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Spanish Adaptation and Validation of the World Health Organization's Violence Against Women Instrument

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ABSTRACT

Correction Notice: An Erratum for this article was reported in Vol 36(3) of Psicothema. These changes may not be applied on the printed versions. **Background:** The World Health Organization (WHO) developed an instrument to detect violence against women that has been widely used in several countries. Despite this instrument's importance in identifying intimate partner violence against women (IPVAW), it has not been adapted for the Spanish population. The aim of this study was to adapt and validate the WHO violence against women instrument in a sample in Spain, facilitating the detection of IPVAW in this context and comparisons between countries. **Method:** After the instrument was translated and adapted into Spanish, 532 women from the general population in Spain completed it. The initial instrument consisted of 28 items. We deleted three items due to low internal consistency, resulting in 25 items in the final version. **Results:** Suitable internal consistency was obtained through Confirmatory Factorial Analysis for physical ($\alpha = .92$), psychological ($\alpha = .91$), sexual ($\alpha = .86$), and control behaviors subscales ($\alpha = .91$) as well as for the total scale ($\alpha = .95$). The instrument revealed highly prevalent IPVAW in our sample (79.7%). **Conclusions:** The use of the Spanish version of the WHO violence against women instrument in Spain seems justified.

Adaptación y Validación Española del Instrumento de Violencia Contra las Mujeres de la Organización Mundial de la Salud

RESUMEN

Nota de Corrección: se comunicó una erratum para este artículo en el Vol 36(3) de Psicothema. Estos cambios pueden no verse reflejados en las versiones impresas. **Antecedentes:** La Organización Mundial de la Salud (OMS) desarrolló un instrumento para detectar la violencia de género (VG) que ha sido ampliamente utilizado en varios países. A pesar de la importancia del instrumento para identificar la VG, éste no ha sido adaptado en población española. El objetivo de este estudio fue adaptar y validar el instrumento de VG de la OMS en España, facilitando la detección de la VG en este contexto y la comparación entre países. **Método:** 532 mujeres de la población general en España completaron el instrumento tras su traducción y adaptación al español. El instrumento inicial constaba de 28 ítems. Se eliminaron tres ítems debido a su baja consistencia interna, resultando un total de 25 ítems en la versión final. **Resultados:** Se obtuvo una adecuada consistencia interna mediante el análisis factorial confirmatorio para las subescalas de violencia física ($\alpha = .92$), psicológica ($\alpha = .91$), sexual ($\alpha = .86$) y en conductas de control ($\alpha = .91$), así como en la escala total ($\alpha = .95$). El instrumento reveló alta prevalencia de VG (79,7%). **Conclusiones:** El uso de la versión española del instrumento de VG contra las mujeres de la OMS, justifican su uso en España.

Palabras clave:

Violencia de pareja contra las mujeres
Prevalencia
Propiedades psicométricas
Estudio instrumental

Intimate partner violence against women (IPVAW), the most common form of violence women suffer, refers to any physical, psychological, or sexual abuse as well as controlling behaviors by a current or former intimate partner (Devries et al., 2013; World Health Organization [WHO], 2021). IPVAW is a major public health problem that erodes its victims' physical and mental health, causing injury, chronic pain, depression, and posttraumatic stress disorder, among other effects, and incurs a high economic and social cost (Campbell, 2002; López-Ossorio et al., 2018; Valpied & Hegarty, 2015; WHO, 2021). Furthermore, more than 35% of all murders of women worldwide are committed by an intimate partner; femicide is the most extreme form of IPVAW (WHO, 2021). Due to the consequences of this violence for its victims and for society as a whole, detecting all its forms is a necessity of the first order (Gracia et al., 2020).

The prevalence of IPVAW is estimated at 30% worldwide but could vary between countries (Ellsberg & Heise, 2005; WHO, 2021). Recently, a systematic review presented data from 90% of the global population of women and girls (15 years or older) from 161 countries and areas, showing highly prevalent physical and/or sexual violence across the globe (around 27%), often at an early age, affecting 24% of adolescent girls and young women (Sardhina et al., 2022). In addition, Garcia-Moreno et al. (2006) indicated that 15%–71% of women from 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania) reported physical and/or sexual IPVAW in their lifetime. In the European Union, a survey carried out in the 28 member countries revealed a prevalence of physical and/or sexual IPVAW of 22% throughout women's lives (European Union Agency for Fundamental Rights, 2014). Likewise, a macrosurvey in Spain showed that 14.2% of women over 16 years of age had suffered physical and/or sexual violence from a partner or former partner, 31.9% psychological violence, and 32.4% all of them (Ministry of Equality, 2019). This variation between countries may be explained in part by the differences in the methodologies used to detect IPVAW (Garcia-Moreno et al., 2006; Nybergh et al., 2013). Therefore, a universal IPVAW screening tool is required.

According to the Andalusian School of Public Health (2005), there are several international screening and diagnostic instruments for IPVAW, but almost all use English as the original language and have no cultural adaptation. Particularly, the Conflict Tactics Scale (Straus, 1979), Domestic Abuse Assessment (Canterino et al., 1999), Hurt-Insult-Threaten-Scream (Sherin et al., 1998), Index of Spouse Abuse (Hudson & McIntosh, 1981), and Woman Abuse Screening Tool (Brown et al., 1996) were translated to Spanish for use mainly in primary or prenatal care. Although all these instruments aimed to assess IPVAW, we found differences in administration methods (e.g., self-administration or interviews), number of items (e.g., one or 60), response format (e.g., dichotomous or frequency), type of violence assessed (physical, psychological/emotional, verbal, or sexual), and application context (e.g., primary health or social services) (Andalusian School of Public Health, 2005). For example, previous studies focused on physical and/or sexual violence to estimate the prevalence of IPVAW but did not consider other forms of IPVAW, such as psychological violence and controlling behaviors (Ellsberg et al., 2016; Garcia-Moreno et al., 2006; Gracia et al., 2019). Furthermore, controversy surrounding the psychometric properties of the IPVAW screening instruments has been noted (Rabin et al., 2009). These differences could make it difficult to generalize the results between and within countries and to detect IPVAW as a whole.

Given the need to improve the quality, quantity, and comparability of international data of IPVAW (Ellsberg & Heise, 2005), WHO violence against women (VAW) instrument (WHO, 2005) was developed for WHO Multi-country Study on Women's Health and Domestic Violence against Women by a core research team made up of international experts from WHO. The instrument assessed physical, psychological and sexual IPVAW as well as control behaviors by partner in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and United Republic of Tanzania), performing extensive independent back translations and piloting of the instrument, as well as allowing estimate the prevalence of different forms of IPVAW.

Since the development of the WHO's VAW instrument, it has been widely used in several countries; however, its psychometric properties have been poorly studied (Nybergh et al., 2013). Specifically, WHO Multi-country Study on Women's Health and Domestic Violence against Women confirmed adequate internal consistency (WHO, 2005). Likewise, good construct validity and internal reliability were demonstrated in an adult female population in Sweden (Nybergh et al., 2013) and Brazil (Schraiber et al., 2010). However, more peer-reviewed studies evaluating the psychometric properties of the WHO VAW instrument are needed, especially in Spain, where despite the instrument's usefulness in estimating the various types of IPVAW, it has not been adapted for the Spanish population. For it, in Spain is required urgently the adaptation and validation of this instrument. It will allow study of the prevalence of IPVAW in Spain as well as to carry out cross-country comparisons through the use of an instrument with adjusted psychometric properties.

The present study aimed to adapt and validate the WHO against women instrument (WHO, 2005) in a sample of women in Spain. Specifically, content, construct and reliability were analyzed. Also, usability improvements were proposed including frequency response items and deleting double questions.

Method

Participants

The sample consisted of 532 women from the general population in Spain. The participants' ages ranged from 17 to 72 years ($M_{\text{age}} = 32.07$, $SD = 13.47$). Of the total sample, 6.6% had reported their partner or a former partner for IPVAW, and 12% had requested help to attend to victims of IPVAW. Table 1 shows the sample's main characteristics.

Instruments

WHO Violence Against Women Instrument Modified Version (WHO, 2005). The original instrument was composed of 20 items, of which four assess physical violence (e.g., "Has your partner pushed or displaced you?"), six psychological violence (e.g., "Has your partner belittled or humiliated you in front of other people?"), three sexual violence ("Has your partner forced you to have sex when you did not want to?"), and seven partner's controlling behaviors (e.g., "Did your partner try to keep you from seeing your friends?"). For each question, respondents indicated whether they had that experience during the past year and throughout their life. The instrument presents adequate internal consistency. Also, previous studies found an adequate psychometric properties for the total scale in Sweden

($\alpha = .88$), and Brazil ($\alpha = .88$ to São Paulo; $\alpha = .89$ to the Zona da Mata). In this study, in order to improve the instrument's usability, we separated double questions, obtaining a total of 28 items (eight regarding psychological violence, 10 regarding physical violence, three regarding sexual violence, and seven regarding controlling behaviors). Also, to avoid dichotomous responses and based on the original instrument, we included a Likert-type frequency response format (1 = *never* to 4 = *many times*) to determine the lifetime frequency of incidents of violence. Additionally, we asked women whether they had suffered any type of psychological, physical, and/or sexual violence as well as controlling behaviors from their partner or an ex-partner using an item repeated 4 times, once for each type of violence: "Have you experienced any of the above behaviors [psychological, physical, or sexual violence items] by your partner and/or ex-partner in your lifetime?"

IPVAW Complaint. To determine whether women had ever reported their partner or former partner for IPVAW, we included one ad hoc item with a dichotomous response (Yes/No): "Have you ever filed a complaint for gender violence?"

IPVAW Request for Help. To determine whether women had ever requested help to attend to victims of IPVAW, we included one ad hoc item with a dichotomous response (Yes/No): "Have you made use of any services for victims of IPVAW?"

IPVAW Perpetrator. To determine whether the participant had experienced IPVAW by a former partner, their current partner, or both, we asked them, "The experiences or situations mentioned above, have been carried out by 1) my current partner, 2) my past partner, 3) my current and past partner."

Demographic Information. We collected the women's age, educational level, family income, employment status, relationship status, civil status, and number of children.

Procedure

An instrumental study was designed to assess the psychometric properties of WHO VAW instrument for detecting IPVAW in a sample of women in Spain. First, to adapt the instrument the guidelines for translation and adaptation of tests by [Muñiz et al. \(2013\)](#) were followed. A translation and back-translation process was performed (English-Spanish/Spanish-English) with two independent bilingual researchers. Then, four members of the research team, experts in IPVAW, met to discuss the appropriateness of the translation as well as about aspects that could improve the instrument's usability. To ensure this process's reliability, each member individually assessed the adequacy of the items in Spanish. Afterward, we resolved discrepancies by consensus among all expert members. Consequently, we divided some questions in two to avoid double questions, resulting in a total of 28 items (we eliminated three of the 28 items in the final version; see [Table 2](#)). Moreover, the dichotomous responses were replaced with a frequency response format.

The instrument was developed online using the LimeSurvey research platform, and it was distributed through social networks. The participants were included in the study by incidental sampling if they were Spanish-speaking women in Spain. Then, they were informed about the objective of the study and voluntarily agreed to collaborate in it, providing informed written consent in accordance to the Helsinki declaration. No reward was offered for participation.

The study was developed obtaining the acceptance of the ethics committee of the University of Granada.

Table 1.
Main Characteristics of the Sample (N = 532).

	N (%)
Age Groups	
17-29	306 (57.50)
30-39	65 (12.21)
40-49	88 (16.55)
50-59	48 (9.02)
60 and over	24 (4.52)
Missing value	1 (0.20%)
Nationality	
Spanish	501 (94.2%)
Other	31 (5.8%)
Educational Level	
Elementary studies (primary and secondary)	17 (3.2)
Less than college degree	120 (22.57)
College degree	395 (74.23)
Family Income (euros)	
0-499	23 (4.3)
500-999	56 (10.5)
1000-1499	133 (25)
1500-1999	103 (19.4)
2000-2499	93 (17.5)
2500 or more	124 (23.3)
Employment Status	
Student	261 (49)
Employed	214 (40.2)
Unemployed	45 (8.5)
Retired	12 (2.3)
Civil Status	
Single	182 (34.2)
Dating relationship	165 (31)
Living with partner	85 (16)
Married	83 (15.5)
Another situation	17 (3.2)
Children	
Have children	144 (27.1)
Have no children	388 (72.9)
IPVAW Complaint	
Yes	35 (6.6)
No	497 (93.4)
Resources for IPVAW Victims	
Has requested help	64 (12)
Has no requested help	468 (88)

Note: IPVAW = Intimate Partner Violence Against Women.

Data Analysis

Data analysis was carried out using the SPSS program version 22 and EQS 6.2 for Windows. First, to determine the appropriateness of the items in each of the instrument's subscales (physical, psychological, and sexual violence as well as controlling behaviors), an inter-judge concordance was conducted. Then, Cronbach's alpha index was applied to verify the internal consistency of the instrument and subscales, adding the Rho (ρ) composite reliability coefficient with the aim of making up of some of the possible limitations of alpha. After that, construct validity was calculated using confirmatory factor analysis (CFA) by Maximum Likelihood method to test the theoretical structure of the instrument ([Figure 1](#)). Lastly, to explore the prevalence of IPVAW throughout life and in the last 12 months in our sample, descriptive statistics (mean and standard deviation) were performed.

Table 2.

Spanish Version of the WHO Violence Against Women Instrument.

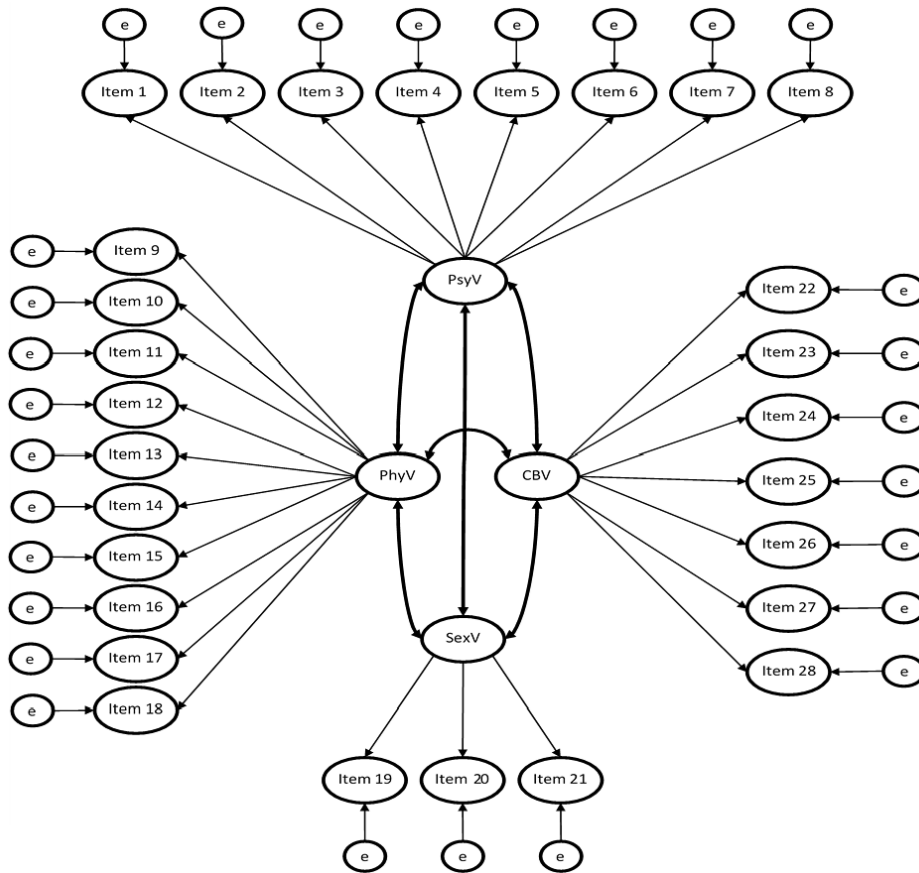
Instrumento de la Organización Mundial de la Salud sobre la Violencia Contra las Mujeres [World Health Organization Instrument on Violence Against Women]						
A continuación, se le presentan una sucesión de preguntas que hacen referencia a experiencias o situaciones que pueden haber acontecido en su relación de pareja actual (si la tiene) o en una relación pasada con un hombre. Por favor, léalas con atención e intente responder de manera honesta a cada una de las cuestiones. [Below are a series of questions that refer to experiences or situations that may have occurred in your current relationship (if you have one) or in a past relationship with a man. Please read them carefully and try to answer each question honestly].						
1. Nunca 2. Una vez 3. Pocas veces 4. Muchas veces [1. Never 2. One 3. Few 4. Many]						
Alguna vez su pareja actual y/o pasada... [Has your current and/or past partner ever...]	A lo largo de la vida [Throughout life]				En los últimos 12 meses [In the past 12 months]	
1. ¿Le ha insultado? [1. Insulted you?]	1	2	3	4	Si [Yes]	No [No]
*2. ¿Le ha hecho sentir mal consigo misma? [*2. Made you feel bad about yourself?]	1	2	3	4	Si [Yes]	No [No]
3. ¿Le ha menospreciado delante de otras personas? [3. Belittled you in front of other people?]	1	2	3	4	Si [Yes]	No [No]
4. ¿Le ha humillado delante de otras personas? [4. Humiliated you in front of other people?]	1	2	3	4	Si [Yes]	No [No]
5. ¿Le ha hecho cosas para asustarle a propósito? [5. Did things to scare you on purpose?]	1	2	3	4	Si [Yes]	No [No]
6. ¿Le ha hecho cosas para intimidarle a propósito? [6. Did things to intimidate you on purpose?]	1	2	3	4	Si [Yes]	No [No]
7. ¿Le ha amenazado con hacerle daño? [7. Threatened to hurt you?]	1	2	3	4	Si [Yes]	No [No]
8. ¿Le ha amenazado con hacerle daño a alguien que le importa? [8. Threatened to hurt someone you care about?]	1	2	3	4	Si [Yes]	No [No]
9. ¿Le ha abofeteado? [9. Slapped you?]	1	2	3	4	Si [Yes]	No [No]
10. ¿Le ha arrojado algo con lo que podría lastimarle? [10. Thrown something at you that could hurt you?]	1	2	3	4	Si [Yes]	No [No]
11. ¿Le ha empujado? [11. Pushed you?]	1	2	3	4	Si [Yes]	No [No]
12. ¿Le ha golpeado con el puño? [12. Hit you with his fist?]	1	2	3	4	Si [Yes]	No [No]
13. ¿Le ha golpeado con algo que pueda herirle o hacerle daño? [13. Hit you with something else that could hurt you?]	1	2	3	4	Si [Yes]	No [No]
14. ¿Le ha arrastrado? [14. Dragged you?]	1	2	3	4	Si [Yes]	No [No]
15. ¿Le ha golpeado con el pie? [15. Kicked you?]	1	2	3	4	Si [Yes]	No [No]
16. ¿Ha intentado estrangularle? [16. Choked you?]	1	2	3	4	Si [Yes]	No [No]
*17. ¿Le ha hecho quemaduras a propósito? [*17. Burnt you on purpose?]	1	2	3	4	Si [Yes]	No [No]
18. ¿Le ha amenazado con una pistola, un cuchillo o algo por el estilo? [18. Threatened to use or actually used a gun, knife or other weapon against you?]	1	2	3	4	Si [Yes]	No [No]
19. ¿Le ha obligado a tener relaciones sexuales cuando no quería? [19. Forced you to have sexual intercourse when you did not want to?]	1	2	3	4	Si [Yes]	No [No]
20. ¿Alguna vez tuvo relaciones sexuales cuando no quería porque tenía miedo de lo que podría hacerle? [20. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?]	1	2	3	4	Si [Yes]	No [No]
21. ¿Le ha obligado a hacer algo sexual que ha encontrado degradante o humillante? [21. Did he ever force you to do something sexual that you found degrading or humiliating?]	1	2	3	4	Si [Yes]	No [No]
22. ¿Trató de evitar que viera a sus amigos/os? [22. Tries to keep you from seeing your friends?]	1	2	3	4	Si [Yes]	No [No]

Table 2.
Spanish Version of the WHO Violence Against Women Instrument (Continuation).

23. ¿Trató de restringirle el contacto con su familia? [23. Tries to restrict contact with your family of birth?]	1	2	3	4	Si [Yes]	No [No]
24. ¿Insistió en conocer dónde estaba todo el tiempo? [24. Insists on knowing where you are at all times?]	1	2	3	4	Si [Yes]	No [No]
25. ¿Le ignoró o le trató con indiferencia? [25. Ignores you or treats you indifferently?]	1	2	3	4	Si [Yes]	No [No]
26. ¿Se enfadó si usted hablaba con otro/s hombre/s? [26. Gets angry if you speaks if you speak with another man?]	1	2	3	4	Si [Yes]	No [No]
27. ¿Sospechaba a menudo de que usted le era infiel? [27. Is often suspicious that you are unfaithful?]	1	2	3	4	Si [Yes]	No [No]
*28. ¿Esperaba que le pidiera permiso antes de buscar atención médica? [28. Expects you to ask his permission before seeking health care for yourself?]	1	2	3	4	Si [Yes]	No [No]

Note: WHO = World Health Organization; Items 2, 17, and 28 were deleted.

Figure 1.
Theoretical Model of WHO VAW Instrument.



Note: VAW = Violence Against Women; PhyV = Physical Violence; PsyV = Psychological Violence; SexV = Sexual Violence; CBV = Control Behaviours Violence; Independence Model $\chi^2 = 12260.446$ (378 d.F.); $\chi^2 = 2187.235$ ($p < .01$); Bentler-Bonett Normed Fit Index = .82; Bentler-Bonett Non-Normed Fit Index = .83; Comparative Fit Index = .84; Root Mean Square Error of Approximation [90% CI] = .10 [.09, .10]; e = error.

Results

Prevalence of IPVAW in a Sample of Women in Spain

Descriptive frequency analyses to determine the prevalence of IPVAW in our sample of Spanish women showed that 79.7% of

them had suffered some type of IPVAW (physical, psychological, or sexual violence and/or controlling behaviors) by their partner or a former partner, and 35.7% of women indicated that the violence had occurred in the past 12 months (see Table 3). Also, 33.3% of women who reported suffering physical violence indicated that it was perpetrated by their current partner (vs. 48.3% by a former

partner and 18.4% by a current and former partner). Regarding psychological violence, 35.3% of women reported suffering it from their current partner, 52.6% from a former partner, and 12% from both. Women pointed out that their current partner (32%), a former partner (52.3%), or both (15.8%) had committed sexual violence. Finally, 33.3% reported controlling behaviors committed by the current partner (vs. 53% by a former partner and 13.7% by current and former partners).

Reliability and Validity

Concerning the validity of internal structure of the instrument, a CFA was performed using EQS 6.2 for Windows, finding the fit indices and saturations for all items except 2, 17, and 25, which were deleted, obtaining an adequate instrument' reliability ($\alpha = .95$ [.94, .96]; $\rho = .96$; Figure 2). Intercoder reliability to determine final items and the response format of the Spanish version of the WHO VAW instrument were adequate, resulting in a kappa coefficient of .83. The descriptive statistics of the initial items of the instrument can be seen in the Table 4. Similarly, the final instrument, composed of

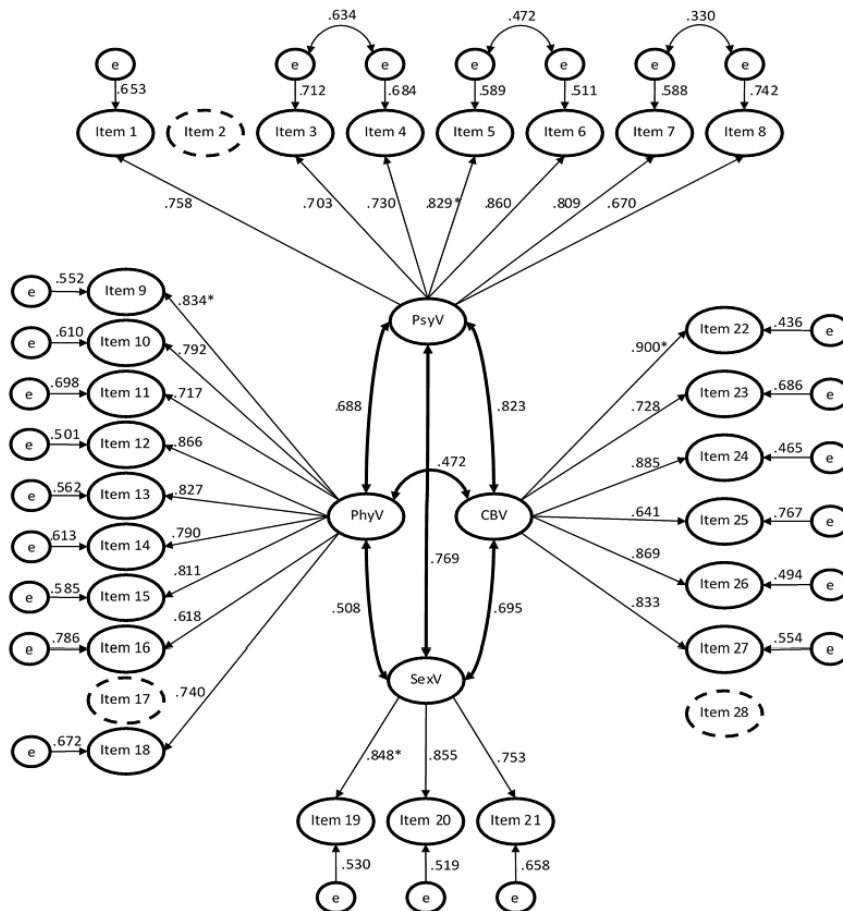
25 items, revealed high consistencies among subscales, resulting in a Cronbach's alpha of .95. Table 5 shows Cronbach's alpha for the total scale and subscales of the initial version (28 items) and the final version (25 items).

Table 3.
Prevalence of the Different Types of IPVAV in a Sample of Women in Spain.

IPVAW	N (%)			N (%)	
	Throughout life			Last 12 months	
	Never	Once time	More than once	Yes	No
Physical Violence	386 (72.6)	66 (12.4)	80 (15)	138 (25.9)	394 (74.1)
Psychological Violence	207 (38.9)	61 (11.5)	264 (49.6)	36 (6.8)	496 (93.2)
Sexual Violence	315 (59.2)	53 (10)	164 (30.8)	65 (12.2)	467 (87.8)
Control Behaviors	168 (31.6)	48 (9)	316 (59.4)	137 (25.8)	395 (74.2)

Note: IPVAV= Intimate Partner Violence Against Women.

Figure 2.
Final Confirmatory Factor Analysis Model Obtained in Standardized Values.



Note: PhyV = Physical Violence; PsyV = Psychological Violence; SexV = Sexual Violence; CBV = Control Behaviors Violence. All coefficients are significant. The fixed parameters were marked with **.* Independence Model $\chi^2 = 11211.85$ (300 d.F.); $\chi^2 = 1238.20$ ($p < .01$); Bentler-Bonett Normed Fit Index = .89; Bentler-Bonett Non-Normed Fit Index = .90; Comparative Fit Index = 0.91; Root Mean Square Error of Approximation [90% CI] = .08 [.07, .08]; e = error.

Table 4.
Prevalence of the different types of IPVAW in a sample of women in Spain.

Items	M	SD	Asimetry ^a	Curtosis ^b	DI
Item 1	1.96	1.14	.61	-1.21	.73
Item 2	2.68	1.19	-.33	-1.41	.66
Item 3	1.88	1.12	.72	-1.07	.70
Item 4	1.68	1.05	1.11	-0.33	.72
Item 5	1.65	1.09	1.28	-0.02	.79
Item 6	1.66	1.10	1.26	-0.10	.81
Item 7	1.34	.84	2.26	3.72	.75
Item 8	1.21	.69	3.17	8.86	.64
Item 9	1.13	.48	4.19	18.17	.56
Item 10	1.20	.61	3.05	8.49	.65
Item 11	1.42	.83	1.88	2.39	.72
Item 12	1.08	.41	5.54	31.59	.51
Item 13	1.12	.49	4.17	17.38	.59
Item 14	1.09	.41	5.06	27.01	.51
Item 15	1.11	.45	4.37	19.14	.56
Item 16	1.06	.36	6.62	46.30	.35
Item 17	1.01	.16	15.80	263.65	.22
Item 18	1.05	.30	6.32	45.80	.47
Item 19	1.91	1.24	.79	-1.15	.77
Item 20	1.49	.98	1.68	1.20	.75
Item 21	1.95	1.26	.73	-1.25	.75
Item 22	2.38	1.28	.09	-1.70	.63
Item 23	2.07	1.25	.51	-1.47	.72
Item 24	1.82	1.15	.95	-0.75	.71
Item 25	1.15	.60	3.90	13.94	.55
Item 26	1.71	1.05	1.06	-0.41	.65
Item 27	1.50	.99	1.68	1.21	.68
Item 28	1.43	.88	1.86	2.08	.61

Note: IPVAW= intimate partner violence against women

Table 5.
Internal Consistency of the WHO VAW Instrument Subscales.

Subscales	WHO VAW instrument			
	N° items initial	°initial	N° items final	°final
Complete Scale	28	.95 [.95, .96]	25	.95 [.94, .96]
Psychological Violence	8	.92 [.91, .93]	7	.91 [.91, .92]
Physical Violence	10	.91 [.90, .92]	9	.92 [.90, .93]
Sexual Violence	3	.86 [.83, .88]	3	.86 [.83, .88]
Control Behaviors Violence	7	.91 [.89, .92]	6	.92 [.90, .93]

Note: WHO VAW = World Health Organization violence against women; N° items initial = 28 items of the initial version of the instrument; N° items final = 25 items of the final version of the instrument, deleting 2, 17, and 28 items.

Discussion

IPVAW's effects on the victims' physical and mental health underline the importance of having appropriate tools for early detection. The WHO has recommended the WHO VAW instrument (WHO, 2005) to assess physical, psychological, and sexual IPVAW as well as controlling behaviors by a partner or former partner during the past year and throughout life among women worldwide. However, it has not been adapted and validated in Spain. The present study is the first to do it with a sample of Spanish-speaking

women, providing effective psychometric properties and allowing its usability in Spain. According to previous validation studies in other countries (Nybergh et al., 2013; Schraiber et al., 2010), with its high internal consistency, the instrument discriminates between victims and nonvictims of IPVAW as well as among different forms of violence (physical, psychological, or sexual violence and/or controlling behaviors) among Spanish-speaking women in Spain. These findings revealed that the Spanish version of the WHO VAW instrument is an effective tool to evaluate IPVAW in Spain.

Compared to the original instrument (WHO, 2005), the Spanish version of the WHO VAW instrument included some improvements. First, according to Muñoz and Fonseca-Pedrero (2019), items should be representative, relevant, clear, and simple and avoid excessively wordy or ambiguous statements. Therefore, research experts in IPVAW discussed aspects that could improve the instrument's usability in Spain; consequently, we deleted double questions and the dichotomous response format (e.g., "Has your partner or former partner put you down or humiliated you in front of other people?"). Instead, the inclusion of frequency response allowed more precise information to be obtained on the incidence of occurrence of the different forms of IPVAW manifestation. Also, results suggest that IPVAW is not a singular behavior; rather, it tends to be repeated over time. Specifically, the majority of women victims of IPVAW reported suffering it more than once. These findings are consistent with the theory of the cycle of violence (Walker, 2009), which indicates that without intervention and treatment, most aggressors will repeat the cycle of violence, which incidents becoming increasingly frequent and severe. Considering it will be critical because IPVAW does not always, or immediately, lead to women's death, however, women's health is progressively declining inadvertently (Zara & Gino, 2018), posing a danger to their lives. Similarly, alarming results were obtained regarding the perpetrators of violence, so approximately half of the included women were involved in a violent relationship by their current partner or were re-victimized with another partner. The Spanish version of the WHO VAW instrument allows us to analyze the above-mentioned aspects, facilitating the collection of relevant data to address IPVAW.

Concerning psychometric proprieties, although an adequate internal consistency was demonstrated for the WHO VAW instrument, the methodological approach conducted in the present study has not been reported. Initially, inter-coder reliability was adequate, obtaining a kappa coefficient of .83. Then, a high Cronbach's alpha coefficient was obtained for the final instrument composed of 25 items, indicating that the Spanish version of the WHO VAW instrument seems an effective tool to assess IPVAW. Similarly, the present instrument differentiated among four subscales to differentiated types of IPVAW (physical, psychological, and sexual violence as well as controlling behaviors), showing high internal consistency. In this regard, differentiating among the various forms of IPVAW is essential because although IPVAW entails any physical, psychological, or sexual violence or controlling behavior abuse from a current or former intimate partner (WHO, 2021), the predominant type of violence manifested (e.g., physical violence) may influence key aspects of victims' decision-making processes such as their perception of severity, assessment of risk, or help-seeking behaviors (Cho et al., 2020; Novo et al., 2016; Wilson & Smirles, 2022). Ultimately, CFA yielded fit indices and saturations for the final 25 items included in the Spanish version of WHO VAW, obtaining a high internal consistency ($\alpha = .95$). It shows an adequate

internal structure of the different items in each subscale, concluding the appropriation of this instrument for use in Spain.

Moreover, it is noteworthy that compared to previous studies in Spain (Ministry of Equality, 2019), our results displayed higher rates of reported physical, psychological and sexual violence. Likewise, the majority of our sample were women under 30 years of age, and the manifestation of IPVAV through controlling behavior was the most common form of violence experienced by women (68.4%) and repeated over time. However, Sánchez-Hernández et al. (2020) found that although young women considered it common among young couples, 82.9% had never or hardly ever suffered from these behaviors in their relationships, possibly due to the technological context, which would facilitate the acceptance of controlling behaviors in the relationship as normal. Therefore, more studies are required to identify the different forms of IPVAV manifestations, using a universal detection instrument with adequate psychometric properties that guarantee its applicability and facilitate comparisons. The WHO VAW instrument has been developed by leading professional members of the WHO, a referral organization for addressing health problems such as IPVAV, and its adaptation and validation for use by Spanish-speaking women sample allows for its application in any context of intimate relationships.

This study was subject to limitations. Specifically, although participants were women from the general population, most of them had high levels of education. Future researchers could improve this instrument accounting for age groups (e.g., adolescents), clinical samples (e.g., victims in women's centers), residence (e.g., rural area), and level of education (e.g., university studies), among other factors. Comparative studies could establish specific intervention programs to prevent IPVAV escalating and worsening. Furthermore, although we asked women whether the violence was perpetrated by a former partner or their current partner to assess the risk in their situation, we could not take protective measures due to the surveys' anonymity. In future studies and contexts of application of the Spanish version of the WHO VAW instrument, researchers should offer women the opportunity to provide contact information in case the investigators believe participants may need help. Likewise, it would be convenient to include at the end of the instrument the resources available to women in Spain who suffer IPVAV.

Lastly, some methodological points should be noted. On one hand, although the validation of the instrument conforms to the established minimum standards (Brown et al., 1996; Kline, 2015) and largely maintains the original structure of the instrument, future studies should make efforts to test other models which can fit better, such as taking account the interactions among factors. On the other hand, three items were eliminated; items 2 and 17 corresponded to double questions in the original instrument, while item 28 was a complete item for assessing control behaviors. In this regard, the elimination of items 2 and 17 would not seem to affect the original structure of the instrument. However, it would be advisable for future studies to create an alternative item to 28 ("Did you expect me to ask your permission before seeking medical attention?"), taking account the international test commission guidelines for test adaptation (Hernández et al., 2020).

Despite these limitations, this study bridges a gap in the application of research findings on the psychometric properties of the WHO VAW instrument as well as its adaptation for a sample of women in Spain, involving relevant implications. Specifically, the Spanish version of the WHO VAW instrument has demonstrated suitable psychometric properties and can be used in IPVAV research, promoting comparative

studies. Also, professional contexts could benefit from the use of this instrument, especially health care centers, where women sometimes go with a covert reason and symptoms that are difficult to diagnose. Therefore, the instrument may be applied among women suspected of experiencing IPVAV, facilitating its detection to help victims.

In sum, an instrument to facilitate IPVAV detection as a whole, taking into account its manifestation through physical, psychological, and sexual violence as well as controlling behaviors by a partner or ex-partner, was adapted and validated in a sample of women in Spain. It was based on the reference tool developed by the WHO, which is widely used around the world. The adequacy of the psychometric properties of the Spanish version of the WHO VAW instrument allows for its use among Spanish-speaking women to identify incidents of IPVAV throughout life and in the last 12 months. Usability improvements included collected information about the frequency of violence (never, once, a few times, or more than once) and perpetrator (past partner, current partner, or both). This instrument will be essential as an early screener of IPVAV in various contexts (e.g., health care centers, studies, or education centers) and to make comparisons.

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