2002, p.56-64 and SWAHNBERG K, WIJMA B, SCHEI B, HILDEN M, IRMINGER K, WINGREN GB.: “Are sociodemographic and regional sim-

Regarding the domicile of the victims, more than half (55.78%) resided in an urban environment, while 30.65% did so in rural areas (**Figure 2**). These results are similar to those

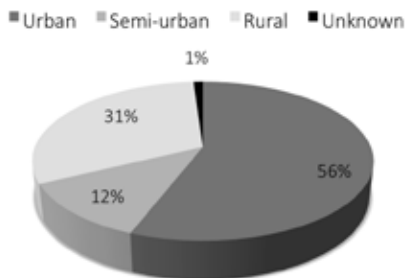


Figure 2. Place of residence

obtained in previous studies indicating greater likelihood of abuse in urban areas¹⁹, although other studies have shown a higher prevalence of abuse in rural areas²⁰.

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- ple factors associated with prevalence of abuse?”, en *Acta Obstet Gynecol Scand*, Vol. 83, 2004, p.276-288.
- 18 VEST JR, CATLIN TK, CHEN JJ, BROWSON RC.: “Multistate analysis of factors associated with intimate partner violence”, en *Am J Prev Med*, Vol. 22, N°1, 2002, p.56-64, COKER AL, SMITH PH, MCKEOWN RE, KING MJ.: “Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering”, en *Am J Public Health*, Vol. 90, 2000, p.553-559, HEGARTY KL, BUSH R.: “Prevalence and associations of partner abuse in women attending general practice: A cross-sectional survey”, en *Aust N Z J Public Health*, Vol. 26, 2002, p.437-442, ZORRILA B, PIRES M, LASHERAS L, MORANT C, SEOANE L ET AL.: “Intimate partner violence: last year prevalence and association with socio-economic factors among women in Madrid, Spain”, en *Eur J Public Health*, Vol. 20, N°2, p.169-175.
- 19 RAJ A, SILVERMAN JG.: “Immigrant South Asian women at greater risk for injury from intimate partner violence”, en *Am J Public Health*, Vol.93, 2003, p.435-7 and ZORRILA B, PIRES M, LASHERAS L, MORANT C, SEOANE L ET AL.: “Intimate partner violence: last year prevalence and association with socio-economic factors among women in Madrid, Spain”, en *Eur J Public Health*, Vol. 20, N°2, p.169-175.
- 20 PETRIDOU E, BROWNE B, LICHTER E, DEDOUKOU X, ALEXE D, DESSYPRIS, N.: “What distinguishes unintentional injuries from injuries

Although partner violence affects women of all social groups, it has been shown that a low socio-economic status is a risk factor for abuse. Most of the victims included in our study had a family income of less than 900 € per month, which is consistent with data obtained previously²¹ (**Figure 3**).

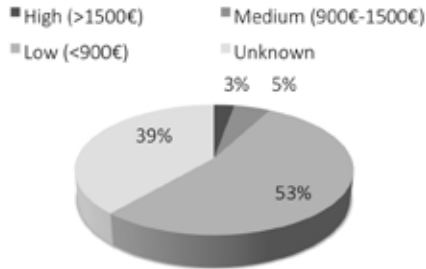


Figure 3. Monthly family income

As for the work activity of the victim, it is very difficult to make a comparison with other studies because of methodological differences in defining this variable. Furthermore, data from different cultural contexts show divergent results. Some indicate an association between IPV and paid work, particularly if the woman has a more regular and higher level of employment than her husband²², while other studies link violence with

due to intimate partner violence: a study in Greek ambulatory care settings”, en *Inj Prev*, Vol. 8, 2002, p.197-201.

- 21 THOMPSON RS, BONOMI AE, ANDERSON M, REID RJ, DIMER JA, ET AL.: “Intimate partner violence: prevalence, types, and chronicity in adult women”, en *Am J Prev Med*, Vol.30, N° 6, 2006, p.447-457, RUÍZ-PÉREZ I, PLAZAOLA-CASTAÑO J, ÁLVAREZ-KINDELA M, PALOMO-PINTO M, ARNALTE-BARRERA M, BONET-PLA A, DE SANTIAGO-HERNANDO ML, HERRANZ-TORRUBIANO A, GARRALÓN-RUIZ LM.: “Sociodemographic associations of physical, emotional and sexual intimate partner violence in Spanish women”, en *Ann Epidemiol*, Vol.15, N°5, 2006, p.357-363 and LABRADOR FJ, FERNÁNDEZ-VELASCO MR, RINCÓN P.: “Psychopathological characteristics of female victims of intimate partner violence”, en *Psychol Spain*, Vol. 15, N°1, 2011, p.102-109.
- 22 FLAKE DF.: “Individual, Family and Community Risk Makers for Domestic Violence in Peru”, en *Violence Against Women*, Vol.11, N°3, 2005,

unemployment²³. In our study (**Table 3**), 35.43% of the victims had a paid work and 23.12% were unemployed. The unemployment rate for Galician age-matched women ranged between 6 and 20.9% in the same period²⁴. The percentage of housewives was lower than in other studies²⁵.

Table 3. Employment status (N=398)

	N	%
Employed	141	35.43
Unemployed	92	23.12
Housewife	21	5.28
Retired	21	5.28
Student	18	4.52
Unknown	105	26.38

Concerning the cultural level of victims (**Table 4**), we found similar percentages for women with university education,

p.353-373 and SWAHNBERG K, WIJMA B, SCHEI B, HILDEN M, IRMINGER K, WINGREN GB.: "Are sociodemographic and regional simple factors associated with prevalence of abuse?", en *Acta Obstet Gynecol Scand*, Vol. 83, 2004, p.276-288.

- 23 RUIZ-PÉREZ I, PLAZAOLA-CASTAÑO J, ÁLVAREZ-KINDELA M, PALOMO-PINTO M, ARNALTE-BARRERA M, BONET-PLA A, DE SANTIAGO-HERNANDO ML, HERRANZ-TORRUBIANO A, GARRALÓN-RUIZ LM.: "Sociodemographic associations of physical, emotional and sexual intimate partner violence in Spanish women", en *Ann Epidemiol*, Vol.15, N°5, 2006, p.357-363, ZINK T, SILL M.: "Intimate partner violence and job instability", en *J Am Med Women's Assoc*, Vol. 59, 2004, p.32-35 and TOLMAN RM, WANG HC.: "Domestic violence and women's employment: fixed effects models of three waves of women's employment study data", en *Am J Community Psychol*, Vol. 36, 2005, p.147-158.

- 24 Galician Institute of Statistics [Last accessed on 2014, Sept 5]. Available from: <http://www.ige.eu/web/index.jsp?paxina=001&idioma=gl>

- 25 RUIZ-PÉREZ I, PLAZAOLA-CASTAÑO J, ÁLVAREZ-KINDELA M, PALOMO-PINTO M, ARNALTE-BARRERA M, BONET-PLA A, DE SANTIAGO-HERNANDO ML, HERRANZ-TORRUBIANO A, GARRALÓN-RUIZ LM.: "Sociodemographic associations of physical, emotional and sexual intimate partner violence in Spanish women", en *Ann Epidemiol*, Vol.15, N°5, 2006, p.357-363.

Table 4. Education level (N=398)

	N	%
University	15	3.77
Secondary	15	3.77
Primary	14	3.52
Unknown	354	88.94

secondary or primary education, although this information was available in a small part of the sample. Several studies have shown that a low educational level is a risk factor for abuse²⁶. On the other hand, increasing women's levels of education and proximate educational context are important factors in reducing this public health burden²⁷.

The nationality of victims is shown in **Figure 4**. Most cases concerned Spanish women (82.91%), which is in agreement

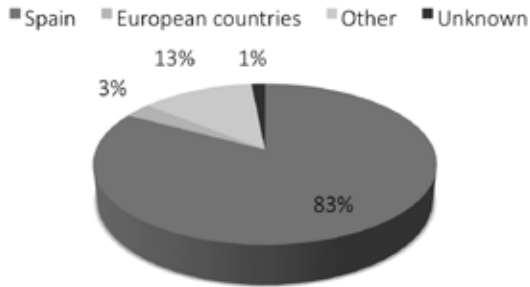


Figure 4. Nationality

26 FLAKE DF.: "Individual, Family and Community Risk Makers for Domestic Violence in Peru", en *Violence Against Women*, Vol.11, N°3, 2005, p.353-373, JEWKES R, LEVIN J, PENN-KEKANA L.: "Risk factors for domestic violence: Findings from a South African cross-sectional study". en *Soc Sci Med*, Vol. 55, 2002, p.1603-17 and SWAHNBERG K, WIJMA B, SCHEI B, HILDEN M, IRMINGER K, WINGREN GB.: "Are sociodemographic and regional simple factors associated with prevalence of abuse?", en *Acta Obstet Gynecol Scand*, Vol. 83, 2004, p.276-288.

27 ACKERSON LK, KAWACHI I, BARBEAU EM, SUBRAMANIAN SV.: "Effects of individual and proximate educational context on intimate partner

with most studies in Spain²⁸. About 15% were foreigners, mostly from South American countries (12.56%). This is a significant percentage when compared with the proportion of immigrants in our community, which was 4% in 2013²⁹. It is considered that being immigrant involves an accumulation of risk factors (more precarious work, family uprooting, language difficulties, lack of access to resources), which leaves women more vulnerable to IPV and death from this cause³⁰. It is important to take this into account when planning strategies of support for this group of women who are particularly vulnerable.

3.2. Characteristics of offspring and parenthood

Table 5 shows the characteristics of offspring and parenthood of victims' children. Most women had offspring (69.1%), with 3 or more children in 16.08% of cases and only 20% of victims had no children. Mainly, they had children with the life

violence: a population-based study of women in India”, en *Am J Public Health*, Vol.98, 2008, p.507-514.

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Table 5. Offspring and parenthood.

	N	%
Number of children (N=398)		
0	84	21,11%
1	114	28,64%
2	100	25,13%
3 or more	64	16,08%
Unknown	36	9,05%
Parenthood*		
None	84	21,11%
Aggressor	229	57,54%
Another partner	74	18,59%
Both (aggressor and another partner)	25	6,28%
Pregnant at abuse	7	1,76%

**Categories are not mutually exclusive (not adding up to n = 398 or 100%)*

partner aggressor (N=229, 57.54%), but also with another life partner (N=74, 18.51%) or with both, the aggressor and another romantic partner (N=25, 13.74%). Seven women (1.76%) were pregnant at abuse. Several studies argue that partner violence is more common in large families and that number of children (three or more) is a risk factor associated with violence and the response to it³¹.

31 THOMPSON RS, BONOMI AE, ANDERSON M, REID RJ, DIMER JA, ET AL.: "Intimate partner violence: prevalence, types, and chronicity in adult women", en *Am J Prev Med*, Vol.30, N° 6, 2006, p.447-457, LOWN EA, VEGA WA.: "Prevalence and Predictors of Physical Partner Abuse Among Mexican American Women", en *Am J Public Health*, Vol. 91, 2001, p.441-445 and VEST JR, CATLIN TK, CHEN JJ, BROWSON RC.: "Multistate analysis of factors associated with intimate partner violence", en *Am J Prev Med*, Vol. 22, N°1, 2002, p.56-64, p.276-288.

3.3. Characteristics of the intimate relationship

The characteristics of the relationship are described in **Table 6**. Most of the victims lived with the perpetrator at the time of the abusive event and, in many cases, also shared the family home with children or other family members. Several studies also emphasise that partner violence is more common when the victim resides with the aggressor³² and indicate children as the main group living with the victim at the time of the

Table 6. Relationship characteristics

Years living together	11.04 (min: 0.02 – max: 61)	
Years of abuse	7.61 (min: 0.01 – max: 45)	
Living with aggressor at abusive event	N	%
Yes	224	56.28
No	174	43.72
Other people at home* (N= 224)	N	%
Children	140	62.50
None	60	26.79
Other family members	33	14.73
No family members	8	3.57
Unknown	15	6.04

*Categories are not mutually exclusive (not adding up to n = 224 or 100%)

- 32 VIVES-CASES C, ÁLVAREZ-DARDET C, GIL-GONZÁLEZ D, TORRUBIANO-DOMÍNGUEZ J, ROHFS I, ESCRIBÀ-AGÜIR V.; “Perfil sociodemográfico de las mujeres afectadas por violencia del compañero íntimo en España”, en *Gac Sanit*, Vol. 23, Nº 5, 2009, p.410-414, VIVES-CASES C, GIL-GONZÁLEZ, RUÍZ-PÉREZ I, ESCRIBÀ-AGÜIR V, PLAZAOLA-CASTAÑO J, MONTERO-PIÑAR MI, TORRUBIANO-DOMINGUEZ J.: “Identifying sociodemographic differences in Intimate Partner Violence among immigrant and native women in Spain: a cross-sectional study”, en *Prev Med*, Vol. 51, 2010, p.85-87 and ECHEBURÚA E, FERNÁNDEZ-MONTALVO J, DE CORRAL P.: “¿Hay diferencias entre la violencia grave y la violencia menos grave contra la pareja?: un análisis comparativo”, en *International Journal of Clin Health Psychol*, Vol. 8, 2008, p.355-382.

assault³³, consequently they are at least indirect victims of the violent environment. This important finding demonstrated that abuse does not only have a negative impact on women, but also has negative consequences on children's health and development, as pointed out by other authors³⁴. The results of this study support the recurrent nature of the problem. The relationship lasted an average of 11 years and the abuse an average of 7 years, which is consistent with other studies³⁵.

3.4. Classification tree

Using the demographic characteristics of the victims, characteristics of offspring and the final judgment of the court a classification tree was constructed, which provides, with a classification error of 20%, different profiles of an abused woman

- 33 VIVES-CASES C, ÁLVAREZ-DARDET C, GIL-GONZÁLEZ D, TOR-RUBIANO-DOMÍNGUEZ J, ROHFS I, ESCRIBÀ-AGÜIR V.; "Perfil sociodemográfico de las mujeres afectadas por violencia del compañero íntimo en España", en *Gac Sanit*, Vol. 23, Nº 5, 2009, p.410-414 and ECHEBURÚA E, FERNÁNDEZ-MONTALVO J, DE CORRAL P.: "¿Hay diferencias entre la violencia grave y la violencia menos grave contra la pareja?: un análisis comparativo", en *International Journal of Clin Health Psychol*, Vol. 8, 2008, p.355-382.
- 34 CHIBBER KS, KRISHNAM S.: "Confronting intimate partner violence, a global health care priority", en *Mt Sinai J Med*, Vol 78, Nº 3, 2011, p.449-457, ORDÓÑEZ MP, GONZALES P.: "Las víctimas invisibles de la Violencia de Género", en *Rev. Clin Med Fam*, Nº1, 2012, p.30-36, GOICOLEA I, BRIONES-VOZMEDIANO E, ÖHMAN A, EDIN K, MINVIELLE F, VIVES-CASES C.: "Mapping and exploring health system's response to intimate partner violence in Spain", en *BMC Public Health*, Vol.13, 2013, p.1162 and SEPÚLVEDA A.: "La Violencia de Género como causa de Maltrato Infantil", en *Cuad Med Forense*, Vol. 12, Nº 43-44, 2006, p.149-164.
- 35 CANAVAL GE, GONZÁLEZ MC, SÁNCHEZ MO.: "Perfil sociodemográfico de las mujeres que denuncias maltrato de pareja en la ciudad de Cali", en *Inv Enf*, Vol.9, Nº2, 2007, p.159-176, LABRADOR FJ, FERNÁNDEZ-VELASCO MR, RINCÓN P.: "Psychopathological characteristics of female victims of intimate partner violence", en *Psychol Spain*, Vol. 15, Nº1, 2011, p.102-109 and ECHEBURÚA E, FERNÁNDEZ-MONTALVO J, DE CORRAL P.: "¿Hay diferencias entre la violencia grave y la violencia menos grave contra la pareja?: un análisis comparativo", en *International Journal of Clin Health Psychol*, Vol. 8, 2008, p.355-382

according to age (**Figure 5**). Starting from the premise that the woman is legally recognised as a victim of IPV when there is a guilty verdict, five different age-dependent profiles of abused women have been found.

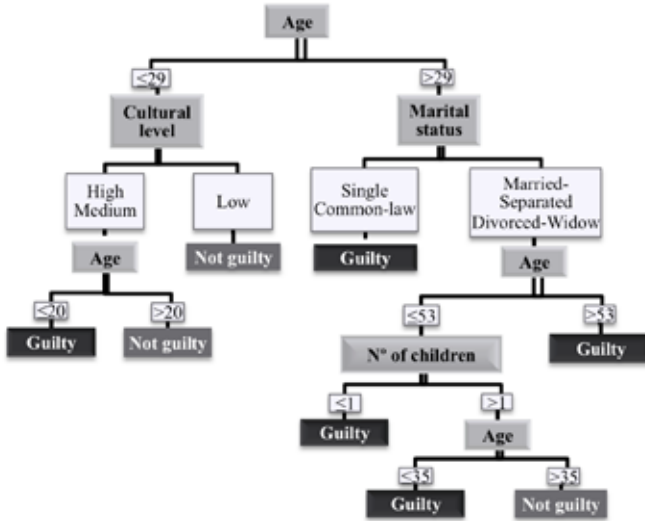


Figure 5. Classification tree of IPV victims' profile

- Woman ≤ 20 years, with a medium-high cultural level.
- Woman > 29 years, single or cohabitating.
- Woman ≤ 35 , married / separated / divorced or widowed, with ≥ 2 children.
- Woman ≤ 53 years, married / separated / divorced or widowed, with ≤ 1 child.
- Woman > 53 years, married / separated / divorced or widowed.

With this tree, the combination of characteristics that define 5 groups of women most affected by this problem can

be visualised graphically. Three of the profiles correspond to young adult women (under 35 years), another to women under 53, which is consistent with the relationship already mentioned above between this type of abuse and the age of the victim. The profile is completed with other characteristics such as marital status and having children, which as discussed above, are also risk factors for IPV. Surprisingly, the last profile corresponds to women over 53 years married, separated, divorced or widowed. As stated above, elderly women are less likely to suffer violence³⁶. This profile found in our series could be explained by the population aging in Galicia. In 2012, 46% of Galician women were over 50 and of these, nearly 60% were over 65 years³⁷.

3.5. Limitations of the study

The present study has certain limitations that should be taken into account. Firstly, due to the retrospective nature of the study, data on some variables, especially in relation to the cultural level of the victims, are lacking. Another limitation is that this research is focused on the records from the prosecution office, and limited to reported cases with a final judgment and sentence. This could lead to an underestimation of the problem since it excludes all cases that go unreported. Therefore, future studies should check whether the characteristics of the victims are replicated in other judicial districts and in those cases unreported. It would also be essential to conduct case-control studies to confirm the risk factors.

36 VIVES-CASES C, GIL-GONZÁLEZ, RUÍZ-PÉREZ I, ESCRIBÁ-AGÜIR V, PLAZAOLA-CASTAÑO J, MONTERO-PIÑAR MI, TORRUBIANO-DOMINGUEZ J.: “Identifying sociodemographic differences in Intimate Partner Violence among immigrant and native women in Spain: a cross-sectional study”, en *Prev Med*, Vol. 51, 2010, p.85-87 and CAETANO R, VAETH PAC, RAMISETTY-VIKLER S.: “Intimate partner violence victim and perpetrator characteristics among couples in the United States”, en *Fam Violence*, Vol. 23, 2008, p. 508-518.

37 Galician Institute of Statistics [Last accessed on 2014, Sept 5]. Available from: <http://www.ige.eu/web/index.jsp?paxina=001&idioma=gl>

Despite the limitations of this study, we believe it provides fundamental data, which extend awareness of this problem. Five profiles of IPV victims could be identified from the analysis of court cases. Yet we consider it essential to further analyse this problem in order to obtain reliable epidemiological data to be applied in prevention and treatment of this socio-political-health problem.

4. CONCLUSIONS

Young, married or unmarried women with children, living in an urban environment with low socio-economic status are the group most affected by the IPV in our community. Most victims had a long-term relationship with their abuser and lived with him at the time of assault and, in many cases, also shared the family home with children or other family members. Taking into account the outcome of the court rulings, five age-dependent profiles of abused women could be highlighted. Knowing the characteristics of IPV victims enables to identify their needs and contribute to the design of future strategies against such violence and evaluation of existing measures.

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