

PSYCHOPATHOLOGICAL CHARACTERISTICS OF FEMALE VICTIMS OF INTIMATE PARTNER VIOLENCE

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Intimate partner violence has caused considerable social alarm. Better awareness of the characteristics and problems of the female victims of this type of violence is necessary to be able to provide adequate psychological attention. This is the purpose of the present study. We studied a sample of 212 women who had been exposed to a situation of intimate partner violence, were remitted by diverse institutions of the Madrid Autonomous Region, and who were assessed via the same procedure. The results contribute data about socio-demographic characteristics and history of violence, which resemble those obtained in previous research. As regards psychopathological variables, there was a lower incidence of post-traumatic stress disorder and a higher incidence of depression. The presence of some concomitant variables was observed, notably problems of adaptation, low self-esteem, and dysfunctional post-traumatic cognitions.

La violencia de pareja provoca gran alarma social. Conocer las características y problemáticas de las mujeres víctimas de este tipo de violencia parece necesario para poder ofrecer una atención psicológica adecuada. Éste es el objetivo del presente estudio. Se estudia una muestra de 212 mujeres que ha sufrido maltrato por su pareja, derivadas por diversas instituciones de la Comunidad de Madrid y que han sido evaluadas por el mismo procedimiento. Los resultados aportan datos sobre las características sociodemográficas y la historia de violencia que se asemejan a los obtenidos por investigaciones previas. En cuanto a las variables psicopatológicas aparece una menor incidencia del trastorno de estrés postraumático y mayor de depresión. Se observa la presencia de determinadas variables concomitantes, destacando problemas de adaptación, baja autoestima y cogniciones disfuncionales de tipo postraumático.

The number of female victims of intimate partner violence (FVIPV) is high, though many of the women involved do not acknowledge their victimhood publicly or do not identify themselves as such. In Spain, this type of violence is estimated to affect 20-25% of all women (Fontanil, Ezama, Fernández, Gil, Herrero, & Paz, 2005; Labrador, Rincón, De Luis & Fernández-Velasco, 2004), though surveys by Spain's *Instituto de la Mujer* (Institute for Women) indicate figures for "technical abuse" of 9% in 1999 and 7.2% in 2006, as against those for reported abuse in the last year: 1.6% in 1999 and 2.1% in 2006 (Instituto de la Mujer, 2008). Fontanil et al. (2005) found, in a study of women in Asturias (northern Spain), that 20.3% had been or were the victim of abuse by their partner, with a prevalence of 6% in the previous year.

In the WHO study of 24,000 women in ten countries, between 13% and 61% of the sample acknowledged having suffered physical abuse at some time in their life,

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between 6 and 59% violence of a sexual nature, and between 20 and 75% psychological abuse from their partner or ex-partner (WHO, 2005).

Such violence has highly negative effects for 3,793,000 women aged over 16, if it affects 20% of Spanish women. However, the media tend to highlight only the number of deaths caused by this violence, the figure for 2007 being 68 women. While not wishing to minimize the importance of these deaths, they represent just 0.002% of FVIPVs; the other 99.998% also need help. It is important, then, to be aware of their characteristics and conditions.

The psychological consequences of this type of violence are considered to be more common and serious than the physical consequences, except in cases of death or serious injury. Among these consequences, Golding's (1999) meta-analysis highlights the prevalence of post-traumatic stress disorder (PTSD) (weighted mean of 63.8%) and depression (47.6%), also mentioning a high incidence of anxiety disorders and substance abuse problems (18.5% in the case of alcohol and 9% in that of drugs). High frequencies of problems related to self-esteem and social maladjustment have also been noted.

Data on psychological problems in FVIPVs tend to come from surveys, often carried out over the telephone,

with scarce control over the truth and accuracy of the responses, and this is hardly the most appropriate procedure for establishing the presence of a psychological problem. Furthermore, given the disparity between the proportion of women who acknowledge being the victim of intimate partner violence and those who actually experience it – and especially in view of the fact that only a small percentage of women seek help – it is impossible to obtain comprehensive knowledge on the problems affecting the FVIPV population. However, we can at least identify the characteristics of those FVIPVs who seek help and the type of help requested. This is the population that would truly benefit from psychological help.

Studies that attempt to identify the psychological problems for which these women seek professional help are scarce. Fortunately, some have been carried out in our country, but the samples tend to be small (Alonso & Labrador, 2008; Rincón, Labrador, Arinero, & Crespo, 2004; Sarasúa, Zubizarreta, Echeburúa, & Corral, 2007), and the authors do not always explain how they obtained the study sample (Matud, 2004). Another approach has involved identifying the reasons women give for contacting help centres. In the study by Labrador et al. (2006) for the *Instituto de la Mujer*, the authors reported that the problems most frequently identified by these centres were post-traumatic cognitions, generalized anxiety, PTSD and self-esteem problems, these also being the problems most commonly treated, together with depression. However, the accuracy of the diagnoses in this study is questionable, given the large differences between centres and the ways in which women reach them.

There would seem to be a need for further research on the types of demands made by FVIPVs when they seek help. More accurate knowledge about these women will improve our understanding of this problem and its effects, and in turn, facilitate more appropriate and effective intervention. Assessments by psychologists expert in clinical psychology will be of special relevance in this regard.

The aim of the present work is to identify in FVIPVs who seek help at specialist centres:

- a) Sociodemographic characteristics.
- b) Characteristics of the intimate partner violence experienced.
- c) The ensuing psychopathological symptoms.

METHOD

Participants

212 women who were experiencing or had

experienced violence from their partner and who sought help at specialist centres for this type of victim in Madrid.

Instruments

Pauta de entrevista para víctimas de violencia doméstica (Interview schedule for victims of domestic violence) (Labrador & Rincón, 2002). This provides sociodemographic data and information on characteristics of the abuse, previous history of victimization and CAGE alcohol addiction data.

Escala de gravedad de los síntomas del TEPT (*Seriousness of PTSD Symptoms Scale*) (Echeburúa, Corral, Amor, Zubizarreta, & Sarasúa, 1997). This provides a global PTSD score and scores for each subscale – re-experiencing, hyperactivation and avoidance.

Beck Depression Inventory (BDI) (Spanish adaptation by Vázquez & Sanz, 1997).

Structured Clinical Interview for the DSM-IV. (SCID) Diagnosis of Anxiety Disorders (Zimmerman, 1994).

Rosenberg Self-Esteem Scale (Spanish adaptation Echeburúa & Corral, 1998).

Escala de inadaptación (Maladjustment Scale) (Echeburúa, Corral, & Fernández-Montalvo, 2000). Assesses adjustment level in five areas: work, social life, leisure time, intimate partner relationship and family home life, also providing a global appraisal.

The Post-traumatic Cognitions Inventory (Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). This provides a global score for thoughts related to the traumatic events, as well as specific scores on three subscales: negative cognitions about oneself, negative cognitions about the world, and self-punishment.

Procedure

Recruitment of participants

Participants were recruited from different help services for victims in the Autonomous Region of Madrid (*Comunidad de Madrid*).

Assessment

The assessment took place at the Psychology Faculty of Madrid's Complutense University and in facilities of some of the help centres, and was carried out by female psychologists, experts in clinical psychology, who were specially trained for the task.

Data analysis

The data analysis (means, standard deviations, frequencies and percentages) was carried out with the SPSS (12.0) package.

Results

Sociodemographic characteristics of the sample

Mean age of the women was 36. The majority no longer live with the abuser (66%), the highest frequency in educational level is for the "incomplete primary" category (43.4%), and most are of medium or medium-low socioeconomic status (75%). A total of 58.2% are in work, whilst 38% continue to be dependent on their abuser. Seventy-two per cent have children, with a mean of 1.69.

Abuse characteristics

Although the majority are victims of physical and psychological abuse (54.4%), around 20% have experienced sexual violence. Mean duration of the abuse is 6.8 years. All report episodes of violence in the last month, the majority indicating a frequency of at least 1-3 times per week (52.8%). The abuse has also affected the children in 58.5% of cases. A total of 67.5% have reported the abuse, and 55% have had to leave home. Medical attention for injuries has been required in 43% of cases, and psychological attention in 38%. The

majority had not experienced abuse in their previous relationship (84%) or in their family of origin (72%). Seventy per cent reported perceiving high levels of social support.

Psychopathological characteristics

Post-traumatic symptomatology is present in 37.3% of cases: 32.1% chronic PTSD and 5.2% subsyndromal PTSD (in which only the criteria of two scales are met, re-experiencing and either avoidance or hyperactivation).

A more detailed analysis of the PTSD symptoms reveals that the values of the means surpass the cut-off points for the global scale (15) and for the three subscales (re-experiencing, 5; avoidance, 6; and hyperactivation, 4). This supports the consideration of PTSD symptomatology as a type that characterizes these victims. If we consider the symptoms one by one

Variables	Complete sample N= 212
Mean age (SD)	36.27 (10.34)
Marital status	
Single	16.5%
Married	13.2%
Cohabiting	24.1%
Separating/separated/ divorced	46.2%
Educational level	
Incomplete primary	43.4%
Complete primary	17.9%
Secondary	18.9%
University	19.8%
Subjective social class	
Low	16.5%
Medium-low	36.8%
Medium	38.2%
Medium-high	7.5%
High	1%
Current occupation	
Service sector	15.6%
Administrative sector	4.2%
Unskilled	23.0%
Housewife/Homemaker	22.3%
Unemployed	19.3%
Professional/ Technical	9.9%
Manager	1.5%
Student	4.2%
Living with abuser	34%
Financially dependent on abuser	38.2%
Number of children	1.69 (1.14)

Variables	Complete sample N= 212
Type of abuse	
Psychological	29.8%
Physical and psychological	54.4%
Physical and/or psychological and sexual	19.8%
Duration of abuse (years)	6.8 (8.1)
Frequency of abuse in last month	
Daily	18.4%
1 to 3 times per week	34.4%
1 to 3 times per month	21.2%
Less than once a month	14.7%
Isolated episodes	11.3%
Has reported the abuse	67.5%
Number of reports made	1.68 (2.9)
Number of charges withdrawn	0.35 (1.79)
Has left home at least once	55%
Number of times	2.03 (4.28)
Medical attention for injuries	43%
Number of times attention received	0.97 (2.26)
Psychological and/or psychiatric attention	38%
Psychological and/or psychiatric antecedents	35.4%
Abuse in previous relationship	16%
Abuse in family of origin	28%
Abuse affects children	58.5%
Type of abuse	
Witnessed	70%
Psychological	14.5%
Physical	18.5%
Social support	70%
Family support	39%
Legal support	66%

(see Table 4), just one of them (*Amnesia*) appears in less than 20% of the women, and eleven appear in at least 37.5%. The most common are: *Difficulties for concentrating*, *Loss of interest in significant activities*, *Feeling of bleak future*, *Intrusive memories*, *Avoidance of thoughts and feelings* and *Psychological distress*.

On comparing the results obtained with those from the studies by Echeburúa, Corral and Amor (1998), with 164 victims, and by Rincón et al. (2004), with 70 victims (which used the same scale for assessing PTSD), the frequencies of the symptoms are low, but the most common symptoms are practically the same.

As regards other variables, depression affects 89% of the participants, the moderate and serious categories accounting for 68.6%. The BDI mean of 23.23 indicates moderate depressive symptomatology. Forty-four per cent of these women have suicidal antecedents: suicidal ideation or suicide attempts. A high percentage present low self-esteem (73.8%) and poor adaptation to everyday life (87.6%). The post-traumatic cognitions inventory does not provide normative data, but the values obtained are close to intermediate points, or slightly higher (in the case of negative thoughts about the world).

In 38.7% of cases the FVIPVs meet the criteria of anxiety disorders, essentially Panic Disorders (Panic attacks and Panic disorder without agoraphobia). The results of the CAGE test for alcohol addiction indicate

that 90% of the sample were not alcohol-dependent or alcohol abusers; as regards other substances, just 5% acknowledged having or having had problems of drug abuse.

Thirty-nine per cent of the participants had a history of previous disorders, without representative diagnoses.

DISCUSSION AND CONCLUSIONS

The sample studied, large by the standards of clinical samples, comprised only women who had sought help, and it is not known whether they represent the majority of FVIPVs. However, this limitation is only an apparent one: help initiatives should respond to those FVIPVs that demand them. It is also important to know why many do not seek help, but this is not the goal of the present work.

Seriousness of PTSD Symptoms Scale		N= 212
Presence of PTSD		
Chronic PTSD		32.1%
Subsyndromal PTSD		5.2%
Absence of PTSD		62.7%
Seriousness of PTSD Symptoms Scale		Mean and SD
Global score		
		18.78 (11.8)
Subscale: re-experiencing		
		5.16 (3.99)
Subscale: avoidance		
		7.26 (4.87)
Subscale: hyperactivation		
		6.4 (4.32)

PTSD Symptoms	Frequency of PTSD symptoms (Echeburúa et al., 1998)	Frequency of PTSD symptoms (Rincón et al., 2004)	Frequency of PTSD symptoms in the present work
Re-experiencing Subscale			
Intrusive memories	93.2	71.5	44.4
Intrusive dreams	24.6	37.1	21.4
Flashbacks	29.7	30	20.0
Psychological distress	81.4	75.7	42.4
Physiological distress	74.6	62.9	31.7
Avoidance Subscale			
Avoidance of thoughts, feelings, etc.	72.9	67.1	42.4
Avoidance of activities, places, etc.	40.7	47.1	28.3
Amnesia	4.2	15.7	10.2
Loss of interest in significant activities	82.2	62.8	48.8
Feeling of detachment or alienation	61.9	47.1	28.3
Restriction of emotional life	27.1	57.1	38.0
Feeling of bleak future	79.6	31.4	47.9
Hyperactivation Subscale			
Insomnia	64.4	67.2	45.4
Irritability	71.2	51.5	37.6
Problems of concentration	72.0	65.7	50.3
Hypervigilance	34.7	54.3	42.9
Startle response	49.2	50.0	39.5

Sociodemographic characteristics

The educational level is notably low, compared to that of all Spanish women over 16, for which the figures are 22% university studies, 45% secondary education and 30.5% primary education (Instituto de la Mujer, 2006). The level is also lower than those found in other Spanish samples (Amor, Echeburúa, Corral, Zubizarreta, & Sarasúa, 2002; Arinero & Crespo, 2004; Rincón et al., 2004; Sarasúa et al., 2007).

The employment situation of these victims is also poorer than that of the rest of Spanish women. Unemployment levels are slightly higher, but in any case few are in jobs requiring high qualifications. The generally unskilled nature of the work done by these victims, also pointed out elsewhere (Fontanil et al., 2005), may be partly the consequence of attempts by the abuser to annul his partner in this area of special relevance for personal autonomy. A noteworthy finding is that although just 54% work outside the home, 62% are not financially dependent on their abuser. Institutional aid or help from family and friends may be behind these figures, and indeed the FVIPV's situation may be transitory, so that she will still need to enter the job market. Furthermore, the prevalence of unskilled work among these women might be explained by the urgency of their need to find a job.

Two more findings worth highlighting here are as follows: a) Mean age of these FVIPVs is relatively low (36 years), by comparison with the samples in previous studies; b) The percentage of women not living with the abuser is high – higher than that found in the study by Fontanil et al. (2005) and close to those found for the

FVIPV group aged under 30 in the work by Sarasúa et al. (2007) (76%) and for Alonso and Labrador's (2008) sample (74%). Either finding suggests that seeking help may be more difficult whilst living with the abuser, while the first reflects the fact that younger women are more likely to seek help.

As regards the low representation of women from medium-high and high social class, the explanation is probably related with the reduces likelihood that they come to the Centres than have led the cases for this study, and not with a lower incidence of the problem between them.

In sum, the profile of FVIPVs who seek help is young, with low educational level, low employment-related and economic resources, and not living with or financially dependent upon the abuser.

Characteristics of the abuse

The concordance between our findings and those of previous works (Amor et al., 2002; Rincón et al., 2004) is high, in relation to the distribution of type of violence, the frequency of reporting the abuser and leaving home, the low rate of abuse antecedents and the violence affecting the children. In contrast to the studies by Sarasúa et al. (2007), or Alonso and Labrador (2008), the percentage of women who have suffered sexual violence is lower (19.8%), and close to that found by Rincón et al. (2004). The frequency of the abuse is also relatively low (52.8% at least once per week).

Duration of the abuse (6.8 years) is lower than that found in several other works (Echeburúa et al., 1998; Amor et al., 2002; Rincón et al., 2004; Alonso &

Table 5
Scores on the scales of Depression, Self-esteem, Adaptation problems and Post-traumatic cognitions

Instrument	Scale	Mean and SD	Category	Frequency	%
BDI		23.23 (11.5)	Absence of depression	23	11%
			Mild depression	43	20.5%
			Moderate depression	80	38.1%
			Severe depression	64	30.5%
Self-esteem inventory		20.68 (6.67)	High self-esteem	55	26.2%
			Low self-esteem	155	73.8%
Adaptation problems scale		20.68 (6.67)	Exceed cut-off	183	87.6%
	Work		3.07 (1.50)		
	Social life		3.07 (1.59)		
	Leisure time		3.39 (1.58)		
	Couple		4.05 (1.31)		
	Family		3.29 (1.61)		
Post-traumatic Cognitions Inventory		12.19 (3.24)			
	Negative cognitions about oneself		3.69 (1.25)		
	Negative cognitions about the world		4.78 (1.32)		
	Self-punishment		3.69 (1.41)		

Labrador, 2008), all of which report durations of over 10 years. Nevertheless, an average of 7 years enduring abuse is truly serious, and indicative of the problems encountered for freeing oneself from these situations. Such prolonged experience of abuse must have highly negative effects on the victims.

These data on the abuse, and especially the finding that 30% have “only” suffered psychological violence, probably indicate that the rate of abuse found here is slightly lower than that identified in the majority of studies with Spanish samples, but even so the figures are terrifying. Separation from the abuser is no guarantee of the end of the violence. Seventy-four per cent suffer at least one abuse episode per month, and this despite the fact that 66% do not live with their partner. Similar results were obtained elsewhere (Rincón et al., 2004; Alonso & Labrador, 2008).

As in previous research, the presence of antecedents of violence (16% within the couple; 28% in the family of origin) is low, which rules out the role of “victim” or an attraction to violence in these women. Seeking the explanation for intimate partner violence in the victims is not only unfair but inappropriate; it should be sought in the behaviour of the perpetrator and in the environment in which it occurs and that permits it.

Nor is there empirical support for the hypothesis that women are isolated; on the contrary, indeed, perceived social support is high among these FVIPVs (70%). This probably has to do with the progressive growth of awareness of the problem in society. Such high levels of social support have been found in the majority of studies carried out in Spain, but not in all other cultural contexts. For example, in the work by Alonso and Labrador (2008) with Mexican women it was lower (37%). On the other hand, levels of family support (39%) are not so high. The family tend not to provide much support for the victim; they frequently disapprove of the “separation” from the abuser, and on occasions actually blame the victim for the violence she has suffered, either suggesting some personal failing or arguing that it is her fault for having endured the aggression “without doing anything”; likewise, the family often “remind” the victim of her “obligation” to put up with the violence and fulfil her duties as wife and mother, discouraging her from taking the step to make the situation public, or stigmatizing her if she does so.

The abuse has affected the children (58.5%), in most cases only in the sense that they have witnessed it (70%), though almost one in five (18.5%) of the children has also been physically abused. Psychological or psychiatric

antecedents are found in around 35% – a lower figure than that obtained in previous works (Alonso & Labrador, 2008), perhaps partly because of the briefer history of violence in our sample (6.8 years, as against 14.6).

To summarize, FVIPVs have suffered prolonged and frequent abuse, sometimes even on a daily basis, which has not ceased on separating from the abuser. The abuse has commonly been physical and psychological, has been reported and has obliged the victims to leave home. They have enjoyed high levels of social support but less support from their families.

Psychopathological characteristics

Notable in this area is the low percentage of women with PTSD (37%), though it is similar to the figures found in other studies, such as that by Sarasúa et al. (2007) (33%). However, high average values that surpass the cut-off point are obtained in all the PTSD subscales. Moreover, the results show that the symptoms most typical of PTSD in these FVIPVs are those already reported in previous works: re-experiencing, specifically the presence of unpleasant and recurring memories about the abuse and psychological distress on recalling the events; and hyperactivation symptoms, including difficulties for sleeping, problems of concentration and a permanent state of hypervigilance. Symptoms of avoidance are less common, except for avoidance of related thoughts.

The specific characteristics of the violence may explain the PTSD symptomatology in these victims. The prolonged and repeated experience of the violent episodes would explain the frequent presence of intrusive memories. The constant hyperactivation may be due to the impossibility of predicting and controlling the occurrence of the violent episodes and of the women’s perception that they could be assaulted at any time, especially in the home. As regards avoidance

Table 6
Presence of anxiety disorders

Diagnosis of anxiety disorders	Complete sample N= 212
Presence of disorder:	38.7%
Panic attacks	21.2%
Agoraphobia	0.5%
Panic disorder without agoraphobia	11.8%
Panic disorder with agoraphobia	0.5%
Specific phobia	2.4%
Social phobia	0.5%
Generalized anxiety disorder	1.9%
Absent	61.3%

behaviours, those of avoidance of feelings are high, but not those concerning places or activities. This is logical: the main place to avoid is the home, and unless victims actually leave home, it cannot be avoided. Aspects that do indeed show high values are loss of interest, feeling of bleak future and restriction of emotional life – that is, the variables more closely associated with emotional numbness than with avoidance *per se*, reflecting the fact that the two factors necessarily included in this PTSD dimension – avoidance and emotional numbness – may each vary independently. There is little avoidance, but emotional numbness is very high. Nevertheless, and despite the fact that the percentage of women with a PTSD diagnosis is small, we still consider PTSD to be the category or set of symptoms that best characterizes these women; indeed, in all the subscales the mean scores exceed the cut-off values for PTSD.

Depression is the most common disorder in these women (69.6% between moderate and serious), with just 11% perceiving themselves to be free of depressive symptoms. Various factors may contribute to this: feeling of personal failure, leaving home, breakdown of social and/or family networks, loss of acquisitive power, and especially, alteration of all areas of everyday life. In the work by Labrador et al. (2006) it was reported that depression was one of the disorders for which most help was sought, and that which attracted most psychological attention.

As commonly found in this area of research, very low self-esteem values are found (74% fail to surpass the cut-off point). The conception of oneself as inadequate, feeling of low worth and perception of insufficient personal resources may be explained by self-criticism, learned responsibility for the violent situation, failure to take steps to break out of the cycle, failure in general, and above all self-blame. Living with a person who repeatedly tries to convince the woman that she is useless or even annuls her ability to make decisions would also appear to be a determining factor.

Values in problems of adaptation are very high, with 88% of the FVIPVs exceeding the cut-off value. The majority reported that their everyday life was affected by the violence, leading to a breakdown of normality in areas including work (absenteeism or leaving one's job), social life (limitations for relating to other people), leisure time (isolation, control, legal proceedings, court cases, etc.), family (children affected, negative response from family), or the couple (mistrust of restoring the intimate partner relationship). Moreover, these victims consider themselves incapable of coping with the demands society makes on them. In sum, the results of

this work also highlight the global deterioration that tends to be found in these victims, characterized by severe problems of adaptation to daily life.

The percentage of suicidal ideation or suicide attempts (44%) indicates a serious problem often not taken into account, underlining the need to assess and prevent this risk in all FVIPVs. Other studies have already found figures as high as 32.5% for women who had planned suicide during an abusive relationship (Villavicencio, 1996), but little attention has been paid to such data. Thus, prevention, attention and protection initiatives should not only address the possibility of murder, but should also set out to detect and avoid suicide.

Anxiety disorders are also significantly represented (38.7%), mainly panic disorders, reflecting the high levels of activation and tendency for hypervigilance.

To summarize, the most characteristic aspect is the presence of depression, with a high frequency of PTSD – though lower than in previous works – and of anxiety. Also notable in these victims are risk of suicide, low self-esteem, and difficulties of adaptation to social life.

REFERENCES

- Alonso, E., & Labrador, F.J. (2008). Características sociodemográficas y de la violencia de pareja en mujeres maltratadas con trastorno de estrés postraumático: un estudio comparativo de víctimas de diferente nacionalidad. *Revista Mexicana de Psicología*, 25, 271-282.
- Amor, P.J., Echeburúa, E., Corral, P., Zubizarreta, I., & Sarasua, B. (2002). Repercusiones psicopatológicas de la violencia doméstica en la mujer en función de las circunstancias del maltrato. *Revista Internacional de Psicología Clínica y de la Salud*, 2 (2), 227-246.
- Arinero, M., & Crespo, M. (2004). Evaluación de la eficacia de un programa de tratamiento cognitivo-conductual para mujeres víctimas de maltrato doméstico: un estudio piloto. *Psicología Conductual*, 12 (2), 233-249.
- Echeburúa, E., & Corral, P. (1998). *Manual de Violencia Familiar*. Madrid: Siglo XXI.
- Echeburúa, E., Corral, P., & Amor, P. J. (1998). Perfiles diferenciales del trastorno de estrés postraumático en distintos tipos de víctimas. *Análisis y Modificación de Conducta*, 24 (96), 527-555.
- Echeburúa, E., Corral, P., Amor, P.J., Zubizarreta, I., & Sarasua, B. (1997). Escala de Gravedad de Síntomas del Trastorno de estrés postraumático: Propiedades psicométricas. *Análisis y Modificación de Conducta*, 23 (90), 503-526.

- Echeburúa, E., Corral, P., & Fernández-Montalvo, J. (2000). Escala de Inadaptación (EI): Propiedades psicométricas en contextos clínicos. *Análisis y Modificación de Conducta*, 23 (107), 325-340.
- Foa, E., Ehlers, A., Clark, D.M., Tolin, D.F., & Orsillo, S.M. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment*, 11 (3), 303-314.
- Fontanil, Y., Ezama, E., Fernández, R., Gil, P., Herrero, F.J., & Paz, D. (2005). Prevalencia del maltrato de pareja contra las mujeres. *Psicothema*, 17, 90-95.
- Golding, J.M. (1999). Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *Journal of Family Violence*, 14, 99-132.
- Instituto de la Mujer (2006). *Mujeres en cifras*. Available at: <http://www.mtas.es/mujer/mcifras/principal.htm>
- Instituto de la Mujer (2008). *Mujeres en cifras*. Available at: <http://www.mtas.es/mujer/mcifras/principal.htm>
- Labrador, F.J., & Rincón, P.P. (2002). Trastorno de estrés postraumático en víctimas de maltrato doméstico: Evaluación de un programa de intervención. *Análisis y Modificación de Conducta*, 28 (122), 905-932.
- Labrador, F.J., Rincón, P.P., De Luis, P., & Fernández, R. (2004). *Mujeres víctimas de violencia doméstica*. Madrid, Pirámide.
- Labrador, F.J. (2006). Protocolos de atención psicológica a mujeres víctimas de malos tratos. Work carried out for the *Instituto de la Mujer* (unpublished manuscript).
- Matud, M.P. (2004). Impacto de la violencia doméstica en la salud de la mujer maltratada. *Psicothema*, 16 (3), 397-401.
- Rincón, P.P., Labrador, F.J., Arinero, M., & Crespo, M. (2004). Efectos Psicopatológicos del maltrato doméstico. *Avances en Psicología Latinoamericana*, 22, 105-116.
- Sarasúa, B., Zubizarreta, I., Echeburúa, E., & Corral, P. (2007) Perfil psicopatológico diferencial de las víctimas de violencia de pareja en función de la edad. *Psicothema*, 19, 459-466.
- Vázquez, C., & Sanz, J. (1997). Fiabilidad y valores normativos de la versión española del inventario para la depresión de Beck de 1978. *Clínica y Salud*, 8 (3), 403-422.
- Villavicencio, P. (1996). *La situación de maltrato y su repercusión en el ajuste psicosocial en las mujeres en centros de acogida*. Doctoral dissertation. Universidad Autónoma de Madrid.
- World Health Organization (WHO) (2005). *Multi-Country Study on Women's Health and Domestic Violence Against Women*. Available at: http://www.who.int/gender/violence/who_multicountry_study/en/
- Zimmerman, M. D. (1994). *Interview Guide for Evaluating DSM-IV Psychiatric Disorders and the Mental Status Examination*. Philadelphia: Psych Press Products.