INTERVENTION WITH ADOLESCENTS

EXPERIENCING OR PERPETRATING EMOTIONALLY OR SEXUALLY ABUSIVE RELATIONSHIPS OR OTHER DISPLAYS OF SEXIST VIOLENCE

provided by social services in the city of Barcelona
who offer outpatient care in situations of sexist violence

Consorci de Serveis Socials de Barcelona
Generalitat de Catalunya
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FOREWORD

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It is difficult to detect that which cannot be seen.

Sexist violence is a structural violence in our patriarchal society. This explains why it is not always easy to detect or address, and why this difficulty is not only experienced by citizens, but also by the supporting services and professionals.

In this context, there is a reality that is difficult to see. We have not yet developed the perspective that enables us to identify the existence of the following type of **sexist violence: that which is experienced or perpetrated by adolescents, despite the absence of violence at home (in cases where neither the mother or father - nor the current partners of either parent - are experiencing or perpetrating violence).**

We have chosen to make visible this reality, which does not only exist and affect a significant number of adolescents, but, is also considered by some to be on the increase.

Our intention, however, goes beyond the belief that intervention by public services has to target only adolescents experiencing violence. Our intention extends to the adolescent perpetrating the violence, because, as minors are involved, it is necessary to do everything possible to prevent them becoming perpetrators and/or victims of violence as adults in the future.

We also consider it necessary to **contribute to extending the vision. In addition to the understanding that sexist violence is a selective violence towards women, it is also occurs towards people of both genders who do not behave in the way defined by the patriarchal society in terms of what a man has to do and feel to be masculine, and what a women has to do and feel in order to be feminine.** For this reason, they may be subject to violence (of a psychological, physical, sexual and/or economic nature).

It is necessary to make visible not only this reality, but also to provide intervention criteria for professionals helping adolescents. In this publication, we have decided to focus our analysis and methodological contributions on three areas of public services: formal education, healthcare and social services.

We are conscious that our working focus excludes the area, no less important, of informal education and leisure activities. We have chosen to concentrate our efforts on making an in-depth study of the public services that have a particular obligation to intervene in situations of sexist violence affecting adolescents in our target population.

Within this spectrum of services, our priority was to define the interventions that need to be undertaken by the social services providing outpatient care for situations of sexist violence in the city of Barcelona: Social Services Centres (CSS), Care, Recovery and Shelter Service (SARA), and the Men's Care Service for the promotion of non-violent relations (SAH).

Undertaking this task has not been easy. For this reason, the Women's Programme Directorate at Barcelona City Council, along with the Service for Children and Women of Barcelona Social Services Consortium, decided to create a working group to ensure the participation of grassroots professionals and managers from the services in the three aforementioned areas: formal education, healthcare and social services. In addition, the group included the participation of the Catalan Institute for Women and the Catalan Youth Agency of the Generalitat de Catalunya, as well as two external experts on sexist violence and adolescents.

To ensure the maximum number of perspectives, and to enable us to address the topic as comprehensively and openly as possible, in December 2012, a working group was created. The group consisted of 33 people, including professionals and managers.

Facilitating a productive dynamic with a group of 33 people was neither easy nor simple, but we can confirm that the result of the work carried out has been unquestionably rich and satisfying, not least for those of us who participated in the group. We hope that all those who read the publication will find it similarly rich and satisfying.

Above all, we hope that this publication is useful to reflect and to improve detection and intervention in situations of sexist violence affecting adolescents in our target population. We also hope that services and professionals alike find elements and criteria to apply that are useful for their daily practice.

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OVERVIEW

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OBJECTIVES

The objectives of our publication are the following:

To identify potential situations of sexist violence affecting adolescents.

To define the role of the services that detect these situations of sexist violence, or receive requests for help that need to be channelled to the social services so that they can provide the appropriate outpatient care for this issue.

To define structural criteria between the services that detect the situations (in the areas of social services, formal education and healthcare) and the social services that must provide the necessary outpatient care in each case.

To define the nature of outpatient care provided by the social services that must guide and help the adolescent free themselves from the violence and recover from the damage caused, as well as helping the adolescent who is perpetrating the violence to cease doing so and to create a life project that is free of violence.

To address necessary organisational aspects, in order to enable access and create a connection between the social services and the adolescents who are experiencing or perpetrating sexist violence, with the social services that can offer the appropriate outpatient care for the situation.

To make the necessary recommendations for the public institutions involved, in order to enable adolescents, who are experiencing and/or perpetrating these situations of sexist violence, to receive and accept the necessary help.

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PURPOSE OF INTERVENTION

Our purpose is to intervene in situations of sexist violence affecting adolescents, in which neither the mother or father are involved, nor the current partner of either parent.

We refer specifically to the following cases:

- Emotionally or sexually abusive relationships, whether they are occasional or as a couple, in which at least one of the people involved is an adolescent.
- Situations of sexist violence caused by not behaving according to the prevailing stereotypes of masculinity and femininity. This also includes situations of bullying of a sexist nature, carried out against people with non-standard expressions of gender (lesbian, gay, bisexual, transsexual, transgender and intersexual, etc.)[1].
- Situations of sexist violence (harassment, sexual assault, and/or other types) perpetrated by third parties (known or unknown) who do not perpetrate this violence towards the adolescent's mother, guardian or carer.

TARGET POPULATION

Our target population consists of adolescents from 12 to 17 years of age who are experiencing any of the situations subject to intervention described in the previous section, whether they are the target of this violence, or they are perpetrating it against other people (also adolescents or adults).

As defined by the United Nations General Assembly, sexist violence is of a structural nature[2]. It, therefore, requires intervention aimed at the different aspects of this violence: the person experiencing it, the person perpetrating it and the social context in which it is occurring.

Applying this principle to the period of adolescence implies the following consequences:

1. **We must intervene both with the girl or boy experiencing sexist violence, and with the girl or boy perpetrating it.**
2. **We must intervene in the adolescent's immediate environment (peer group, family, significant people in their close environment).**

Intervening in situations of sexist violence during adolescence not only has the therapeutic effect of leading to change, but also has a deterrent effect in terms of preventing the repetition of situations of violence in adult life.

1 For greater precision and development of this question, see the section *Violence Against Non-Standard Body Forms, Identities and Expressions of Gender and Sexuality* in the chapter defining the *Conceptual Framework* (pp. 72-74).

2 General Assembly Resolution 48/104, of 20 December 1993, and also: Report by the United Nations Secretary-General: *In-depth study on all forms of violence against women*. 2006.

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BACKGROUND

This document is structured and complemented by two initiatives, which form an integrated model for intervention in childhood and adolescence, as a key requirement in the fight to eradicate sexist violence:

- **Intervention protocol for children and adolescents in situations of sexist violence provided by the social services in the city of Barcelona.**
- **The prevention programme: Schools Network for Equality and Non-Discrimination.**

The following section outlines the background and link between our publication and each of these initiatives.

THE INTERVENTION PROTOCOL FOR CHILDREN AND ADOLESCENTS IN SITUATIONS OF SEXIST VIOLENCE WITHIN THE SOCIAL SERVICES SYSTEM

The commitment by Barcelona City Council and the Barcelona Social Services Consortium to make visible the children and adolescents who are experiencing situations of sexist violence, and to guarantee quality care for them, began in 2005. During this period, there have been three turning points:

2005

In this year, the Children's Care Service (SAN) was created and two professionals in social work and psychology joined the Women's Care Team (EAD), for the first time, to help children and adolescents experiencing situations of sexist violence.

2007

The *Pautes orientatives d'exploració i intervenció amb els fills i filles de les dones ateses per situacions de violència de gènere* (Indicative Guidelines for Identification and Intervention with the Children of Women Supported in Situations of Sexist Violence) was published. This was developed by a working group, in which professionals from different municipal social services participated.

This publication represented an important qualitative leap in guaranteeing action for the proactive identification, detection and care of the children of women who are experiencing, or have experienced, sexist violence and are supported by the public social services in the city of Barcelona.

2012

On 13 July 2012, an institutional presentation was made of the document defining the *Model d'intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention Protocol for Children and Adolescents in Situations of Sexist Violence for the Social Services System in the City of Barcelona). The document was developed by a working group in which all the services involved were represented: Social Services Centres, Care Teams for Childhood and Adolescents, Women's Care Team, Children's Care Service, and the long-stay shelter in Barcelona. Two external experts also participated in the network of services and resources: these were members of the group with specific expertise in the field of childhood and families at risk, and in the field of sexist violence from a gender perspective.

This group, co-ordinated by the Women's Programme Directorate of Barcelona City Council and the Service for Children and Women of Barcelona Social Services Consortium, was an important qualitative leap in many ways, following the contribution of the previous document (2007), with the willingness to make progress conceptually and

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methodologically, and to provide a single document integrating all aspects.

This intervention protocol became a Government measure when it was presented to the Municipal Plenary session on 26 April 2013. It obtained the approval and consensus of all the political parties, without exception. Since this date, the implementation of the intervention protocol is binding for all the municipal social services involved.

However, the document defines the intervention protocol in situations of sexist violence, in which the mother is a victim and the perpetrator is the partner or former partner of the mother (whether or not they are the father of the child or adolescent, or act as a father, despite not being the biological father).

The document, therefore, does not cover the necessary intervention for adolescents who are experiencing, or perpetrating, situations of sexist violence, in which neither the mother or the father, nor the current partners of either parent, are involved.

The definition of the intervention protocol in these cases is, therefore, the task of the present publication.

PREVENTION PROGRAMME: SCHOOLS NETWORK FOR EQUALITY AND NON-DISCRIMINATION

The *Schools Network for Equality and Non-Discrimination* programme aims to implement an integrated intervention protocol, which includes the co-ordination of the initiatives of all organisations involved, in order to help formalise the actions aimed at preventing violence in interpersonal relationships.

The programme seeks to foster the development of active citizenship through critical thinking between childhood and adolescence (in the age range of 6 to 16 years), and with the overall educational community.

It is a primary prevention programme (to prevent the emergence of abusive relationships based on power) and a secondary intervention programme (early detection and action).

This programme is co-led by Barcelona City Council (Women's Programme Directorate and Civil Rights Directorate) and the Barcelona Education Consortium, with the co-operation and support of the Catalan Ministry of Education and the Catalan Ministry of Welfare and Family of the Generalitat de Catalunya. It currently consists of two projects, one of which is directly related to the purpose of our working group: *Prevention of Emotionally or Sexually Abusive Relationships.*

At present, a pilot project has been initiated for two academic years (2014/15 and 2015/16), in order to refine the programme through its integration with the schools wishing to participate in the programme, and accepting the necessary commitments, when it is rolled out from September 2017. It should be added that another evaluation process lasting ten years will subsequently be initiated, the focus of which will be to assess the effectiveness of this programme.

The connection points with our publication are evident. One objective of our working group was to guarantee the coherence and co-ordination with this programme for a proactive intervention process by both initiatives, extending from primary prevention to intervention, including care and protection (when necessary), for the adolescents in our target population.

In order to guarantee this, two specialists from the Women's Programme Directorate of Barcelona City Council participated both in our working group and the prevention programme[3].

3 These two specialists are members of the steering group comprising representatives of the two institutions involved (Barcelona City Council and Barcelona Education Consortium), and the working group focused on studying in depth, specifically, the prevention of emotionally or sexually abusive relationships.

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THE DEVELOPMENT PROCESS OF THIS PUBLICATION

We wish to highlight the following aspects of the development process:

1. As explained in the previous section, the contributions and reflections made in this publication complement the *Model d'intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention Protocol with Children and Adolescents in Situations of Sexist Violence by Social Services in the City of Barcelona). This publication defines the intervention required with another group of adolescents who, due to the characteristics of the violence experienced, require specific care that differs in situations affecting the mother, when the person perpetrating the violence is the mother's partner or former partner.

   For this reason, we have adopted the format of the first document, in order to clarify that both form two different, yet complementary, units, and respond to a shared objective: to formalise the intervention of social services in the city of Barcelona with children and adolescents experiencing situations of sexist violence, and reflecting all the specificities implied by a reality that is diverse and complex.

2. In order to address the area of detection, referral and outpatient care in these situations, we have included the following elements:

   - On one hand, professionals from different services in the fields of formal education, healthcare and social services who work directly with the adolescents and detect situations of sexist violence; the purpose of the work of this group.

   - On the other hand, social services, which provide outpatient care in situations of sexist violence.

   This diversity of fields and services has led to a large working group comprising 33 members. This created the challenge of guaranteeing everyone's participation at the same time, effectiveness in time management and the planned timeframe, as well as the creation of a document that defines and develops the key aspects that need to be taken into account in the detection and subsequent intervention to provide the necessary care.

3. We are aware that there are services that are not represented in the working group, but our aim has been to guarantee that the participating services have a sufficiently extensive and diverse outlook and experience, in order to achieve the relevant task successfully.

   Furthermore, the group of 33 members was already large enough. It surpassed by far the maximum number of participants recommended for an effective dynamic, which, consequently, limited the participation of additional people and services.

4. We have included professionals from all the social services in the city of Barcelona providing care intervention in situations of sexist violence and/or for children or adolescents at risk: Social Services Centres (CSS), Care Teams for Children and Adolescents (EAIA), the Care, Recovery and Shelter Service (SARA)[4], public services providing shelter in situations of sexist violence (both for emergencies and for long term stays), and Residential Centres for Educational Action (CRAE).

5. We have also included managers from different services who have provided, in addition, an organisational perspective.

6. Two external people also participated in the working group. These experts joined the group as permanent members and contributed to addressing the topic with a wider outlook of the service and the practice itself. We deliberately involved two external professionals in the group's network of services and resources, who had specific expertise in the field of childhood and families at risk, and also in the field of sexist violence from a gender perspective. It is necessary to incorporate and integrate both perspectives into one outlook.

4 SARA was created on 1 January 2014 as an integrated service to replace and make the best use of the Women's Care Team (EAD) created in 1983, and the Children's Care Service (SAN) created in 2005, as well as incorporating the necessary innovations to guarantee the full implementation of the *Model definit d'atenció a la infància i l'adolescència en situacions de violència masclista*, and extend the profile of people to whom the service is targeted.

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7. The group process was led jointly by specialists from the Women's Programme Directorate of Barcelona City Council and the Service for Children and Women of Barcelona Social Services Consortium.

8. Given the large number of members in the working group, a working methodology was used combining different methods, in order to guarantee the effectiveness of the group:

   – A total of 16 full group meetings took place (40 hours).

   – 4 smaller group meetings took place with professionals and managers from the participating social services, with experience in providing direct care for adolescents (10 hours).

   – A *Protection Measures working party was created with managers from public services providing specialised, specific care for situations of sexist violence*. This working party met twice (4 hours) to define the proposal to be presented to the working group.

   – Individual members of the group were asked to write about specific aspects in which they were considered professionals with experience. The co-ordinator of the Prevention Programme *Schools Network for Equality and Non-Discrimination* and the Director of the Group of Advanced Studies on Violence at the University of Barcelona (UB) were asked, in addition, to write certain sections.

   – Interviews were carried out with members of our working group and also with external people. These interviews were conducted jointly by the two co-ordinators of the working group (Barcelona City Council and Barcelona Social Services Consortium).

This methodology made it possible to take advantage of the rich diversity of perspectives, enhancing the debate, and helped neutralise any negative aspects of implementing such a large working group.

The working group was created in December 2012 and completed its task in September 2014.

STRUCTURING THE CONTENTS

This publication is structured into three topic-based sections with an additional chapter to facilitate the comprehension of its content.

Topic-based sections:

Part One: Adolescence and Sexist Violence. This section contains six chapters, which are the necessary starting point to define how to act in the situations subject to intervention, as defined in this *Overview*. Part One includes the following:

- Elements for understanding the period of adolescence.
- Definition of the epistemological framework, the theoretical framework and the conceptual framework, which form the basis of the intervention protocol proposed in part two of the publication.
- Analysis of the role of new technologies as a means by which sexist violence is experienced and perpetrated.
- Information about the legal framework that binds us, and the specific content in the legal regulations that govern or guide certain key aspects of the intervention proposed.

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Part Two: Professional Intervention. This central section of the publication provides technical criteria and methodological guidelines for action for the public services in the fields of formal education, healthcare and social services that support adolescents. It comprises five chapters that:

- Define requirements and general recommendations for public services from these three areas for intervention with adolescents in our target population.
- Define what needs to be detected, who has to do this, and when to contact the social services, which provide outpatient care.
- Define what referral to social services means and how it must be undertaken.
- Define the methodology of network-based work, which must guide how this is co-ordinated between the services intervening in each situation.
- Continue to analyse and define the care intervention that must be carried out by the social services in the city of Barcelona, which provide outpatient care in situations of sexist violenc.

Part Three: Recommendations to Improve Intervention in Situations of Sexist Violence Affecting Adolescents in our Target Population. This section contains 16 recommendations, some of which call upon institutions other than the two that have co-led this working group.

Additional chapter:

We decided to include an additional chapter to facilitate the comprehension of the large number of abbreviations that we use to indicate the different services. This section outlines their meaning and, where relevant, the care service to which they belong.

Furthermore, the reader will find a bibliography and annexes with examples of situations of sexist violence, in order to help professionals identify violence when it occurs. These examples are from the *Protocol de Joventut per a l'abordatge de la violència masclista* (Youth Protocol for Addressing Sexist Violence) published by the Directorate General of Youth of the Generalitat de Catalunya.

SCOPE OF THE PUBLICATION: REACH AND PENDING CHALLENGES

This document is ambitious as it aims to:

• Be of use

This document is based on the experience of those participating in the group, with the intention of providing elements for improvement in the practice. It has been developed by professionals in the fields of formal education, healthcare and social services, who detect situations of sexist violence, and the professionals in social services who provide outpatient care in these situations.

• Have an impact

– Institutionally: so that the recommendations in part three of this document are put into practice.

– In empowering professionals in social services: providing an outlook that integrates the perspective of intervention in situations of sexist violence and adolescents at risk. It makes innovative methodological contributions and brings together different strategies, tools, and elements that will help strengthen the capabilities of professionals in social services, who intervene with adolescents in the context of sexist violence.

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Scope

The work conducted:

- Defines the epistemological, theoretical and conceptual framework upon which the intervention protocol has been created, for situations of sexist violence affecting our target population.
- Is based on the analysis of the legal and regulatory framework governing intervention in these situations.
- Defines the methodological model of intervention, offering useful and practical elements to be applied on a daily basis by professionals in the fields of formal education, healthcare and social services.

In this task, we wish to highlight some of the aspects that we consider to be the **strengths** of this publication:

– It makes visible a reality that often goes undetected and untreated by professionals in the fields of formal education, healthcare and social services: situations of sexist violence affecting adolescents, in which neither the mother or the father are involved, nor the current partner of either parent.

  Although this reality is not new, it affects a sufficiently high proportion of our adolescent population, as shown by the result of recent research[5].

– It addresses detection and intervention not only with adolescents who are experiencing sexist violence, but also with adolescents who perpetrate it. As minors, the public services have the responsibility to intervene, in order to prevent them becoming adults who perpetrate violence.

– It extends the vision that sexist violence is mainly selective violence towards women, because it is also towards people of both genders who do not fit the patterns defined by the patriarchal society, in regards to what a man must do and feel to be masculine and what a woman must do and feel to be feminine. For this reason, they may be subject to violence (of a psychological, physical, sexual and/or economic nature).

– It defines when a situation of sexist violence affecting our adolescent population should be considered severe and referred to social services, which can provide outpatient care for the situation of sexist violence, experienced or perpetrated, and the procedure that should be followed.

– It defines when it is necessary to follow a judicial route in certain situations in which neither the mother or the father are involved, or current partners of either parent.

– It defines when it is necessary to inform the mother and/or father or significant adults, in accordance with the provisions of the relevant legal and regulatory framework, and when it is unnecessary.

– It defines the requirements that must be fulfilled in order to guarantee direct access for the adolescent who wishes to request care or evaluation by social services, without being accompanied by an adult, as established by our legal framework defining rights in childhood and adolescence.

– It defines the requirements that must be fulfilled in order to guarantee direct access for the adolescent who wishes to request care or evaluation by social services, without being accompanied by an adult, as established by our legal framework defining rights in childhood and adolescence.

– It addresses and helps make visible how new technologies are used increasingly as a means by which sexist violence is carried out and experienced. Safety recommendations are also provide.

– It offers a total of 16 recommendations for improving the care that we give to adolescents who are experiencing or perpetrating sexist violence, some of which have organisational repercussions that involve institutional decisions to make them effective.

5 In this respect, see the section *Overview of the Dimension of Sexist Violence in our Target Population in the chapter defining the Conceptual Framework* (pp. 66 - 72).

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Pending challenges

There are different topics or aspects that, although indicated, remain pending for further development and which, in our opinion, constitute challenges that we hope will be addressed in the near future:

- Defining measures for safety and protection that should be adopted in these types of situations, which of them relate to public authorities, and which protection system should be used (relating to sexist violence and/or protection for children and for adolescents at risk).

  In the context of our target population (adolescents who are experiencing situations of sexist violence, but where there is no violence at home), and in accordance with the severity of the situation, the following aspects need to be defined:

  - Which measures should be adopted for the adolescent.
  - Which measures should be adopted for the mother and/or the father and/or significant people caring for the child or adolescent.
  - Which measures should be adopted by public authorities with a twofold objective:
    - To facilitate the exercise of responsibility for self-protection by the adolescent, and the responsibility for protection by the family, when the measures to be adopted are beyond reach, even if the willingness to protect the adolescent exists.
    - To provide shelter when necessary. In this case, it is necessary to define whether this protection should be provided:
      - By one of the two existing systems: protection for children and adolescents at risk (designed for minors who are living in family contexts in which they are subject to mistreatment) or sexist violence (designed to shelter women of legal age, and their children, if they have any, who are victims of this violence).
      - Or whether it is necessary to design new shelter resources by merging both systems.
- Incorporating the area of informal education and leisure activities into the detection of situations of sexist violence, providing guidelines to services and organisations so that they know how to act once a situation of sexist violence, affecting our target population, has been detected.
- Analysing detection and intervention in depth for adolescents perpetrating sexist violence. In this publication, we offer the full extent of our knowledge based on our experience, but intervention with this sector of adolescents from a gender perspective and in the context of sexist violence continues to be scarce and little systemised.
- Community intervention in collective spaces and situations.

  The initial intention of our working group was to develop both aspects of detection and individual care in this document, as well as the aspect of community care. However, insufficient experience in community intervention with adolescents from a gender perspective by members of the working group, has limited this objective.

  Consequently, although we have dedicated a section of this document to an overview of this topic, we are aware that it is insufficient in terms of the importance of detecting and intervening as a community in these group dynamics. For this reason, we highlight the need to further develop and study this topic in depth in the near future.

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COLLECTIVE SPACES AND SITUATIONS REQUIRING COMMUNITY-FOCUSED INTERVENTION

According to the United Nations, sexist violence is of a structural nature and, therefore, it is evident that facing violence that already exists requires not only individualised and group care for the people directly involved who are experiencing it or perpetrating it (and those people in their nearby environment whenever possible), but also intervention at a community level in collective spaces, situations and events that use sexism as one of their identity values. These are spaces in which the traditional and standard roles of masculinity and femininity are part of the fundamental values, and defending or expressing them includes, encourages or justifies perpetrating sexist violence.

In other words, given that sexist violence is a structural problem, it is, at the same time, a social problem that:

- Affects people.
- Feeds collective beliefs and myths that encourage the existence of sexist violence, tolerate it and/or enable it to exist, incorporating it into our daily life, and normalising, for example, micro-violence, which often occurs unseen.

  These beliefs and myths appear through collective behaviour that legitimises, encourages, tolerates and/or makes sexist violence invisible.

Consequently, care intervention must include different dimensions:

- **Individually:**
  It is necessary to offer personalised care, depending on each specific reality and story, to the adolescent experiencing or perpetrating sexist violence. This personalised care can be provided individually and/or within a group.

- **Collectively:**
  By means of community interventions that seek to have an impact on identifying sexist values and modifying beliefs, attitudes and behaviours that accept or carry out sexist violence.

This publication, furthermore, focuses on individual and group care aimed at adolescents who are experiencing or perpetrating sexist violence. However, we are fully aware that there is a need to develop the community dimension for intervention, which we consider essential.

How do we detect collective spaces and situations in which sexist violence is present?

We refer to collective behaviours that foster, legitimise, encourage or co-exist in a normalised way with sexist violence, whilst understanding 'spaces' as physical spaces and virtual spaces.

This means that we are referring to the groups of people in which the traditional standard roles of masculinity and femininity are part of the fundamental values that provide identity for the group. This identity models collective behaviours where the defence or expression of these values includes, encourages or justifies the exercise of sexist violence, between its members and/or with third parties.

Often these behaviours and attitudes are visible in public spaces, which is where they are usually found, but they can also be detected in virtual spaces.

We are not only referring to informal groups, but also to collective events that provide or gather people and groups that share interests, ideologies and/or values identifying them as members of a wider group or, even, of a community. When these collective events use sexism as one of its identity values, we consider community intervention necessary. It is of fundamental importance that this must reach beyond the specific people who are experiencing and/or perpetrating sexist violence.

Finally, special mention should be made of the organised groups in public spaces (urban gangs) who justify and/or use violence as a necessary means to defend or impose their ideology, and where sexism is one of their identity values.

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Considerations about community intervention in collective spaces and situations in which sexist violence is present

We have few precedents of community intervention with a gender perspective regarding the situations that have just been described. On the contrary, we observe that:

- Community intervention for sexist violence is more developed in the field of awareness raising and primary prevention (preventing the emergence of the problem) or secondary prevention (early detection), than in the area of care with the objective of modifying and improving situations already evident.

- In Catalonia, and we would perhaps say in the rest of Spain, community intervention is still generally the minority in the overall context of the actions carried out by or with the participation of public services in any of the three fields on which this publication focuses: formal education, healthcare and social services.

- Community care intervention applied in situations of sexist violence does not only require the deconstruction of collective myths and beliefs that legitimise inequality for gender-based reasons, but also involves applying them, and transforming certain deeply-rooted collective behaviours. This task, although fundamental, is not easy.

Having said that, we do not wish to finish this section without making two reflections, insisting on the need to continue, in the near future, the process that has led to this publication, with the development and in-depth analysis of community intervention in situations of sexist violence, affecting adolescents in our target population:

- Having said that, we do not wish to finish this section without making two reflections, insisting on the need to continue, in the near future, the process that has led to this publication, with the development and in-depth analysis of community intervention in situations of sexist violence, affecting adolescents in our target population.

- This community intervention to provide care should be structured in a complementary, coherent manner with the Prevention Programme *Schools Network for Equality and Non-Discrimination.*

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PART ONE

ADOLESCENCE AND SEXIST VIOLENCE

ADOLESCENCE

A TIME OF TRANSFORMATION

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ADOLESCENCE: A TIME OF TRANSFORMATION

SUMMARY

- Adolescence as a stage in the life cycle
- Adolescence as the result of a specific social context

The term *adolescent* comes from the Latin verb *adolescĕre* meaning *to grow up* and uses the present participle to describe *the person growing up*[6].

Adolescence has always been described as a period of change, a period of reorganising accumulated experiences, of turbulence, uncertainty and discovery. It is a time of movement and attempts to construct a new identity and new knowledge of oneself. It is a period of transformation and transition between childhood and adulthood.

To understand adolescence, it is necessary to consider it as is a product, not only of its evolutionary condition from a physical point of view and in terms of maturity, but also of the social context in which it occurs. Therefore, to understand our adolescents, it is necessary to take variables of time and space into account, placing adolescence in the socio-economic and historical context of the society in which we live today.

We gain understanding of this transitional period of life through two dimensions:

- Adolescence as a stage in the life cycle of a human being.
- Adolescence as the result of a specific social context.

6 Etymological Dictionary published by the Catalan Encyclopaedia (2002).

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ADOLESCENCE AS A STAGE IN THE LIFE CYCLE

FROM A PHYSICAL POINT OF VIEW: PUBERTY

Adolescence is considered a stage in the life cycle that begins with puberty and ends with entering adult life. It is, therefore, defined as beginning approximately at 12-13 years and ending at 17-18 years). However, this is not entirely accurate, as there are girls who begin to menstruate at 11 years of age, and boys who begin to develop secondary sexual features at the same age.

These differences and the delay in becoming independent from the family limits the degree of autonomy, responsibility and independence of adulthood in young people. As a result, some theoretical perspectives define adolescence as between the ages of 10 and 22

The term *puberty*, from the Latin *pubescĕre*, which means *becoming covered with hair, to be pubescent*[7], refers to the series of hormonal changes that condition physical and sexual maturation leading to reproductive maturity, and the shaping of the adult body. In addition to the sexualising of the forms of the body, the arrival of puberty also brings rapid growth in terms of height. The speed at which growth occurs and the fact that it does not occur consistently in all parts of the body at the same time, means that movements may sometime appear unco-ordinated.

Although puberty is a biological phenomenon and can, therefore, be defined, there are many differences from one individual to another, which have psychosocial influences. Among others, the *Secular Growth Trend*, should be highlighted. This refers to the advancement of the age of sexual maturity, which occurred in the 20th century, probably due to improvements in health, food and lifestyle.

Regarding the increase in height, there are significant differences between girls and boys. Girls experience a greater increase in body fat, and boys in muscle mass. The increase in physical force and muscles brings adolescent boys closer to the masculine ideal of beauty, while the feminine ideal of beauty in western culture is based on thinness. Adolescent girls move further away from this ideal when, at this time, they experience a widening of the hips and an increase in body fat.

Another crucial phenomenon at the beginning of adolescence is the beginning of menstruation. The physical menstrual and premenstrual experience varies from one woman to another. In addition to its meaning on a personal level, it is necessary to take into consideration the family and social representations associated with it. It should be remembered that many cultures define menstruation as impure and dirty, PMT (Premenstrual Syndrome) is defined as a 'condition', and today's advertisements for sanitary products reflect a certain crisis of hygiene. As a result, expectations about menstruation and this experience may be negatively portrayed and branded in the media, especially amongst the youngest or most vulnerable women, and may have an impact on their self-esteem.

Another factor to take into account is *puberty timing,* which is the moment of puberty development in relation to that of the adolescent's friends. Here there are also differences between girls and boys.

For boys, maturing before their friends tends to be perceived as an advantage, as they will be considered more attractive and prepared. Boys who mature later than their friends may suffer from anxiety and depression, as their more child-like appearance will tend to be less valued.

In contrast, for girls who mature first, research shows that it can lead to a higher probability of suffering from depression and poor coping strategies, a greater risk of eating disorders and early sexual relationships.

Transcultural research shows contradictory results, which demonstrate the influence of cultural stereotypes of beauty and social roles on the experience of puberty.

7 Etymological Dictionary published by the Catalan Encyclopaedia (2002).

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COGNITIVE MATURITY

During adolescence, a profound intellectual transformation occurs.

It is during this time that cognitive maturity[8] is attained, in accordance with the theories of cognitive development. Adolescents acquire the capacity for abstract, formal and logical thought, which can transcend the specific reality of the here and now. At the same time, the capacity for hypothetical reasoning emerges.

Cognitive maturity is achieved through the maturing of the central nervous system, and through the necessary educational and cultural influences.

This profound intellectual transformation does not occur homogenously in adolescent thinking. Progress is contained within several areas, and each person makes progress in the different areas at their own pace. Within this development of scientific knowledge, it is important to take metacognitive processes into account, meaning the ability to reflect on knowledge strategies and control the steps taken to solve the problem.

The capacity to discern what is possible, from what is real, enables adolescents to distinguish between what adults are and how they believe they should be, leading to an idealistic position and a critical attitude towards social functioning.

Consequently, one characteristic of adolescence is the **tendency to argue** as a way of practising this new analytical capacity. The use of irony and double meaning in conversations is a way for adolescents to demonstrate their new cognitive skills.

CONSTRUCTING AN IDENTITY

Different authors agree that the adolescent's quest is the search for their new identity, often called the 'the second birth'. This can be in terms of a social or personal birth and all related aspects; the emergence of a new relationship with oneself, others and with the world. It, therefore, implies redefining the models of mental representation. It should be indicated, therefore, that identity is fluid and heterogenic and, indeed, has multiple forms.

During adolescence, in addition to changes in puberty and the cognitive capacities of adolescence, new experiences and social roles emerge. At this junction, self-image and self-esteem are vital elements.

Self-image is the representation that a person has of themselves, in considering and evaluating their skills in comparison with their peer group. Cognitive progress at this stage enables the adolescent to develop a highly complex, abstract structure that gives meaning and coherence to the characteristics attributed to 'Self'. In parallel with the development of self-image, the evaluation of their attributes, characterised by a feeling that ranges from esteem to disregard for these features, is called **self-esteem**.

Between 14 and 15 years of age, the contradictions or inconsistencies of the self-image generate conflict and doubts regarding the true 'Self'. Elkin[9] identified two phenomena in this stage:

- **The imaginary audience:** based on the adolescent belief that everyone is concerned about and watching what they do or think.
- **The personal story:** based on the adolescent's assumption that everything that happens to them, the concerns and experiences they have, are absolutely unique and that no one has ever been in this type of circumstance. In this context of thought, it is probable that the personal myth emerges of *'I am different', 'I am in control', 'It won't happen to me'*.

8 J.Piaget (1966)

9 Elkin, D. (1978).

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These antagonistic phenomena demonstrate a lack or an excess of differentiation between the 'Self' and other people. Towards the end of adolescence, the foundations for the construction of identity have generally been defined, even if not everyone experiences this evolution.

Self-esteem is determined by two factors:

- *The opinion of 'significant others'* (family, teachers, friends).

- *The adolescent's self-perception of their effectiveness in actions in different areas of life*. In adolescence, the most valued areas include physical appearance and acceptance by the peer group.

Going to secondary school, the first romantic relationships, the responsibilities associated with this new stage and the physical changes, in addition to a potential distancing from the ideals of beauty, especially in girls, can lead to choices that are not always effective. Self-esteem may diminish as a result. Girls and boys alike are very susceptible to the opinion of others, due to the non-definition of their own identity. However, towards the end of adolescence, in general, there is less dependence on external criteria and an adolescent's self-esteem stabilises.

During childhood, girls and boys depend on their families for material aspects and affection, and also in their process of socialisation. This leads to the construction of a system of values and conduct that provides internal cohesion and stability in external relationships. The beginning of adolescence marks a transition between subordination to the family and becoming an individual with personal autonomy. Even in favourable situations, this can lead to conflict and anxiety, both for the adults involved and the adolescents.

Idealising the mother, the father, or the person responsible for raising the child, gives power and authority to this figure during childhood. The world represented by the family is *reality* and the explanations given by the family are *the truth*. However, as the adolescent expands their relationship horizon, they evaluate the context critically and can adopt different points of view in their analysis, changing their perspective towards parental figures.

One of the characteristics of adolescence is, therefore, **criticism of figures of authority** as a logical consequence of the process of humanising childhood idols and the emergence of tension or conflict with the mother, the father and/or with other adult figures.

In family discussions, gender differences also exist. In our context, for example, boys have more arguments than girls on issues related to school, free time or the consumption of cigarettes or alcohol, while girls have more arguments about the time they need to home by.

In peer group relationships, it should be taken into account that contemporaries are agents for socialisation and provide the opportunity to experience roles and situations within the framework of what is allowed and what is unacceptable, beyond the norms of society. The presence of friends makes the process of assuming autonomy beyond the family less difficult.

Lutte (cited by Perinat, 1997) summarised the functions of the peer group during adolescence in the following way:

- It confers a symbolic status of autono.

- It fosters the definition of identity.

- It establishes references, goals and values.

- It brings safety to the process of becoming independent from the family.

- It creates an environment for learning about social and sexual relationships.

- It reproduces social and cultural values.

The peer group is characterised by what is known as *homofilia conductual* (behavioural mirroring): similarities between its members in clothes and hairstyles, in leisure activities, etc., which emerge from exerting mutual influence, rather than one-way influence, through active selection and mutual socialisation. Girls and boys have different characteristics in their relationship with the peer group. In general, girls place more importance on intimacy and self-revelation, relying on trust to communicate deep feelings to another person, and to listen actively and positively, offering support to the person expressing their concerns. Boys, in contrast, place more importance on being able to share activities.

Emotional or sexual relationships begin during this period, and progress at a different pace throughout this stage. In no case can adolescent sexuality be addressed as a universal category. There are many

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types of sexuality and many types of adolescence. Sexuality is present during all stages of the life cycle, including childhood, and its presence during adolescence, therefore, represents a continuity with the characteristics of development of this stage.

Some perspectives suggest that sexuality is developed in two dimensions: biologically, where natural urges emerge, and socio-interpersonally, with cultural impositions and social regulation. Courtship rituals appear from this level, such as what it is necessary to do when going out with a girl or boy, what must be done to 'form a relationship with someone', what is done before reaching intercourse, etc. Courtship rituals are portrayed in each society's media and include gender differences, although research shows that differences in activity and submission are diminishing in this context, particularly due to contraceptive methods and feminist stances.

However, given that sexual conduct is fundamentally associated with gender roles, there still continues to be greater permissiveness for men with heterosexual practices, and a greater censure of women in the expression of their sexuality.

Adolescence is also the time of discovering that heterosexuality is generally considered the norm. Therefore, girls and boys with different sexual orientations may not gain recognition and acceptance in their peer group. This discrimination can lead the group of adolescents to display conduct ranging from isolation, low self-esteem, and a distorted personal image, to the extreme situation of *internal homophobia*, and a feeling of *being strange*. Having a sexual orientation that is different to the norm can intensify the conflict inherent to this period of adolescence, and affect the full development of their personality

Brown (cited by Delval, 2010) establishes four phases related to forming emotional-sexual relationships during adolescence:

- **Initiation.** Focused on the person and not on the couple. The aim would be to gain confidence in one's capacity to relate to a potential partner. If relationships occur, they tend to be short and superficial.

- **Status.** Instead of focusing on the person, this focuses on the relationship with others. The relationship is a way of gaining popularity or status within the peer group.

- **Affection.** This progresses from wanting a relationship, to being interested in the relationship itself. Relationships generate more sexual and emotional gratification and also more concerns. The importance of the relationship increases in comparison with other social interaction.

- **Connection.** This generally takes place at the end of adolescence or during early adulthood. It is characterised by the presence of affection, passion and commitment.

The representations of love in girls and boys also have different characteristics, closely linked to expectations, myths and beliefs, which refer to 'romantic love'. This is an idealised love associated with sacrifice, jealousy and possession, which has direct implications for abusive relationships. In these representations, when people in the community interact, they generate shared meanings that are then imposed as the 'norm to follow'.

Furthermore, adolescence has always been characterised by its oscillation between contrasting trends; opposite poles that fluctuate between being immersed in life and the difficulty of progressing appropriately from heteronomy to autonomy.

Anna Freud[10] highlighted three specific aspects of adolescent conduct:

- **Introversion – Extraversion:** Introversion is associated with the discovery of one's own inner world and invites us to 'withdraw from the world' at times. This emotional distance helps the adolescent come to terms with their previous experiences and with their own body, fostering the process of self-assertion and self-esteem.

  Introversion in the family is associated with a personal search, and separation - becoming an individual - that the adolescent must make from their mother and father.

  Extraversion leads the adolescent to become immersed in the peer group to feel accepted, to become similar and equal with their peers, fostering their feeling of belonging and their experience of new roles within the group.

10 Freud, A (2004)

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- **Dependence – Independence:** With a desire to be free from the ties of the family, the adolescent is still dependent and influenced by the family. Adolescents often demand more autonomy, more privacy and more independence, at the same time as seeking and needing confirmation from their mother and/or father, and from their peer group.

  The adolescent's critical attitude to figures of authority, as an attempt at self-assertion and differentiation, often contradicts their attitudes and behaviours.

  In the adolescent's attempt to gain independence from the family, they may develop a strong feeling of dependence and submission within the peer group, which can often limit the true expression of themselves. This process can lead the adolescent to become involved in situations of risk that make them more vulnerable to potential situations of violence.

- **Fanaticism and apathy:** Feelings are extreme and intense: the adolescent loves passionately and has unlimited trust in the good intentions of others (as long it is not their mother and/or father or other adult figures adults to which they are asserting themselves).

  The adolescent avidly desires to gain knowledge by themselves, and demonstrates an active attitude in discovering new areas of knowledge and action. In contrast, they can also show apathy in usual contexts.

  Sometimes, fanaticism is demonstrated through a strong tendency to identify with a specific music group, a sports team, a religious group, urban gangs, etc., which make it possible to connect with peers, be open to different groups in the community and begin to enter new dimensions in which the feeling of group belonging helps the adolescent separate themselves psychologically from their family.

  In parallel, the adolescent may develop an attitude of apathy in other areas, promoted by a society with a superficial and hedonistic worldview.

ADOLESCENCE: GRIEF FOR WHAT IS LOST AND HOPE FOR A FUTURE TO BE CREATED

Grief for what is lost. The transition from one life stage to another gives rise to periods of crisis that involve the pain of leaving behind what is familiar, and also security and emotional effort to overcome this.

For the pain to be experienced, it is necessary to go through the crisis, feel the anxiety and uncertainty caused, and experience the emotional effort required to overcome it.

This pain for what is lost is accompanied by grief, which is an essential step for beginning each stage. Aberastury and Knobel[11] define three basic types of grief experienced during adolescence:

- Grief for the childhood body.
- Grief for the loss of the childhood identity.
- Grief for the mother and father of childhood.

Hope for a future to be created: Adolescence is also a period to imagine different potential futures. It is, therefore, not only a period of uncertainty, but also of hope and different possibilities

The questioning of many aspects of the constructed social order is also a factor that fosters not only imagining a different type of future, but also believing that change is possible and viewing oneself as an active part of it.

11 Aberastury, A. and Knobel, M (1973).

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ADOLESCENCE AS THE RESULT OF A SPECIFIC SOCIAL CONTEXT

Adolescence is also the result of the social context in which it takes place. The values and behaviours collectively upheld in a certain society influence decisively how the child changes into an adolescent, and in how the adolescent passes from adolescence into becoming an adult.

Today's society has witnessed a series of changes in comparison with previous times. *These ideological changes favour the emergence of the culture of the ego, based on personal autonomy, a flexible, changeable 'Self', and are far removed from the meaning of 'Self' in pre-capitalist societies, where identities were fixed, stable and inherited*[12]. Modern identities are, therefore, less stable and predefined. They are the product of a continuous negotiation between different variables (status, gender, age, life experiences, educational level, etc.).

Today's adolescents are immersed in a specific culture that has been called postmodernist culture, and, also, in a socio-economic period of recession. *Identities create the space between the social world and the subjective experience, constituting a core organising principle that connects the 'Self' to the world*[13].

Listed below are some of the dominant characteristics of our society, which have, in our opinion, a considerable influence on fostering a climate in which the existence of sexist violence during adolescence is possible, even if the girls and boys are not experiencing it at home.

- **A society that continues to be sexist**[14]**:**

  Despite undeniable progress in recent decades, the evidence as demonstrated by all research analysed on adolescents in different areas of Spain, shows that our society continues to be sexist. This fact is observed even though, in recent times, traditional sexism has been disguised by new expressions and forms as what some experts call benevolent sexism or neosexism.

  Meticulous, sensitive, docile and orderly are characteristic behaviours and attitudes in women. Courage, physical skill, competitiveness and aggression are characteristic features in men who, furthermore, must not cry. This is what many Spanish adolescents believe judging from the result of several types of research into this population group. The research shows that girls and boys maintain a stereotyped vision and attribute attitudes, aptitudes and qualities to each gender. Have we not made any progress in overcoming sexist beliefs?

  … a sexism exists beyond equal opportunities. This sexism is based on the feminine-masculine duality, which is maintained particularly through emotional conditioning. Some authors call this benevolent sexism or neosexism in comparison with traditional, hostile and belligerent sexism. [15]

12 Plummer, K. (1995).
13 Goffman, E. (1993).

14 The content of this section is developed in the chapter on the *Conceptual Framework* (pp. 43-80) and is based on the document *Recomanacions per a la prevenció de relacions abusives de parella*. Barcelona Network to Fight Violence Against Women, 7 May 2010.
15 *La Vanguardia*. 28 February 2008 in Spanish. (pp. 18-21).

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- **Immediacy, hedonism, placing excessive importance on physical appearance, and the prevalence of 'having' rather than 'being' are dominant values in today's society.**

  - **Immediacy and hedonism.** Significant change in values and beliefs has been detected in today's society: we have moved on from the traditional values of the modern era that were linked to the culture of effort, the value of work and respect for authority, to postmodern values more closely linked to obtaining wellbeing above effort, and even above emancipatory ideals[16].

    Value is placed on continuing to act in the same manner as in childhood. This fact implies that childhood values are maintained socially and make the process of maturation corresponding to adolescence difficult.

    In today's society, it is usual for the media and dominant social models to promote values such as immediacy and hedonism: comfort, less effort, immediate satisfaction and the proliferation of new connections, promoting the qualities of fast and intense, with little time together, but with great intensity. The connections, according to Z. Bauman[17], tend to be weakened, tolerance diminishes and the adolescent's life passes between the search for something fun, and enjoyment as the supreme value in daily tasks.

    It is a society that avoids suffering and death and medicates sadness, as though it were depression. If we understand that adolescents must face pain in order to become adults, it is necessary to ask in which conditions adolescents can experience this process in today's social context.

    Furthermore, the era of cybernetics has brought great progress, but also contributed to substituting the classic notion of time, including waiting and the medium term achievement of goals, by immediacy and instantaneousness[18]. With waiting time diluted, adolescents live in immediacy, thereby reinforcing their difficulty to project their outlook towards an increasingly uncertain future.

  - **Idealisation of the bo.** The image culture as a social icon highlights the value of being young, having an athletic body for men and a thin body in women, both women and men being free of wrinkles and grey hair. Today, the body has become idealised and adolescence is considered the moment in which a certain bodily perfection is achieved, which needs to be maintained for as long as possible. The postmodern adolescent leaves behind the childhood body to enter adolescence, which can be considered the social ideal.

  - **'Having' rather than 'being'.** The model of success offered by our society to adolescents gives prominence to acquiring, quickly and in an accumulative manner: money, car/motorbike, the latest mobile phone, etc. Our society encourages 'having' rather than 'being'.

    In contrast, today's financial crisis, with a youth unemployment rate exceeding 50%, makes it difficult to attain this type of success, generating uncertainty and frustration amongst the adolescent population. Dependency on the family also increases, considerably delaying the moment in which independence and autonomy are reached.

In a society as complex and subject to constant change as ours, the construction of one's own identity is a difficult task and increasingly takes longer.

16 Ubieto, J.R. 'Cambios sociales y ficciones familiares: la infancia-adolescencia postmoderna' *Closing session of the 2004/05 research group on 'Ficciones Familiares' in the Freudian Field Institute. Barcelona, July 2005.* Published in *Análisis. Revista de Psicoanálisis de Castilla y León. 2006*

17 Bauman, Z. (2011).

18 Ubieto, J.R. (2004).

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SUMMARY OF KEY IDEAS

Adolescence can be described as a time of change, of reorganising accumulated experiences, of uncertainty, discovery, the construction of a new identity and gaining new knowledge of oneself, for adolescents. It is a time of transformation, of transition between childhood and the stage of adulthood. In understanding this stage, we must consider that it is a product, not only of the evolutionary condition, from a physical point of view and in terms of maturity, but also of the social context in which it occurs.

Adolescence as a stage in the life cycle begins with puberty and ends with entering adult life (beginning approximately at 12-13 years and ending at 17-18 years). During this stage, four very important characteristics occur in the physical, cognitive and social development of adolescents: a series of physical changes, increased cognitive maturity, the construction of their own identity and the beginning of emotional or sexual relationships.

In terms of physical changes, it should be stated that the experience of these changes is significantly influenced by the cultural stereotypes of beauty and conventional social roles. While physical changes differ greatly between girls and boys, it is also true that, culturally, a different meaning and value is given to these changes, which can condition the self-esteem of the adolescent population. Thus, in the case of boys, maturing before their contemporaries tends to be seen as an advantage, while for girls, it can lead to a higher probability of suffering from depression and poor coping strategies, a greater risk of eating disorders and early sexual relationships.

On the other hand, there is also a profound intellectual transformation of many aspects, one of which should be highlighted: the capacity to distinguish between what is possible and what is real. This new capacity enables adolescents to discern between the adult world and how they believe it should be, leading them to sometimes take an idealistic position and a critical attitude towards social functioning.

During adolescence, in addition to the changes in puberty and the cognitive capacities occurring at this age, an identity is also constructed, which will be conditioned by the adolescent's self-image and self-esteem. Furthermore, in constructing an identity, the peer group becomes very important. In contrast, there is a certain distancing and a critical attitude, if not direct rejection, of figures of reference and authority from childhood (mother, father, teachers, etc.).

The peer group has a decisive function for the adolescent in this process of constructing themselves, as it confers a symbolic status of autonomy; it fosters the definition of the identity; it establishes references, goals and values; it provides safety in the process of becoming independent from the family; it creates an environment of learning about social and sexual relationships; and reproduces social and cultural values.

Nevertheless, it is important to take into account that both girls and boys are very susceptible to the opinion of others, as a result of their changing identity. In their attempt at becoming independent from the family, the adolescent may develop a strong sense of dependency and submission within their peer group, which often goes against authentic self-expression. This process can lead the adolescent to become involved in situations of risk that make them more vulnerable to potential situations of violence.

Finally, in adolescence, emotional and sexual relationships, of different degrees, begin throughout the period. This development of sexuality occurs both biologically and socially. Therefore, socially, it is necessary to take into account that their sexual behaviour continues to be associated primarily with the gender roles, leading to situations of inequality, often socially accepted, between girls and boys.

In addition, the social influence of the depictions of love referring to 'romantic love' condition these first sexual and emotional relationships, and can do so to the point of generating abusive relationships as a result of idealising love and associating it with sacrifice, jealousy and possession.

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Therefore, **adolescence is also the result of the social context in which it occurs**. The dominant values and behaviours, in a specific society, influence how the transformation of the child into an adolescent occurs, and of the adolescent into an adult. In our society, there are certain elements that significantly condition this transition and can foster the existence of sexist violence during adolescence.

Firstly, our society continues to be a sexist society. Furthermore, our society is complex and subject to change, which makes the task of constructing an identity increasingly difficult and prolonged over time. In addition, some of the dominant values, such as immediacy, hedonism, placing excessive importance on physical appearance, and the prevalence of 'having' rather than 'being', cause childhood values to be maintained, forming an obstacle to the process of maturing in adolescence. Finally, the current financial crisis, with a youth unemployment rate exceeding 50%, makes it difficult to attain success (work, independence from the family, one's own material belongings, such as a mobile phone or a car, etc.) generating uncertainty and frustration amongst the adolescent population. On the other hand, dependency on the family increases, considerably delaying the moment in which independence and autonomy are reached.

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SEXIST VIOLENCE: THE CONTEX

EPISTEMOLOGICAL FRAMEWORK

THEORETICAL FRAMEWORK

CONCEPTUAL FRAMEWORK

NEW TECHNOLOGIES AND SEXIST VIOLENCE AMONGST ADOLESCENTS

LEGAL FRAMEWORK

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EPISTEMOLOGICAL FRAMEWORK

Epistemology studies the process of knowing and 'how we know what we know'. It is important to clarify that we approach the reality of our target population from the perspective and views provided by social constructionism.

Constructionism is established as an epistemology that emphasises the processes of meaning, both personal and social. Each of us believes in our own 'systems of meanings' (constructs, narratives), which give meaning to experiences. We live, therefore, in a continuous process whereby we adapt our 'systems of meanings' in order to assimilate new experiences.

For philosophy and epistemology, constructionism (also known as epistemological constructivism) is a school of thought that began to develop in the mid 20th century. According to this paradigm, reality is a construction created by the observer. Edgar Morin, Humberto Maturana, Michel Foucault, Gregory Bateson and Ernst von Glasersfeld are some of the philosophers who also left their palpable imprint on constructivism. It is considered one of the most influential schools of thought of the past century.

Indeed, in our daily lives we are a product of our era, and we cannot escape the social conventions or established moral code. Therefore, constructivist epistemology is an invitation to examine these conventions and understand them as socially constructed rules located in history. It is also an invitation to question the established truths and participate actively in the processes of social transformation. Assuming a constructionist position obliges us as professionals to actively participate in the processes of social transformation.

From the point of view of constructionism, we can consider knowledge as an agreed version of reality, a product of interaction and interpersonal negotiation (Gergen, 1985)[19]. In other words, constructionism considers that the level where the meaning is generated and updated is external to the individual, and belongs to a social interpersonal dimension, which can be reviewed and questioned.

The main elements defining constructionist positions are:

- **anti-essentialism:** reality is not independent of the knowledge we create about it;
- **questioning established 'truths':** it is necessary to emphasise the cultural and historic nature of knowledge;
- the role given to **language in constructing the social world.**

This movement has led to the review and decisive redefinition of notions, such as identity, the Self, the subject, language, sexuality, body and gender. It has had a crucial influence on many areas including education, social intervention, art and architecture.

19 Gergen, K. (1996) *Realitats i relacions: aproximacions a la construcció social.* Paidós.

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CONTRIBUTIONS OF CONSTRUCTIONISM TO GENDER CONSTRUCTION[20]

The gender perspective that we use in our work is defined and developed in the chapter on the *Conceptual Framework* on which this publication is based. It is inspired by this critical vision, which demonstrates the possibility of constructing alternative points of view that are more integrative and equality-based, and far removed from the dominant male-centric school of thought.

The concept of gender has found fertile ground in social constructionism, to the extent where constructionist analysis offers a review of these concepts in the light of feminist contributions and criticism of male-centric schools of thought.

The vision of social construction of gender stereotypes provides the specific conceptual framework, which approaches sexist violence within a couple in terms of the experiences of masculinity and femininity. These are considered not as psychological features derived from biological attributes, but rather as socio-cultural constructions, which are closer to structures of inequality, domination and social discrimination, and not simply gender differentiation.

Social constructionism as an epistemological framework enables the phenomenon of violence to be addressed by understanding the processes by which societies adopt beliefs that support violence, and the consequences of this. In addition, emphasis is placed on the explanations used by the members of a community to define violence, and where the different discourses on violence are found.

SUMMARY OF KEY IDEAS

- We gain closer insight into the reality of our target population through social constructionism.
- Constructionism places emphasis on the processes of meaning, both personal and social. In our daily life, we are the product of our era and we cannot escape the social constructs or established moral code. Therefore, constructivist epistemology is an invitation to examine these conventions and understand them as socially constructed and as rules rooted in a specific era. It is also an invitation to question established truths and participate actively in social transformation processes.
- This vision of the social construction of gender stereotypes provides a specific conceptual framework that enables us to focus on sexist violence within a couple and the experiences of masculinity and femininity, considered not as psychological features derived from biological attributes, but rather as socio-cultural constructions closer to structures of inequality, domination and social discrimination, and not simply gender differentiation.

20 See the content on gender, gender perspective, patriarchy and male-centric school of thought in the chapter on *Conceptual Framework* on pages 43-47.

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THEORETICAL FRAMEWORK

Our starting point is an *ecosystemic perspective* that we consider more appropriate to understand the phenomenon of sexist violence in our target population. It gives us useful elements for a more effective approach and intervention within the context of the struggle to eradicate sexist violence.

The analysis of the problem of sexist violence in relationships between adolescents from this perspective enables it to be considered with its multiple causes and complexity, studying it in terms of interaction between people and contexts (Díaz-Aguado, 2002).

Violence is a highly complex phenomenon rooted in the interaction of many individual, social, cultural, economic and political factors. We, therefore, consider that an in-depth analysis of the factors explaining violence during adolescence must encompass the perspective of an individual who is developing (the adolescent) and permanently interacting with a specific social environment.

The ecosystemic model brings together several explanations of violence, forming a framework that incorporates different factors present in the situation of violence, and that make it possible to analyse the systemic interaction of these factors.

If we apply the ecosystemic perspective in the context of this publication, we reach certain basic principles that are useful for professionals working with adolescents in education, healthcare and social services. A selection of these principles, in order of relevance, is presented below:

1. Human beings are social beings.

2. As social beings, the process of development depends not only on personal characteristics (including genetic characteristics), but also, and to a much more relevant extent, on the influences of the environment, both the immediate environment and the more distant environment.

3. From an ecosystemic perspective, this environment is perceived as a series of structures, which are organised in different levels, with one level containing another. All are interacting permanently, receiving and exerting influence on one another.

4. The ecosystemic approach for care in situations of violence, established by Heise (1998) on the basis of the work of Bronfenbrenner (1979), focuses on the assumption that each person is immersed, daily, in a multitude of levels of relationship (individual, family, community and society), in which different expressions and dynamics of violence may occur. The work of Heise has been used by the World Health Organisation (WHO) since 2003.

   Within this ecosystemic approach, there are five levels with which to analyse relationships and the conditions and factors influencing the conduct of adolescents, as well as the risks that increase these factors and the potential protection factors:

   The first level is the **historical level** or **chronosystem**. This is the historical moment experienced by a specific society, which determines the macrosystem, defining the forms taken by the patriarchy within a specific time in history. It influences the potential motivations of people, groups and social communities to perpetrate acts of violence, as well as the use of violence in its different forms in today's world: sexism, homophobia and religious fundamentalism.

   Within this historical context, the other four levels correspond to the four dimensions shown in the diagram below:

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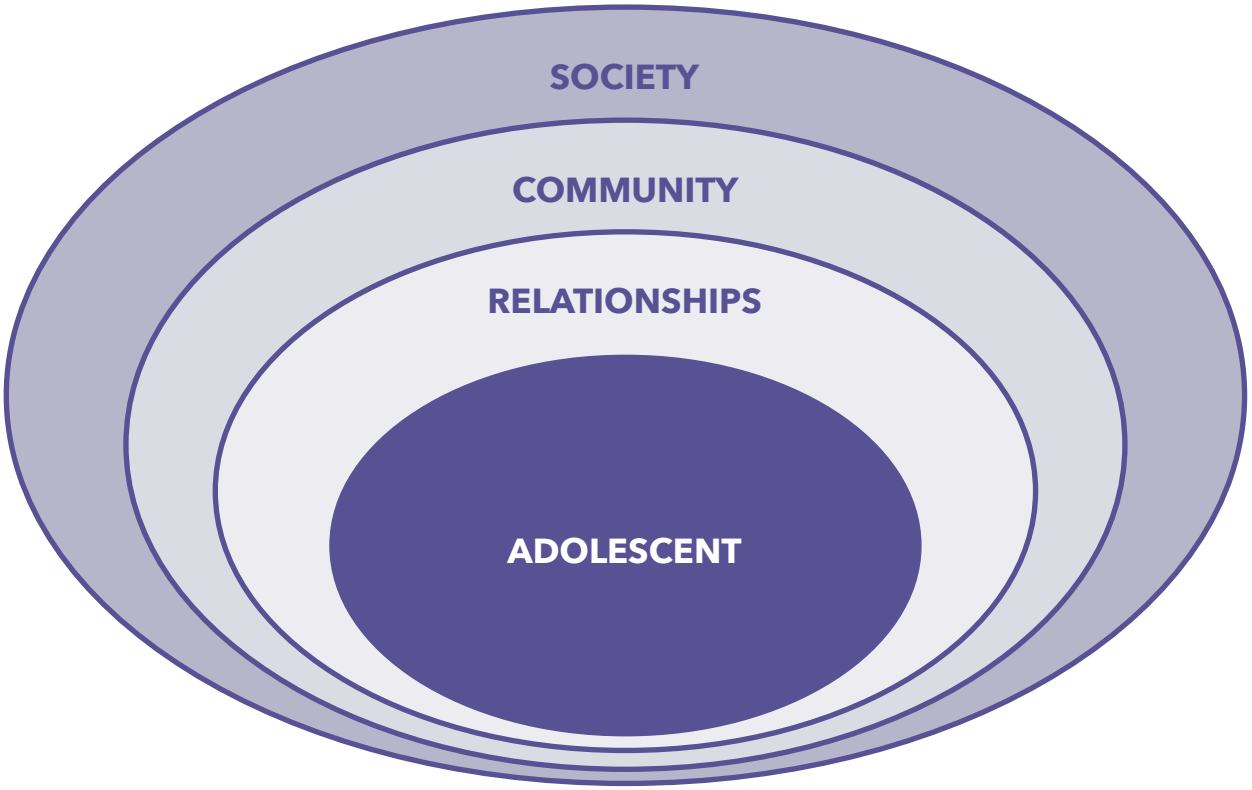

- **The macrosystem** comprises the ecological environment and has a wider scope than the immediate environment affecting the person. It is the wider context and refers to the main social forms of organisation, belief systems and lifestyles in a culture or subculture. In this area, it is considered that a person is profoundly affected by events in which they do not participate and are not present. Social integration means that people assume the norms of conduct, the prevailing values and the culture of a specific social group or a specific ***society***.

  At a macrosystem level, the patriarchal culture encompasses a series of values and beliefs, the social construction of genders, the attribution of roles and the different values placed on masculine and feminine.

- **The exosystem** is formed by ***the closest community*** after the family environment. This includes institutions mediating between a specific culture and a person: school, professionals and services, church, the media, the friendship group, youth club or other places for informal education and leisure, etc.

- **The microsystem** refers to a person's ***closest relationships***. This is the immediate environment of family, friends, etc.

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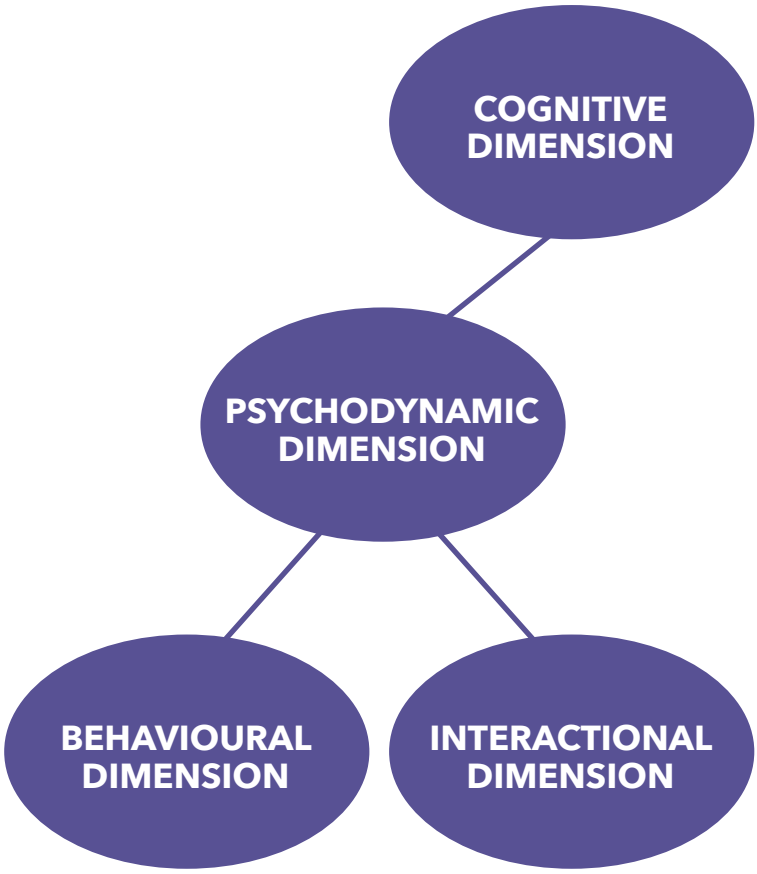
- **The individual level** has been included since the mid-1990s. This fourth level refers to the psychological and biological factors that influence a person's conduct and increase or diminish the probability that they will experience or perpetrate violence. From a systemic perspective, we can distinguish the following interrelated dimensions of the individual:

  – **The cognitive dimension** comprises the structures and frameworks of knowledge that define the ways of perceiving and conceptualising the world configured by the paradigm or cognitive style of the person.

  – **The behavioural dimension** encompasses the range of behaviours with which a person relates to the world.

  – **The psychodynamic dimension** refers to the dynamics in a person's different levels of depth (from conscious emotions, anxieties and conflict, to displays of the unconscious psyche).

  – **The interactional dimension** refers to relationship patterns and patterns of interpersonal communication.



5. The construction of methods to intervene using a Multidimensional Ecological Model, provides the necessary conceptual support to take into account the wide range of factors operating in situations of sexist violence, experienced or perpetrated by adolescents. It makes it possible to work with sufficiently flexible resources to operate with the different dimensions of the problem.

6. The interaction between the different elements in the environment means that any change can have consequences on the other elements to a greater or lesser extent. An image illustrating this principle is that of a pebble thrown into a lake, causing the ripples to extend across the surface of the water

   Applied to social intervention, it is important to be aware that any action by the adolescent, by another person in their environment, or by the professional, may have direct or indirect effects on the situation being experienced by the adolescent and/or on their circumstances. It is, therefore, a question of anticipating the effects of certain actions on the adolescent's environment, in order to take advantage of those that support the adolescent and attempt to neutralise any negative impacts of the action carried out.

7. The ecological perspective is supported by the analysis of risk and protection factors, which impact the dynamic relationship of people with their environment and vice versa, interfering with or fostering mutual transformation

8. Each system comprises elements that define a person's identity: we understand structure as the dynamic elements that condition the functioning of a person, and the systems of which the adolescent forms a part.

9. The ecological perspective helps us identify the roots of the phenomena that prevent, delay or foster a climate of violence, in addition to the factors that can help change these causes.

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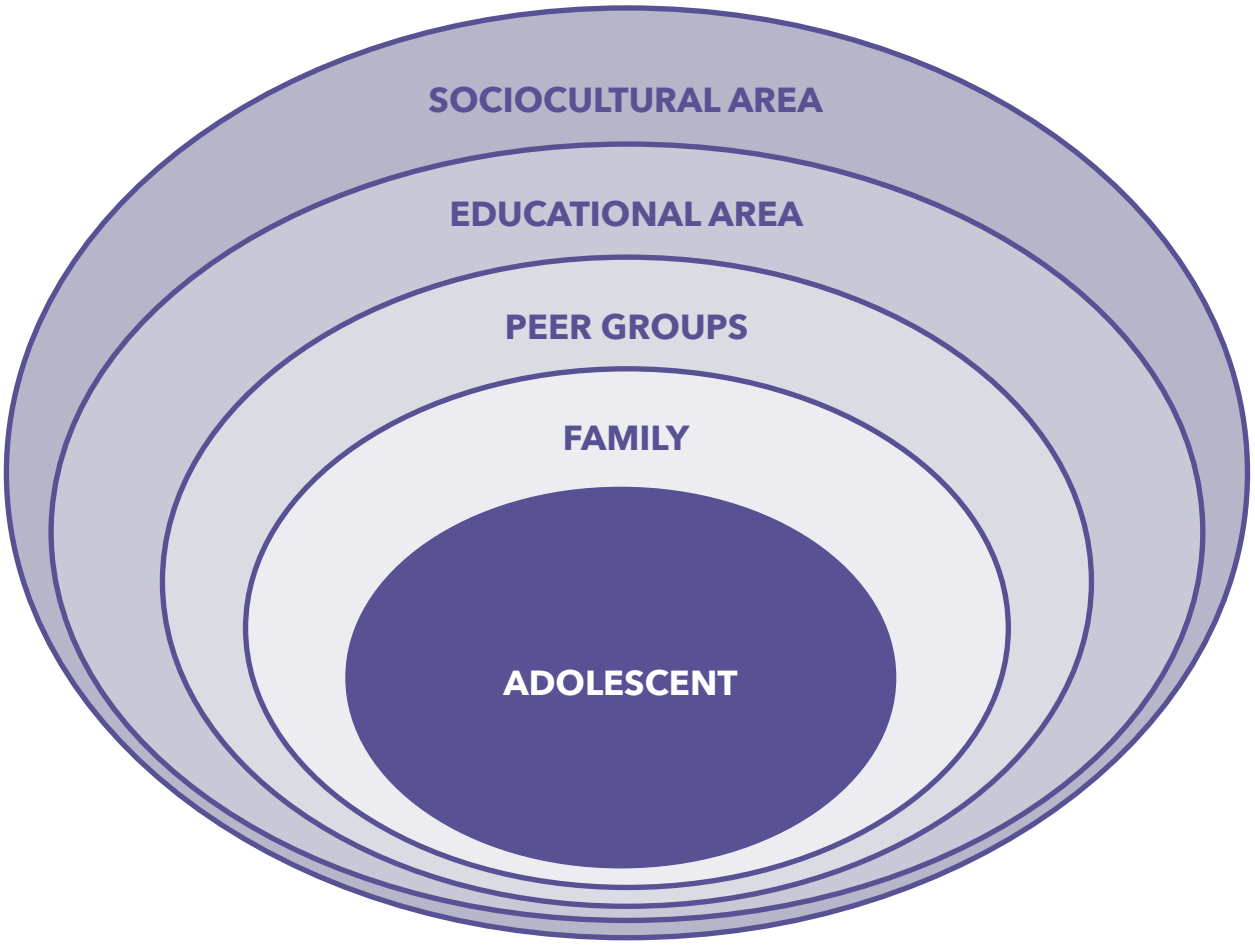
10. In this respect, it allows conceptual references and explanatory models to be created, in order to understand the situations that adolescents may be experiencing, and the dynamics of family and community conflict, as a structural part of social violence experienced daily in different social spheres.

11. In this way, coherent lines of action are generated, which help us define the strategies for action and identify the most ideal scenarios for the interventio.

12. If we apply the parameters of the ecological model or paradigm in the context of this publication, we can identify the different levels of action in which our intervention can be more operational and effective, depending on the system's degree of permeability.



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13. The degree of permeability in the different structures can help us identify the most appropriate system for intervention. It helps us decide where to exert influence, in order to reach the adolescent and to be able to accompany them in the process of overcoming and recovering from the violence experienced or perpetrated.

14. The separate analysis of risk and protection factors in each system of which the adolescent forms a part, is a key process in designing the intervention to be provided for each context:

- With the adolescent who requests or accepts help, whether this is because they are experiencing violence or perpetrating it.
- Through family support.
- By means of the peer group.
- Thorough detection and prevention at school, through the Care Programme for Sexual and Reproductive Health (ASSIR), through local social services or any service close to the adolescent.
- By means of prevention and awareness raising in social and community areas.

SUMMARY OF KEY IDEAS

- Our staring point is an **ecosystemic approach** that we consider particularly appropriate to understand how the phenomenon of sexist violence manifests in our target population. This approach makes it possible to analyse and intervene in these situations with an understanding of the many causes and complexity.

- In applying the ecosystemic perspective, we define basic principles, which are useful in practice for professionals working with adolescents in social services, formal education and healthcare. We highlight the following:

  - Human beings are social beings, and, therefore, their development process depends not only on their personal characteristics, but also, and to a significant extent, on the influence of the environment.

  - The ecological perspective makes it possible to construct conceptual references and explanatory models. This helps us understand the situation that adolescents may be experiencing, and the dynamics of family and community conflict, as a structural part of social violence experienced daily in different social spheres. In this way, coherent lines of action are generated that help define the strategies for action and identify the most appropriate scenarios for intervention.

  - We can, therefore, identify the different levels of action, in which our intervention may be more effective, in accordance with the degree of permeability of the system: adolescent (individual level), family and peer group (microsystem), school (exosystem) and socio-cultural environment (macrosystem).

  - The degree of permeability in the different structures can help us identify the most appropriate system for intervention. It helps us decide where to exert influence, in order to reach the adolescent and to be able to accompany them in the process of overcoming and recovering from the violence experienced or perpetrated.

  - The separate analysis of risk and protection factors in each system of which the adolescent forms a part, and the interrelation between these factors, is a key process in designing the intervention to be provided from the perspective of each context:
    - With the adolescent who requests or accepts help, whether this is because they are experiencing violence or perpetrating it.
    - Through family support.
    - By means of the peer group.
    - Thorough detection and prevention at school, through the Care Programme for Sexual and Reproductive Health (ASSIR), through local social services or any service close to the adolescent.
    - By means of prevention and awareness raising in social and community areas.

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CONCEPTUAL FRAMEWORK

SUMMARY

- The construction of gender in our society.
- Sexist violence.
- Mechanisms and factors concealing sexist violence.
- Sexist violence and adolescents in our target population.

THE CONSTRUCTION OF GENDER IN OUR SOCIETY

CONCEPTUAL SCOPE

- **Biological sex**

Biological gender is a series of biological and genital characteristics, on the basis of which individuals in a species are classified as male, female or intersex.

- **Gender**

Gender identity is a symbolic construction containing the series of attributes assigned to people apparently based on gender. Gender identities do not only express the conceptions of a culture and an era. They also legitimise a certain type of social power relationship. When labelled as a man or a woman, each subject is placed into a social category: feminine or masculine, for which there are certain roles, obligations, rights, etc. [21]

We consider it necessary to distinguish between gender expression and gender identity:

– **Gender expression:** a construction of the identity that defines the conduct, thoughts and emotional expressions that make us women or men from a social point of view.

– **Gender identity:** a person's self-perception of their gender, which may or may not coincide with their biological sex or the gender socially assigned to them on this basis.

THE SOCIAL CONSTRUCTION OF GENDER

Gender identity is constructed by means of a **socialisation process**, understood as the psychosocial process that begins with birth, and by means of which a person acquires the norms of conduct, prevailing values and culture of a specific social group or society. The socialisation process lasts a lifetime.

With socialisation, the different roles and beliefs are transferred from one generation to another, although it does not exclude social change. Some authors differentiate between primary socialisation (family and early education), secondary socialisation (where there are more influences and a conflict of values may appear, or compliance with new learning and ideas), and tertiary socialisation (through freely chosen networks).

All socialisation processes have at least the following objectives:

- To ensure social cohesion based on specific values shared by people in the society or social group.
- To perpetuate the dominant social system in the social group or society through successive generations.
- To provide the individual person with acceptance and social recognition, their participation in society, by providing a place and a means for them to feel socially integrated.

21 García Salomon, M. (2006).

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SEXISM AND THE SOCIAL CONSTRUCTION OF GENDER IN OUR SOCIETY

The previous chapter asserted that, despite important progress over recent decades, our society continues to be sexist.

• What do we understand by sexism?

Sexism is a social construction that defines the framework for human relationships, forms of subjectivity, social roles and the division of work in accordance with biological sex.

It assigns different attributes, characteristics and skills to each biological sex, which must be fulfilled by all women and men. It stipulates that men must be masculine and women must be feminine. It defines the meaning of masculinity and femininity, and what a man must be and do in order to be masculine, and what a woman must be and do in order to be feminine. Rejecting this conduct is equivalent, to a greater or lesser extent, to social exclusion.

The different attributes, depending on biological sex, define social roles, profiles and the different responsibilities of each category (women/men). In other words, they define what a women must do, think, desire or feel, and what a man must do, think, desire or feel. They are, therefore, a mechanism for social control.

Sexism is, consequently, the series of meanings provided through symbolic references, by means of which meaning is given to the world of relationships between women and men, and their conduct and discourse. It defines what is normal and what is not normal in relation to being a masculine subject, a feminine subject, and a heterosexual subject.

It is, therefore, an ideology because it establishes the masculine, feminine and heterosexual standard, and gives a natural appearance to the attributions assigned to women and men, which, in contrast, come from cultural constructions of femininity and masculinity. Its function consists of naturalising the relationship between sex and gender, and making gender simply the external manifestation of the essence contained in the biological sex, which each person holds within themselves from their moment of birth.

Through this process of naturalisation, sexism legitimises power relations, or makes them appear rational and justified. This leads to masculine domination and consequent social inequality. An entire system of masculine privileges is supported by the imagined assumption that women and men are what they are in a natural, and therefore, fixed manner, rather than as the effect of a process of gender socialisation.

The perpetuation of this system of privileges depends on the fact that the masculine/feminine and heterosexual/non-heterosexual distinction appears to be part of the very nature of the world, and more basic in essence.

The distinction established by sexism between what is masculine and what is feminine is not only symbolic, but also determines a material distinction in the structure of the social organisation: production and reproduction, implying the sexual division of work.

In a patriarchal[22] society such as ours, despite considerable progress in recent times towards greater equal opportunities between women and men, sexism establishes inequality in the value given to the production and administration of the riches, and to reproduction and taking care of people. The first, traditionally masculine, role has high value and social prestige, whilst reproduction and taking care of people, traditionally feminine, have a lower social value, even though, without acknowledging it, they have been essential for our society to reach its current level of economic development.

In our society, this differentiation between social spaces and gender identities is linked to an unequal correlation of power that places men in a dominant social position in comparison with women.

This sexism, at present, is often disguised with new forms and expressions combined in the so-called 'benevolent sexism' or 'neosexism'.

22 We understand *patriarchy* to be the form of social organisation in which the social values associated to the masculine gender hold primary power, and the values associated with the feminine in a position of submission are maintained, with mechanisms developed to conserve this social hierarchy. The patriarchal culture is male-centric to the extent in which it places men at the centre of the world.
Patriarchy is '(…)the manifestation and institutionalisation of masculine dominance over women and children within the family, and the extension of this masculine dominance over women to society in general. This leads to men having the power in all society's important institutions and women being deprived of access to this power. In contrast, it does not imply that women have no power or have been completely deprived of rights, influence and resources' (Gerda Lerner. *La creació del patriarcat*. Barcelona: Crítica, 1990).

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Benevolent sexism or neosexism take on a series of stereotypes describing the supposedly natural way of being for women, and appear positive (they are often expressed with admiration, idealising the woman). However, they are rooted in the dependency of men on certain roles in women, which justify and reinforce women's subordination (for example, the idealisation of the maternal woman, with her empathetic, conciliatory ability, who will give priority to the satisfaction of the needs of others before attending to her own).

Through this condescending ideology, in the social area historically designated as reproduction, a woman is given a certain degree of power and decision-making capacity, as long as this remains separate from public power. This reinforces the patriarchal representation of women as a being who needs protection and masculine guidance.

Traditional masculine and feminine identities

Our sexist society defines the masculine identity and the feminine identity as follows:

• The traditional masculine identity[23]:

In the context of the patriarchal society, 'true men' must comply with the following mandate:

- *Be different and superior to women and to any man with a masculine, non-sexist, identity.*
- *Sometimes, at their own discretion, use violence to demonstrate their manliness.*
- *This masculine standard must be respected. If not, the mandate holds that other men will be aggressive against dissidents.*
- *Desires and/or behaviours labelled as feminine must be suppressed, denied or hidden. Everything feminine is humiliating and degrading for men. This obviously makes gender equality impossible.*
- *Harshness, courage and the control of emotions are male virtues; showing feelings and taking care of others are not.*
- *Competing and winning are a masculine way of demonstrating success and value as men, as well as reasserting their superiority.*
- *'True men' must provide for their environment. They must support their family environment.*
- *Sexuality serves to demonstrate manliness and not as a form of relationship in which the other person has a central role.*
- *Excessive closeness and intimacy, even with close friends, must be avoided. 'True men' do not share their intimacy with anyone, not even the friends they carry out activities with.*
- *'True' men must be independent, secure and have a solid foothold in their environment, regardless of what they feel inside, which they are not allowed to show.*

This is the hegemonic model of masculinity in the social imagination. It, therefore, serves as a reference for women and men alike, although increasingly large sectors of the population do not identify with it.

• The traditional feminine identity:

The 'true woman' must comply with the following mandate:

- She must be sensitive, understanding, affectionate, emotional, empathetic, intuitive.
- She must take care of her image to please the man. The evaluation of her image (whether she is attractive or desirable enough) is subject to the opinion of the boys/men she wishes to please. The evaluation of her femininity depends on the opinion of boys/men.
- The man must initiate sexually through seduction. She cannot take the initiative in an emotional or sexual relationship. She must conceal her sexual desires. Openly expressing that she wishes to have sexual relations or taking the initiative in terms of certain positions or sexual practices runs the risk of her being considered *'easy or a slut…'*. When she is in a stable relationship, she must fulfil the desires and sexual fantasies of her partner.
- She accepts that sexual satisfaction is necessarily through intercourse and penetration of the penis, even though it is considered normal for the man to request fellatio or other sexual variants.

23 Gabarró Berbegal, D. (2011).

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- She must surrender to the man. She must satisfy his desires. In sexual relations, she must do everything possible to satisfy him, as her value as a woman depends on him. Therefore, if the man does not wish to use protection, she must accept this so that he does not reject her.

- She believes that she will be whole as a woman when she is loved and desired by a man. If not, she will be incomplete. Her wholeness as a women has to be provided by a man.

- She must be caring, maternal and selfless.

- She has to follow this feminine standard. If not, other girls (including female friends in her group) and boys may humiliate her, reject her and/or tell everyone else about her.

- She must be submissive, patient and adaptable.

As in the previous example, this is the hegemonic model of femininity that continues to be a reference for women and men alike, even though increasing sections of the population are questioning and demanding new models of equality.

Sexism is also detrimental to men who do not meet the established conducts of masculinity. A man who does not fulfil the values traditionally associated with masculinity is not fully accepted by the majority of social groups, who exclude him or make him feel 'out of place', discriminated against or attacked.

Non-standard forms of masculinity (like non-standard forms of femininity) can lead to social rejection because they challenge what is demonstrated continuously by sexism: that the relationship between sex and gender is natural and fixed.

At the same time, they also question the purpose of sexism to construct feminine and masculine categories as categories that exclude one another (if you belong to one, you cannot belong to the other), and are complementary and comprehensive (if you belong to one, you must have all the characteristics that a member of this category should have).

This questioning threatens sexism directly, because it weakens the strength of a system of dichotomous categories without which the system of masculine privileges could not survive. For this reason, the rejection of feminine masculinity or masculine femininity often leads to homophobic and transphobic violence, which must be considered gender violence, to the extent in which this violence aims to re-establish the clear distinction of the categories of standard sexuality (heterosexual/homosexual) and standard gender (masculine/feminine) where it is threatened.

Consequently, modifying the traditional models of masculinity and femininity is a challenge that our society must address necessarily as a collective social and political objective, in order to eradicate sexist violence and achieve an equal, democratic model of interpersonal relationships.

THE GENDER PERSPECTIVE: THE IMPORTANCE OF INCORPORATING IT INTO PERSONAL AND PROFESSIONAL AREAS

• Definition

Gender perspective is a social construct that explores the impact of gender on people's opportunities, their social roles and their interactions with others.

It aims to denormalise, from a theoretical point of view and in terms of social intervention, the hierarchical nature attributed to the relationship between the sexes and the genders. It shows that the models of woman or man, and the mandatory idea of heterosexuality, are social constructs. In addition, it highlights the fact that these constructs establish forms of interrelation and specify what each person 'must' do and 'can' do, in accordance with the place corresponding to them, due to the pre-established attributions of the social system for each gender.

It is a tool that enables the beliefs supporting the patriarchy as a system of social organisation to be question and deconstructed.

The gender perspective makes it possible to focus, analyse and understand the characteristics defining women and men specifically, as well as their similarities and differences.

From this perspective, the possibilities for women and men in life are analysed, the meaning of their lives, their expectations and opportunities, the complex and diverse social relationships between each sex, as well as the institutional and daily conflict they experience and the many ways that this is resolved.

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It outlines the characteristics and mechanisms of patriarchal order, and explicitly criticises the more damaging, destructive, oppressive and alienating aspects caused by the social organisation, structured around injustice and a hierarchy, based on sexual difference transformed into inequality.

- **Why is it important to incorporate the gender perspective into personal and professional areas?**

This perspective infuses everything we see, explore, analyse and do, personally, social and professionally. It is possible to intervene in situations of sexist violence with or without a gender perspective. However, the ability to detect, and interpret what is happening and the reasons for this, as well as the guidance given in the situation, and the objectives and strategies for intervention, will be radically different. Intervening in situations of sexist violence without a gender perspective can lead to the secondary victimisation of the person suffering violence.

If we use the ecological model, a gender perspective is useful to identify both the factors enabling the sexist violence and the protection factors that we can find at each of the levels. These are especially useful for identifying and assessing the factors present in the macrosystem and exosystem, and understanding how these factors can affect each person at a microsystem level.

It is, therefore, a tool that we can use when analysing the situation in which we are intervening. It also enables us to design specific intervention strategies.

We consider that in order to fight effectively to eradicate sexist violence in specific situations and in communities, it is essential to incorporate the gender perspective, personally and professionally.

SEXIST VIOLENCE

WHAT DOES SEXIST VIOLENCE CONSIST OF?

All violent relationships are relationships of dominance, control and abuse of one person over another. The person who dominates feels entitled to oblige the other to do something that they would not do of their own accord, and to use any of the forms of violence (physical, emotional, sexual and/or economic) when they deem it appropriate.

In contrast with an isolated violent incident, the abuse always involves psychologically abusive behaviour towards the person experiencing the violence. The violence involves the subjugation of one person to another.

In the case of sexist violence, it is selective violence towards women for being women, and also towards women and men *who defy the gender mandate and what the patriarchal society has defined as the masculine identity and feminine identity. Therefore, violence towards lesbians, transsexual people (both masculine and feminine), gay or bisexual people, and towards heterosexual people (women and men) who use their heterosexuality in a different way to that established as 'normal', is also sexist violence.*[24]

This assertion is coherent with the fact that sexist violence is mainly violence against women.

Authors such as Luis Bonino[25] state that there is an international consensus defining sexist violence as *all forms of coercion, control or illegitimate imposition, which are an attempt to maintain the hierarchy imposed by the sexist culture, forcing women to do what they do not want to do, or convincing them that what the man decides is what they must do.*

The United Nations Fourth World Conference on Women (Beijing, 1995) defined *'violence against women as any act of violence based on gender, which may result or actually results in physical, sexual or psychological harm to women, including threats, coercion or arbitrary deprivation of liberty, in either private or public life. Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men. This violence […] derives essentially from cultural patterns […] that perpetuate the lower status accorded to women in the family, the workplace, the community and society.'*

24 Gabarró Berbegal, D. (2011).

25 Bonino, L. (2005).

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In this context, the Catalan Law on the right of women to eradicate male-based violence[26] *uses this expression, since sexism is the concept that generally defines behaviours of domination, control and abuse of power of men over women and which has also imposed a male model still considered by part of society to be superior. Violence against women is the most serious and devastating expression of this culture, which not only destroys lives, but also impedes the exercise of rights, equality of opportunity and freedom for women.*

It defines (in Article 3, section a) sexist violence as *the violence that is perpetrated against women as a manifestation of discrimination and the situation of inequality in the framework of a system of power relations of men over women and which, produced by physical, economic or psychological means, including threats, intimidation and coercion, results in physical, sexual or psychological harm or suffering, whether it is produced in the public or private spheres.*

This violence, perpetrated by man, has complex, multidimensional causes. However, the main causes are sexist cultural patterns that maintain and foster masculine superiority and feminine subordination. Neither biology nor 'provocation' or 'aggression' by women are causal factors.

The values, beliefs and mandates on 'what a man must be', transmitted by the traditional, patriarchal society[27], are the foundations of this violence.

In this context, sexism legitimises the inequality of power, placing men in a socially dominant position compared to woman, and also compared to other men who do not behave as society dictates. Therefore, for example, the violence and harassment experienced today by many adolescent boys because they have behaviours considered 'affected or effeminate', whether or not they are homosexual, is also sexist violence.

Sexism is the seed from which sexist violence grows.

In conclusion, we believe that sexist violence is primarily a selective violence towards women, but also towards people of both genders who do not meet the patterns defined by our patriarchal society on what a man must do and feel to be masculine and what a woman must do and feel to be feminine. It is also violence towards other people with non-standard body forms, identities, sexualities and expressions of gender, who, for this reason, may be subject to violence (psychological, physical, sexual and/or economic).

This is important in order to make visible all sexist violence experienced by adolescents.

26 Law 5/2008, of 24 April, on the right of women to eradicate male-based violence.

27 **Patriarchy**: the form of social organisation in which the social values associated to the masculine gender hold primary power, maintain the values associated to the feminine in a position of submission, and impose mechanisms to maintain this social hierarchy. The patriarchal culture is male-centric to the extent in which it places men at the centre of the world

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THE STRUCTURAL NATURE OF SEXIST VIOLENCE

As recognised by the United Nations General Assembly in the *Declaration on the Elimination of Violence Towards Women*[28] (1993):

Recognising that violence against woman is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

In the in-depth study on all forms of *violence against woman* presented before the United Nations General Assembly in July 2006, the report by the Secretary General, contains a section on the *context and causes of violence against women.*[29] Amongst other aspects, it declares that:

Violence against women is both universal and particular. It is universal in that there is no region in the world, no country and no culture in which women's freedom from violence has been secured. The pervasiveness of violence against women across the boundaries of nation, culture, race, class and religion points to its roots in patriarchy - the systemic domination of women by men. The many forms and manifestations of violence and women's differing experiences of violence point to the intersection between gender-based subordination and other forms of subordination experienced by women in specific contexts.

Historically, gender roles - the socially constructed roles of women and men - have been ordered hierarchically, with men exercising power and control over women. Male dominance and female subordination have both ideological and material bases. Patriarchy has been entrenched in social and cultural norms, institutionalized in the law and political structures and embedded in local and global economies. It has also been ingrained in formal ideologies and in public discourse.

We would add that, in addition to legitimising the masculine domination and feminine subordination, the patriarchy rejects and scorns 'feminised' men and 'masculinised' women who do not conform to the dominant patterns of femininity and masculinity.

FORMS AND SPHERES OF SEXIST VIOLENCE

• Forms of sexist violence

The Law on the right of women to eradicate male-based violence women defines the following forms of violence:

A) *Physical violence: covers any act or omission of force against a woman's body, with the result or risk of causing her physical injury or harm.*

B) *Psychological violence: covers any behaviour or intentional omission that produces a loss of esteem or suffering in a woman, by means of threats, humiliation, extreme irritation, demands for obedience or submission, verbal coercion, insults, isolation or any other limitation of her sphere of freedom.*

C) *Sexual violence and sexual abuse: covers any act of a sexual nature without consent of women, including exhibitionism, observation and imposition, by means of violence, intimidation, taking advantage or emotional manipulation, of sexual relations, independently of whether the aggressor may be in a relationship of spouse, partner, emotional closeness or family with the woman or minor.*

D) *Economic violence: consists of intentional or unintentional, and unjustified deprivation of resources for the physical or psychological well-being of a woman, and/or her children, and the limitation of availability of her own or shared resources in relationships of family or couple.*

These types are also applicable to situations of sexist violence affecting girls and boys who defy the traditional standards of biological sex, gender and desires defined by the patriarchal model.

• Spheres of sexist violence

A) *Violence in the sphere of the couple: consists of physical, psychological, sexual or economical violence exercised against a woman and perpetrated by the man who is or has been her husband or partner or by the person who has or has had similar affective relations.*

B) *Violence in the family sphere: consists of physical, sexual, psychological or economical violence exercised against women and minors in the heart of the family and perpetrated by members of the same family, in the framework of the affective relations and the ties of the family environment. This does not include violence exercised in the sphere of the couple, defined in the first paragraph*

28 General Assembly Resolution 48/104, of 20 December 1993
29 *The context and causes of violence against women*. Report by the United Nations Secretary General, pp. 32-38.

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C) *Violence in the workplace: consists of physical, sexual, or psychological or violence that may occur in the workplace and during the working day, or outside the workplace and the working day if it is related to work, and may be of two typ.*

D) *Violence in the social or community sphere: covers the following manifestations:*

- *Sexual aggression: constitutes the use of physical and sexual violence exercised against women and minors determined by the premeditated use of sex as a weapon to demonstrate power and abuse it.*
- *Sexual harassment.*
- *Trafficking of and sexual exploitation of women and children.*
- *Female genital mutilation or the risk of suffering it: includes any procedure that involves or could involve a full or partial elimination of female genitals or produces injury there, even if there is express or tacit consent on the woman's part*
- *Forced marriages.*
- *Violence deriving from armed conflict: includes all forms of violence against women that may take place in these situations, such as murder, rape, sexual slavery, forced pregnancy, forced abortion, forced sterilisation, intentional infection with disease, torture or sexual abuse.*
- *Violence against the sexual and reproductive rights of women, such as selective abortion and forced sterilisation.*

E) *Any other comparable forms that injure, or are likely to injure, the dignity, personal safety or the freedom of women.*

• Psychological and sexual violence: the great unseen

In adolescence, the most usual violence is psychological or sexual, which are the forms that adolescents recognise the least as displays of violence.

Psychological violence against girls and boys often takes place as private and/or public harassment, insults, abusive control of what they do, isolation, threats for not doing what the other wants, etc.

Sexual violence often takes place in practices of risk, for example not using or refusing to use contraceptive methods, and not taking into account the desires and needs of the girl for her to enjoy sex with pleasure; oblige her to do what the boy desires and is aroused by, without taking into account whether she wants to do so or not, etc.

Experience tells us that such abusive situations are frequent. In contrast, the majority of the research analysed, and our work show us that there is a significantly high percentage of adolescents who do not identify these practices as violence. The cause of this is clear: the persistence of a collective sexist, patriarchal imagination on the mandate for a man to be masculine and a woman to be feminine.

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MECHANISMS AND FACTORS CONCEALING SEXIST VIOLENCE

As expressed in the United Nations General *Assembly Declaration on the Elimination of Violence Towards Women*[30], sexist violence comes from the values that a culture has established for social coexistence; known as structural violence.

Consequently, sexist violence has been endowed with myths that legitimise it and mechanisms that justify, conceal and minimise it, whilst maintaining it punishment free and facilitating its reoccurrence. These myths and mechanisms of concealment are present in culture in different ways and everyone is 'seeped' in them: the person experiencing the violence, the person perpetrating it, family members, friends, the media, and also the professionals and services.

Recognising and identifying these myths is an unavoidable part of addressing the violence, with the aim of eradicating it and providing care for people experiencing and perpetrating violence.

In this section, we seek to identify the main obstacles in our society and in services, in the process of making visible and proceeding to identify and address sexist violence. Specifically, we will analyse three obstacles:

- The lack of awareness about the persistence of sexism in our society.
- The need to deconstruct myths.
- The impact of sexist violence on professionals in formal education, healthcare and social services.

We shall analyse each of them in tur.

30 United Nations General Assembly Resolution 48/104, of 20 December 1993.

THE LACK OF AWARENESS ABOUT THE PERSISTENCE OF SEXISM IN OUR SOCIETY[31]

There is not enough awareness of the persistence of sexism in our society and its effects through daily micro-violence incorporated into the normality of daily life.

Speaking of the need to incorporate a gender perspective into the analysis of reality and the area of intervention often leads to a certain level of rejection because it is considered to be a biased interpretation from certain feminist assumptions[32]*. This position makes it difficult to see the persistence of sexism and the mechanisms that link it to abusive relationships in a couple, and other displays of gender violence. In other words, it makes primary prevention and the early detection of these situations difficult by not identifying certain indicators as warning signs.* Consequently, it makes it harder to see and intervene in situations of obvious violence.

In general terms, the majority view in our society is that we have made much progress in gender equality, even if there are still aspects to improve upon. However, different research[33] carried out with adolescents and conducted by universities and organisations in Spain agree that, despite the undeniable progress made over recent years, our society continues to be sexist

In 2009, the newspaper *La Vanguardia*[34] reported the results obtained through different research carried out to date, which supported one of the sources used by the newspaper:[35]

Yes, important progress has been made in this generation of adolescents; in our research with pupils and families in obligatory secondary education (ESO), we have found a general rejection of more explicit sexist beliefs associating masculinity and violence or questioning the equality of rights between women and men. However, the level of rejection diminishes noticeably when sexist stereotypes are related to differences in education and emotional expression.

31 Document *Recomanacions per a la prevenció de relacions abusives de parella.* Barcelona Network to Fight Violence Against Women. 7 May 2010.

32 In this respect, we wish to include the following reflection: feminist social and philosophical theories with gender perspective, like other social and philosophical theories being undertaken at present, have been developed in academia. This is the case of Women's Studies, with a growing acceptance and dissemination since the end of the 1960s in the USA and Europe, despite precedents before the Enlightenment period.

33 See the list in the *Bibliography* section

34 *La Vanguardia.* 28 February 2009 in Spanish, p. 18-21.

35 María José Díaz-Aguado, Professor in Educational Psychology at Complutense University (Madrid).

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'[…] a sexism exists beyond equal opportunities. This sexism is based on the feminine-masculine duality, especially in emotional education'. Some authors call this benevolent sexism or neosexism in contrast with traditional, hostile and belligerent sexism.

In conclusion, our society is sexist, but it is difficult for us to see this, especially when this sexism is disguised as recognition, affection and admiration (neosexism, sexism concealed as benevolent sexism).

This benevolent sexism or neosexism has direct consequences on the different social roles assumed by women and men, affecting the distribution of domestic tasks and taking care of members of the family, as well as free time and leisure activities, options in the choice of studies, type of work activity, access to management and executive positions in public organisations and private companies, to name a few examples.

THE NEED TO DECONSTRUCT MYTHS

Myths about sexist violence are diverse and changeable according to the degree of social awareness. They provide the content and reasoning that form the basis of the mechanisms for concealment and legitimisation.

Outlined below are some of the most widespread myths in our society (amongst citizens in general and professionals in services), and also amongst the adolescent population.

We address the myths of *romantic love*[36] in a specific section, due to its importance. These myths represent one of the main risk factors defining the probability that someone may experience and/or perpetrate emotionally or sexually abusive relationships in adolescence.

Furthermore, we are aware that we do not address other myths that foster sexist violence towards adolescents with non-standard body forms, identities and expressions of gender. This task will be resumed in future work.

Using educational criteria, we have attributed each deconstruction argument to a specific myth, although they often relate simultaneously to several of the myths outlined below.

36 The myths of romantic love are developed in this chapter on pages 58-63.

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• Sexist violence in general

Myths	Arguments to deconstruct the myth
Es dóna entre gent de baix nivell cultural i econòmic. It is more frequent in problematic families.	– Sexist violence occurs in all social classes. The difference lies in the type of resources to which those affected have access. Working and middle classes are more likely to use public services (social services, healthcare, etc.), while upper classes do so to a lesser extent, opting for other alternatives. This is a recurrent conclusion in all studies conducted, and in all studies on child abuse carried out in different parts of Spain. **Sexist violence affects all layers of society.** – It affects women and men with all levels of qualification (degree level, higher studies, completed secondary education, primary studies and incomplete compulsory secondary education (ESO), etc.)[37]. The level of studies and knowledge acquired are not in themselves factors that prevent violence. In 2013, 54.39% of the women attended to by the Women's Care Team (EAD) for situations of sexist violence had a baccalaureate, vocational training or university studies and 12.50% had completed compulsory secondary education[38]. In our services, we provide care for lawyers, teachers, journalists, etc. who are victims of sexist violence.
In our services, we provide care for lawyers, teachers, journalists, etc. who are victims of sexist violence.	– In 2013, women who received care for sexist violence at the Women's Care Team (EAD) were mainly of Spanish nationality (58.22%) compared to 41.78% of foreign women[39]. In addition, many Spanish women experiencing situations of sexist violence use their own personal and family resources, while many foreigners find that they lack support networks to help them and, therefore, use public services. This does not prevent the observation that certain beliefs in some cultures foster inequality between women and men, and justify or excuse violence perpetrated by men against women. However, this cannot conceal the fact that the majority of cases attended to by outpatient social services are Spanish women who are experiencing violence, and that the majority of male perpetrators are also Spanish. – According to data from the Ministry of Health, Social Services and Equality, in 2013 there were 54 cases of femicide. In 68.5% of the cases, the victim was born in Spain. Furthermore, 70.4% of women murdered were born in Spain.

37 Catalan Institute for Women, 2002 and 2006. Macro survey on violence against women.
38 *2013 Annual Report of the Women's Care Team.* Women's Programme Directorate of Barcelona City Council.
39 *2013 Annual Report of the Women's Care Team.* Women's Programme Directorate of Barcelona City Council.

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Myths	Arguments to deconstruct the myth
It can occur when there is conflict within a couple.	*In relationships, it is normal for there to be conflict, but this does not justify violence. In relationships between peers, conflict is resolved through dialogue and negotiation, sometimes in favour of one and sometimes in favour of the other. When one of the parties always loses, and conflict is not even necessary for there to be regular violence (verbal, physical, sexual, etc.), we are referring to abusive relationships, and power relations*[40].
Physical violence is more serious than psychological violence.	– *Psychological violence and physical violence have the same objective: subject the women to something against her will. Both cause significant damage and often coexist. Examples include insults, threats, scorn, control of money, jealousy, not giving the other permission, questioning, not respecting or valuing the time and interests of the partner, as well as imposing, shouting, ignoring the partner, etc.*[41] – Psychological violence can also be lethal because it can induce suicide as a desperate way of becoming free of the violence. It can destroy the personality or lead to mental illness as a result of the suffering experienced.
It is over-exaggerated: it is a problem affecting only a minority, but many people talk about it now because it is fashionable.	In the Survey on Sexist Violence in Catalonia conducted in Catalonia in 2010 by the Catalan Ministry of Home Affairs, 26.6% of women questioned said that they had experienced some type of particularly severe sexist violence in their life. In the city of Barcelona, this percentage increased to 29.9%. Between 2004 and 2013, inclusive, sexism in Spain led to the death of 641 women in relationships as a couple; equivalent to 64 deaths per year. Sexist violence is not a minor problem that is talked about now because it is fashionable. It is a social problem of the highest magnitude.

40 *Quan es parla de violència contra les dones encara creus que…* District and Les Corts Information Point and Services for Women (PIAD). Barcelona City Council. November 2010.
41 *Quan es parla de violència…* Work already cited.

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• Women who experience sexist violence

Myths	Arguments to deconstruct the myth
A normal woman does not allow herself to be mistreated. If women put up with violence today, it is because they want to. If a woman has been putting up with violence for years and has not left the man, it must be for a reason.	Leaving a situation of sexist violence is *difficult, as these situations generate fear, uncertainty, shame, financial problems, dependency, isolation, feelings of guilt, etc. The mistake of thinking that it is necessary to put up with the violence because there are children is often made, but the children are also victims and must be protected. Despite the difficulties, many women manage to survive these situations and move forward.*[42]
Some women are 'asking for it'.	*No type of 'provocation' justifies hitting or slapping someone. Men who perpetrate violence at home permanently try to justify their conduct on 'provocations', allowing them to deny their responsibility. Masochistic agreements are not part of the definition of domestic violence. In most cases, women who suffer habitual situations of violence cannot leave for several reasons: emotional, social, economic, etc. Furthermore, a woman who is a victim of abuse often has intense feelings of guilt and shame, which prevent her from asking for help. In no case, however, do the women gain pleasure from the situation of abuse. The most common feelings are fear, powerlessness and weakness.*[43]
There are women who like violent men.	Our starting point is that no one likes being mistreated. Masochistic agreements are not sexist violence. There are women who may be attracted by a certain type of man, who may appear to be the ideal 'male'. Certainly, they are not attracted by a violent man, but a strong, courageous, assertive man, with leadership abilities, who shares intensely the myths of romantic love (jealousy, control, total surrender, protection and exclusivity). Furthermore, on a microsystemic level and for certain women who have grown up in environments in which sexist violence is normalised, they may accept emotionally or sexually abusive relationships, occasionally or within a couple, confusing them with love, protection and complicity.

42 *Quan es parla de violència…* Work already cited.
43 *Implica't. Programes comunitaris de prevenció de la violència de gènere.* 2001. Methodological Guides Collection, 3. Barcelona Provincial Council

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Myths	Arguments to deconstruct the myth
Sexist violence especially affects a certain type of woman who is more passive and insecure.	*Situations of violence often generate insecurity and fear. Furthermore, thinking that there is only one type of woman who can find herself in this situation stigmatises victims of violence and means that many women will find it more difficult to identify violence. Any woman can find herself in a situation of gender-based violence.*[44] The multiple mechanisms used to conceal violence include disbelief and placing guilt directly on the victim: 'the irritability, flighty imagination or immaturity of women, a man's suspicions and doubts about the appropriate behaviour of his wife or girlfriend (she always goes out, she must have done something wrong, she is always provoking, or the one used most recently: if she puts up with it, it is because she wants to)'. Generally, the perpetrators of violence place the blame for their aggression subtly, but directly, on the victims themselves, taking advantage of the victim's weaknesses and insecurities. They manage not only to silence and paralyse the victim, but also to lay blame on the victim themselves. Sometimes, this discrediting uses an almost professional terminology: hysterical, unbalanced, emotionally unstable and immature, of weak character, maladjusted (rebel), egocentric (capricious). This terminology can be incapacitating for women. As a result, care is often focused on limitations in the victim and the responsibility for the violence is sometimes forgotten. The violence remains unpunished and, is sometimes, even justified. By weakening the victim, the continuation of the situation of violence is ensured. The concealment of masculine violence also occurs in the myth of false accusations by women in separation lawsuits, and the lack of research into accusations made by men who have previously been accused of perpetrating violence, when they accuse their female partners of being perpetrators of violence and bad mothers. As explained by the President of the Observatory against Gender Violence of the General Council of the Judiciary, *research by the General Council of the Judiciary confirm that possible false reports are minimal. (…) not more than 25 cases of possible false reports have been detected, whilst the average number of cases of reported gender violence per year in the courts is 134,000. The percentage of possible false reports is 0.014…%. What concerns me is that the myth of false reports highlights the idea or myth by which women make false reports of violence, that they lie, and this does great harm, because women who are considering making a report, whilst in this situation of vulnerability, hear this type of argument and think that no one will believe them.*[45]
Real exist violence occurs when there is physical violence.	In accordance with the law, sexist violence can be physical, psychological, sexual and/or economic. Therefore, there are situations of sexist violence without physical violence, which may be especially severe for the person experiencing them. There are situations of sexist violence that are lethal for the person experiencing them, which have never featured physical attacks, but lead to induced suicide or destruction of the personality.

44 *Quan es parla de violència…* Work already cited.

45 Extract from an interview with the magistrate Inmaculada Montalbán, President of the Observatory against Gender Violence of the General Council of the Judiciary since 2008, published on www.publico.es (11 March 2013).

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• Men who perpetrate violence against women

Myths	Arguments to deconstruct the myth
Normal men do not perpetrate violence	The great majority of men who perpetrate violence demonstrate totally normal behaviour socially. It should be remembered that sexist violence is selective and, that the great majority of people who perpetrate violence only do so against their partners or former partners and also, perhaps, directly against the children and adolescents or the woman's significant others. They are often people who do not display aggressive, violent or conflictive conduct in public. Only a small proportion of people who perpetrate violence have a low level of tolerance to frustration and react aggressively or violently in an indiscriminate manner, not only in private, but also in public. Many men who perpetrate violence react violently because they feel that their masculinity is threatened. They feel threatened as a man and react violently to recover their male identity.
It is the result of alcoholism and/or other drugs.	*One of the most widespread beliefs is that alcohol consumption can lead to violent conduct. However, experience shows us that many alcoholics do not use violence at home and many people in abusive relationships do not consume alcohol.*[46] Alcohol and drugs do not turn people violent. These substances can act as facilitators, but are not the cause. Data demonstrate a high presence of alcohol and/or drugs in violent incidents of sexist violence, but the violence continues to be selective against 'their' partner. Data also demonstrate that the majority of men who have problems of alcohol or drugs do not perpetrate violence against their partners.[47] A man who consumes alcohol and/or drugs and perpetrates violence usually gives this as an excuse for not taking responsibility for his violent conduct.
It is perpetrated by men with a mental problem.	The percentage of men who are violent with their partners and have been diagnosed with a mental illness is minimal. Amongst the population of men perpetrating violence against their partners, there is not a higher number of men with mental illness than in the general population. It cannot be considered that the cause of the violence in general is the presence of a mental disorder, even though it may be the cause in some specific examples. The perpetrator of the violence is conscious of their actions and aware of the pain inflicted.[48]

46 *Implica't. Programes…* Work already cited.
47 Bosch E. i Ferrer V. (2002).
48 Bosch E. i Ferrer V. (2002).

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Myths	Arguments to deconstruct the myth
Men who mistreat others do so because they are impulsive and lose control easily.	*Being impulsive is not the same as being violent. The majority of men who are violent with their family are not violent in the workplace or the street. They may even be recognised, respected people in other contexts. Abuse is always deliberate, whether or not the person perpetrating the violence is aware of this and tries to subjugate the other person, regardless of their desires, expectations and will.*[49]
It is due to a lack of work, stress in the workplace or personal problems.	*Many people have problems of all types and they are not violent for this reason. The use of any type of violence does not depend on the situation experienced, but is a way of controlling and dominating the woman.*[50] Stress at school, in the workplace, or for any other reason, is not considered to be the cause of violence against the partner, but as a chain of violent incidents in a man perpetrating violence.[51]

THE MYTH OF ROMANTIC LOVE

The myth of romantic love is a series of beliefs and evaluations of what 'loving and being truly loved' is in our social context. In the same way as gender identities, these are transmitted through processes of socialisation.

As we have already seen, these processes of socialisation differ depending on sex or gender. In the case of girls, despite the progress made over recent years, everything related to love, the couple and forming a family continues to have significant importance. In the case of boys, love is not a priority, unlike success and social recognition.[52]

In addition, it is commonly believed that the meaning of a love relationship for a couple, has different characteristics and attributions for the girl and the boy. These are based on different conducts and attitudes that we can easily qualify as abusive if our perspective is trained to detect these forms of violence.

Therefore, it is important to recognise the characteristics of the myth of romantic love, as we share it socially. It is important to learn to differentiate the risks concealed and consider it a risk factor in the development of emotionally or sexually abusive relationships.

'Romantic love', as a series of beliefs about love as a couple, emerged in the 18th century and is still relevant today. Its characteristics and beliefs include[53]:

- idealising the other person
- total surrender to the other person
- the desire for constant presence
- love as a element central in human existence
- forgiveness and the justification of any behaviour in the name of love
- the link between love and sex
- sexual exclusivity
- the ability of love to triumph over any adversity
- the presumption of heterosexuality
- of presumption of eternal love
- jealousy as a sign of love
- the link between love and suffering
- the idea that 'love is blind' (impulsive and uncontrollable)

These characteristics and beliefs about love give rise to a series of beliefs, assumptions and expectations known as the myths of romantic love, which are analysed below[54].

49 *Quan es parla de violència…* Work already cit.
50 *Quan es parla de violència…* Obra citada.
51 Bosch E. i Ferrer V. (2002).
52 Bosch, E. et al (2007).
53 *El sexe dels Àngels. Recursos per a la educació amb perspectiva de gènere i LGTB.* Barcelona City Council (2011)
54 Bosch, E. et al. (2007).
Luzón, J.M. (2011).

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1. The 'other half'

Myth of 'the other half' or 'true predestined love'	
Definition	It consists of believing that a person exists who is pre-destined to be our partner, who is our ideal person that we will meet at one point or another in our life. In addition, this person is the only ideal partner possible.
Other beliefs or associated myths	– Complementarity: people need love as part of a couple in order to feel whole in life. – The emotional reasoning: when someone feels a 'chemical' attraction, it is perceived to be a guarantee of compatibility in the couple and, therefore, they feel that the other person is the ideal partner. – The belief that there is only one true love in life: for this reason, it is essential to resist and sacrifice whatever is necessary to avoid losing the other person, because the partnership is pre-destined, and it is impossible to fall in love with another.
Consequences	The danger of accepting this myth about the existence of an ideal partner is that it can create expectations and excessive demands on the partner (with the consequently high risk of disappointment), or excessive tolerance that can lead to not wanting to break up the relationship however harmful it is (it is necessary to forgive the partner for everything and it is impossible to leave them because leaving them would mean the failure of a life project). Furthermore, accepting the myth of 'the other half' can lead to feelings of emptiness, anxiety or low self-esteem between single, divorced, asexual people or those who are not 'successful' in their relationships as a couple, as well as attitudes of contempt or compassion towards them.

2. Love is only between men and women

The myth of the heterosexual couple	
Definition	This myth defines love as a relationship between a woman and a man, assuming that women and men complement each other, and that loving relationships must, therefore, be heterosexual. It also assumes that this model is the natural model in all historical eras and all cultures.
Other beliefs or associated myths	– Marriage: the belief that romantic, passionate love must lead to a stable union. This idea is from the end of the 19th century, which combined the concepts of romantic love, marriage and sexuality for the first time, moving away from arranged marriage and replacing it with marriage for love.
Consequences	The danger of this belief is that it can lead to rejection (or self-rejection) towards people who are lesbian, gay, bisexual, transgender, intersexual, etc.

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3. Love hurts

The myth of the heterosexual couple	
Definition	According to this belief, love implies suffering, sacrifice and resignation. The severity of the conflict within the couple does not matter because love will overcome this situation. The belief in this myth is reflected in popular sayings, such as: "Someone who loves you will make you cry" or "I love you so much that I would lose an eye for you".
Altres creences o mites associats	– The myth of the compatibility between love and violence considers that loving someone is compatible with harm or violence, as love is based on suffering. – The belief that true love forgives all, and puts up with everything: this belief gives rise to blackmailing and manipulating the partner ("If you truly loved me, you would forgive me"). – The normalisation of conflict: everything that occurs in the first phases of the relationship (regardless of the severity of the incidents) is always part of the process of adapting and part of the normal functioning of the relationship. – The belief that opposites attract and get on better. This popular belief is related to the normalisation or minimisation of conflict, when reality demonstrates that the more a couple has in common, the better the relationship will be.
Consequences	Faced with this myth, it is necessary to take into account that even though human relationships involve agreement and concession, taking this idea to the furthest extreme can involve submission, behaviours of resignation, and the justification of violent conduct. Furthermore, many of these behaviours are subtle and given legitimacy by the social environment (benevolent sexism), even if they constitute control and domination strategies against the personal autonomy of women, or men who do not display predominant masculine conducts.

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4. Love is only between two people

The sexist myth of faithfulness and exclusivity	
Definition	The belief that loving and sexual desires are satisfied within the couple. Exclusivity refers to the fact that loving and sexual relationships take place exclusively within the couple. Faithfulness implies that it is not possible to be in love with more than one person at a time. It should be highlighted that this belief is applied to with women and men using different criteria, meaning that, in accordance with sexism, the level of 'faithfulness' demanded of a woman is not the same as for a man.
Consequences	The danger of the believing this myth is that, depending on the expectations of the relationship as a couple, the agreements and the level of communication and trust, situations may arise in which there is a lack of sincerity, a repression of desires, jealousy and mistrust. This can lead to significant conflict in the couple and abuse justified by the suspicion or supposed breaking of the agreement of faithfulness.

5. Love is forever

The myth of constancy	
Definition	This myth is based on the belief that love is constant over time. If a person is no longer in love, it is because they do not love their partner anymore. Faced with this myth, it is necessary to take into account that, even though some people assert that "after 45 years together, we love it each other as if it was the first day", the great majority of people confess that the initial passionate infatuation is not permanent and that feelings evolve over time. In some stages, love is more passionate, and in other stages, love is based on other aspects, such as understanding, complicity, stability, companionship, silence, shared memories, or mutually caring for one another. Just because the infatuation ends, does not mean that love ends.
Other beliefs or associated myths	Permanence and eternal passion: this belief is based on the idea that love is equivalent to passionate infatuation, and that the relationship as a couple must have the same passion a few years later as at the beginning. If not, the couple is not in love.
Consequences	Believing in love forever involves falling for the myth of 'the other half'. If the couple is no longer in love like they were on the first day, it means that they are no longer the pre-destined person. It may also be that, if the initial passionate relationship is based on an abusive and/or violent relationship, there is a risk of perpetuating the abuse or violence.

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6. Jealousy is a sign of love

El mite de la gelosia	
Definition	Jealousy is a sign of love. If you are jealous, it is because your partner is important to you. If you are not jealous, it is because they do not matter to you. Jealousy is usually described as a emotional state of insecurity, fear, misgivings, suspicion, mistrust, anxiety, etc. about the fact (or the possibility) that our partner may prefer someone else.
Consequences	In the name of jealousy, constant controlling attitudes and behaviours, accusation, punishment, blackmail, etc. can occur. In addition, this belief is closely linked to the concept of love as a possession and to power imbalance in the relationship as a couple.

7. Love is blind (irrational)

The myth of blindness	
Definition	It consists of believing that love is blind and random. It appears when it wishes, cannot be controlled. It is not remotely rational nor is it influenced by social or cultural factors. As a result, we can do nothing to avoid the suffering that the other person may be generating, as "I am madly in love and I have lost the ability to distance myself from that which hurts me".
Consequences	This myth means that the person is resigned to accepting what happens to them, as it is part of love and they can do nothing about it.

8. Love conquers all

The myth of the omnipotence of love	
Definition	It consists of believing that people will change for love, because 'love can overcome anything' and that, in addition, love will suffice to overcome all obstacles that arise in a relationship
Consequences	This belief can lead to accepting and tolerating behaviours within the couple that are clearly offensive, by being convinced that it is possible to change the other person because 'love can overcome anything'.

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9. Love is the most important thing in life

Total surrender	
Definition	This myth is based on the idea of 'merging with the other person', or leaving one's own life behind, giving everything to the other person without expecting anything in return, sacrificing oneself without expecting reciprocity or gratitude.
Other beliefs or associated myths	– Loving someone means giving up privacy. There can be no secrets and the partner must know everything about the other person. – Love as a depersonalisation process, understanding that love involves sacrificing the 'Self' to identify oneself with the other person, forgetting one's own identity and life.
Consequences	This myth is the basis that supports relationships of dependency and submission. In addition, giving up intimate space and one's own life, can lead to justifying or accepting controlling behaviours ("you have to tell me where you were, there can be no secrets between us") and a decrease in self-esteem.

10. Without love there is no happiness

The happiness of love	
Definition	Believing that a person can only be happy if they are in love, and that being in love means having a partner. This belief is closely linked to the myth of 'the other half' and 'total surrender' to the other person.
Other beliefs or associated myths	– The fallacy of partnership and converting love within a couple into the centre and reference for personal existence, relegating everything else, and with the understanding that it is only possible to be happy in a couple. – Attributing the capacity to be happy to another person, "my personal happiness can only be provided by my partner".
Consequences	Believing that not having a partner means being unhappy can support abusive relationships by not leaving the relationship, or by 'latching on' easily to people even if their behaviour is abusive or violent, in order to have a partner 'at any cost".

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THE IMPACT OF SEXIST VIOLENCE ON PROFESSIONALS IN FORMAL EDUCATION, HEALTHCARE AND SOCIAL SERVICES

Violence leaves no one indifferent. Violence causes fear and worry, not only for professionals in the areas of formal education and healthcare, but also for professionals in social services.

All three systems of service (education, healthcare and social services) are dedicated to taking care of others.

In a sexist society in which taking care of other people is a 'feminine' attribute, it is logical that the great majority of professionals in these three systems of service are women.

It is also logical that:

- A higher proportion of mothers than fathers liaise with teaching staff to monitor the education of their children.
- Those who participate actively in committees and activities organised by Parents' Associations (AFAs) in schools are mainly mothers.
- People who accompany adolescents to medical appointments are mainly mothers.
- The main users of social services who often contact them with requests about other members of the family or community are women.
- The increase in the proportion of men visiting social services, accompanying their children to school, to the family doctor or participating in women-dominated spaces is recent.

When intervening professionally in situations of violence, it is always necessary to know how to *look carefully and look carefully at oneself,* because violence often mobilises our own emotions and beliefs, and causes us to react.

Sexist violence, in particular, in our context of 'women-dominated' services often mobilises our own feelings, experiences and the concepts we have of the family and the role of each family member. A way to automatically and inadvertently avoid this is to not see it, especially when less severe situations of violence are occurring (micro-violence).

As a result, we can assert that those who do not look, do not see, and, therefore, do not detect. Sometimes they do not look because they are more comfortable not seeing, since seeing means seeking alternatives. At other times, they do not see because they do not have gender perspective.

Sometimes not only do they not see the violence, but they contribute to it recurring. This is what happens when they make wrong evaluations based on specific symptoms or behaviours, without attempting to find out the root cause. The consequence usually leads to referrals to services, which will treat the symptoms as though they were the result of a personal 'problem' and specific to the adolescent.

The use of certain diagnosed assessments given psychological or psychopathological labels, by certified professionals in healthcare, mental health and the services in general, can also contribute to violence recurring and lead to secondary victimisation. This can occur when assessments are based exclusively on the victims' symptoms, without systematically finding out whether or not they are the consequence of the violence experienced. This means that they do not seek, detect or indicate the violence causing the symptoms. Professionals who proceed in this way become enablers of the violence. The perpetrators manage to disappear as such and sometimes even become 'victims' of the illness of the adolescent 'who has the problems'. When this occurs, the perpetrator is considered to be the victim.

In this respect, we wish to highlight the invisibility of boys experiencing sexist violence due to their homosexuality, either felt or attributed, or because they are experiencing their masculinity in a very different way to the traditional dominant model. These boys do not usually ask for help or explain the violence to which they are subject, and it remains concealed in the majority of cases.

Our working group highlighted that the educational, healthcare and social services do not usually detect these situations either, which is a limitation that needs to be resolved.

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SEXIST VIOLENCE AND ADOLESCENTS IN OUR TARGET POPULATION

THE DIFFERENT ASPECTS OF SEXIST VIOLENCE: WHO EXPERIENCES IT, WHO PERPETRATES IT AND THE SOCIAL CONTEXT IN WHICH IT OCCURS

In the context of this publication:

The following people experience sexist violence:

- Adolescent girls who are experiencing emotionally or sexually abusive relationships, whether occasionally or within a couple, or other displays of sexist violence perpetrated by third parties who are not the father or the mother's current partner.

- Adolescent girls who do not act in accordance with the standard model of femininity and, for this reason, may experience violence. This includes: girls with non-heterosexual sexual orientations; girls who identify with their assigned gender but have interests, aesthetics, gestures and/or behaviours considered masculine[55]; or girls who are experiencing their femininity in a non-standard way (habitual sexual relations without establishing a relationship, dressing in tight clothes considered excessively provocative, etc.).

- Adolescent boys who do not behave in accordance with the standard model of masculinity when this is the cause of violence. This includes: boys with non-heterosexual sexual orientations; boys who identify with their assigned gender but have interests, aesthetics, gestures and/or behaviours considered feminine, etc.

- People who are living in a body with ambiguous sexual features (for example, a boy with a gynecomastia, the enlargement of the gland tissue of the male breast, or a girl with hair on her face due to high levels of testosterone).

- People who identify with the opposite gender to the one assigned, and make this visible through language (referring to themselves with the gender with which they identify, or using a different name to their legal name), and/or by means of their external appearance (dress or hairstyle assigned to the opposite gender).

Situations in which violence is perpetrated:

- In situations of emotionally or sexually abusive relationships, the person perpetrating the violence is the present or former partner, and is an adolescent or of legal age (mainly boys). In some cases, there may be a considerable age difference, as it may be a relationship between a male adult and an adolescent.

- In other situations, the person or people perpetrating the violence can also be peers (adolescents girls and/or boys) and/or young people and adults of any age.

The social context in which violence occurs:

In general terms we find:

- On one hand, a society with raised awareness of sexist violence in which an increasing number of citizens and organisations are adopting active attitudes against violence.

- On the other hand, the persistence at all levels of society of a sexism that is being transformed through the adoption of increasingly subtle forms, concealing micro-violence.

- It is also a society that, mostly, is not aware and does not identify sexist violence against adolescents with non-standard body forms, identities and expressions of gender and sexuality.

55 Throughout the text we have chosen to use the term 'boys with a non-standard role' or 'boys with behaviours and attitudes traditionally associated to the feminine gender' (and vice versa with girls). This is because referring to 'feminine' or 'effeminate' boys or 'masculine' or 'masculinised' girls implies the risk of implicitly reproducing the naturalised model of sexism. It is also possible to refer to 'boys with alternative masculinities' and 'girls with alternative femininities'.

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OVERVIEW OF THE DIMENSION OF SEXIST VIOLENCE IN OUR TARGET POPULATION

Empirical data do not indicate the proportion of sexist violence amongst adolescents in the target population defined in this publication. However, our working group has the general perception that this problem affects a considerable proportion of adolescents.

Practically all research of which we are aware in Spain, providing insight into this phenomenon, is focused on sexist violence within a couple (the current or former partner).

In this context, we wish to mention the first study by the Generalitat de Catalunya on the reality of young LGBT people, *Transitant per les fronteres del gènere: Estratègies, trajectòries i aportacions de joves trans, lesbianes i gais* (Crossing the borders of gender: Strategies, journeys and contributions of young transsexuals, lesbians and gays). Although this study does not aim to analyse the prevalence of sexist violence in this sector of the population, we wish to mention the importance of the study. The study, published in 2009, was conducted jointly by the Catalan Youth Observatory of the Youth Secretariat and the Programme for the Lesbian, Gay and Transsexual Community, within the Catalan Ministry of Social Action and Citizenship.

Similarly, the National Federation of Lesbians, Gays, Transsexuals and Bisexuals published a report on the results of research into homophobic harassment at school and the risk of suicide amongst LGBT adolescents and young people. The conclusions of this study indicate that homophobic harassment at school amongst LGTB adolescents and young people is a phenomenon that occurs frequently, even though it is concealed. It generally occurs without the knowledge of the family or teachers. It usually begins between 12 and 13 years of age, and consists of verbal violence and isolation over a relatively long period time. It is perpetrated and experienced mainly by boys[56].

María del Mar Casas Tello[57] observed in her doctoral thesis (2012) that internationally, *until two decades ago, no studies were made into the prevalence of violence within a couple amongst the adolescent population, as it was considered that it did not exist, or at least, not significantly.*

…From the first studies into its prevalence to today, we have observed a decrease in age in those perpetrating this abuse (Close, 2005). A potential explanation for this is the early maturation of adolescents and, consequently, a greater tendency to go on dates and have sexual relationships with abusive partners (McFee, Turano and Roberts, 2001 cited by Close, 2005; Price and Byers, 1999, cited by Hernando, 2007).

A study by doctors Esther Álvarez and Karin Arbach, in the Group of Advanced Studies on Violence at the University of Barcelona, revealed that more than 57% of young people surveyed knew a couple in which violence was occurring, and, in 70% of cases, these couples were their friends[58].

According to the Catalan Ministry of Home Affairs of the Generalitat de Catalunya, 3% of all allegations of abuse by the partner or former partner made to the Catalan Police Force (Mossos d'Esquadra) in 2012 (representing 12,193 allegations), involved girls who were minors, under 18 years of age. This increased to 55% of allegations up to the age of 35[59].

A study by the Foundation for Children and Adolescents at Risk (ANAR) confirms that the number of cases of sexist violence towards girls of 12-14 has increased, but more than 67% of adolescents do not recognise it as violence, believing that it is a display of 'love'[60].

In Spain, there is only one study with a representative sample of the adolescent population providing information on the prevalence of violence within a couple amongst adolescents:

56 *Acoso escolar homofóbico y riesgo de suicido en adolescentes y jóvenes LGTB.* 2012

57 Casas Tello, M.M. (2012).

58 Paragraph taken from the article published on e-Periódico, 11 February 2013: by Vargas Llamas, Víctor, *El masclisme juvenil multiplica la tirania amb l'"smartphone".*

59 Catalan News Agency. *El 3% de les víctimes de violència masclista són menors d'edat.* Article published in the newspaper Ara on 8 March 2013.

60 López, Celeste. *Gairebé la meitat dels nens maltractats són víctimes cada dia de la violència.* Article published in *La Vanguardia* on 26 April 2013

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Study on Equality and the Prevention of Gender-based Violence in Adolescence (2010)

This research was carried out in 2009 as part of a convention between the Government Delegation on Violence against Women of the Ministry of Equality and the Preventive Psychology Unit at Complutense University of Madrid, with the co-operation of the seventeen autonomous communities and the Ministry of Education. The results were obtained from a total of 335 schools, including 11,020 students (from 13-18 years of age), 2,727 teachers and 254 senior leaders.

In addition, this study provided data for the first time on the number of femicides committed by partners or former partners in the two age groups: minors under 16 and between 16 and 17. Over the period between 1999 and 2011 (inclusive), 4 femicides of minors under 16 were registered, and 9 femicides were registered in the 16-17 age group.

According to the results of the study, 9.2% of adolescent girls have experienced situations of violence at some point. The most usual situations were the following: constant, exhaustive attempts to control the adolescent, attempts to isolate the adolescent from their friends and frighten them. In contrast, 13.1% of boys recognise that they have perpetrated situations of violence at some point with the same types of domination highlighted by girls: control, isolation and frightening the partner.

Furthermore, despite the progress observed in gender equality over recent years, the study discovered the following about certain expressions:

- *'Jealousy is an expression of love'* is a statement that 29% of girls and 33% of boys have frequently heard used by adults.

- *'If someone hits you, hit them back'* is advice given by adults and has been heard frequently by 34.2% of boys and 17.6% of girls

It should be remembered that one of the main risk factors for gender-based violence is justifying the violence as a way of resolving conflict and reacting to the violence or offences.[61]

This study was updated in 2013, using the same indicators in order to study the evolution over this time period, even though it should be clarified that, in contrast to the first study, the update does not contain data on Catalonia.

The main conclusions of this comparative analysis[62] were the following:

On one hand, *'it is clear that the rejection of sexism and gender-based violence increased, as well as the recognition of having experienced or perpetrated it. The following examples highlight the decrease in percentages for specific statements: 'A man who seems violent is more attractive'* (from 9.1% to 7.8%); *'if a woman is mistreated by her partner and she does not leave him, it is because she does not completely dislike the situation'* (from 8.2% to 7.4%); *'To have a good relationship as a couple, the woman should avoid disagreeing with the man'* (from 9% to 3.2%).

This positive evolution is accompanied by increased recognition of having experienced situations of sexist violence which, in our opinion, can be attributed to an improvement in information and the ability to detect violence by adolescents. Therefore, the percentage of adolescents who stated that they had experienced these situations often or many times was as follows:

'They have tried to control me by deciding the smallest details for me (to whom I speak, what I say, where I go, etc.)' (from 7% to 9.5%); *'I have been insulted or ridiculed'* (from 2.8% to 4%), *'I have been made to feel scared'* (from 2.7% to 4.2%).

However, *'the results obtained in 2013 demonstrate again, as in 2010, that from adolescence the main risk factor for gender-based violence is the sexist mentality based on domination and submission, a mentality that can be eradicated thorough prevention'.*

Indeed, the same study also concluded that the role of the school is decisive in the prevention of violence. Therefore, *'working in schools on the problem of gender violence reduces the risk of boys perpetrating violence. This protective school prevention measure, conducted in 2010, was implemented again in 2013 to greater effect. This work in schools also protects girls from the risk of experiencing gender violence, although to a lesser extent'.*

Furthermore, this study indicated that one of the main changes was the increasing use of ICT amongst the adolescent population and, consequently, an increase in the risk of suffering abusive conduct and violence by means of new technolo-

61 María José Díaz-Aguado explains the results of the aforementioned study in the presentation on 'The prevention of gender-based violence as a challenge in today's society'. 8th Conference of the Barcelona Network to Fight Violence Against Women. Barcelona, 10-11 November 2010.

62 Díaz-Aguado et al. (2013).

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gies. This is developed further in the next chapter. Therefore, for example, the percentage of girls and boys who recognise that they have *'received messages on the Internet or by mobile phone in which they were insulted, threatened, offended or frightened" increased from 1.4% to 2.6%. The study recognised that 'specific prevention of gender violence in adolescence must teach how to detect the initial displays of gender violence within a couple, and how it evolves, taking into account the current use of ICT in this violence'.*

As a result, conduct recognised to a greater extent, such as abusive control and harassment, now occurs through new technologies. For example, 3% of boys recognise that they have attempted to control their partner by mobile phone, whilst 9.5% of girls recognise that they have experienced this frequently. 2.4% of boys recognise that they have controlled their partner by using their password without permission, and 5% of girls recognise that they have experienced this.

The results presented below constitute further recent research, conducted at a local level, that is especially useful. It includes a diagnosis of the current situation both in terms of prevention and for intervention in situations of violence within a couple (involving the current or former partner):

Andalusia DETECTA: Sexism and Gender-based Violence amongst Andalusian Youth (2011)[63]

The DETECTA research project on *Sexisme i violència de gènere en la joventut andalusa i impacte de la seva exposició en menors* (Sexism and Gender-based Violence amongst Andalusian Youth and the Impact on Minors) was led by the Andalusian Institute for Women of the Ministry for Equality and Social Welfare of the Regional Government of Andalusia. It was conducted with the aim of making a diagnosis of the situation and enabling the creation of effective prevention and intervention programmes against the problem of gender-based violence. The study was aimed at professionals working with young people, and was carried out by the Women's Foundation in co-operation with the National University of Distance Education.

The study involved the participation of 2,289 pupils in the third and fourth year of Compulsory Secondary Education (ESO), from 14-16 years, in public and subsidised secondary schools in Andalusia. The fieldwork was conducted in January and February 2011.

The general objectives of the research were to obtain information on Andalusian youth from 14-16 in relation to the following questions:

1. The level of inherent sexism in the belief system of the adolescent population.
2. Their ability to identify indicators of violence in the first phases of a relationship as a couple.
3. The level of internalisation of myths and fallacies about love as a couple.
4. The level of information on the social phenomenon of gender violence.

The study reached four main conclusions:

- Young girls and boys display a high level of sexism in their value and belief system, which is harder to detect because former hostile or traditional sexism has been replaced with new, more subtle and ambivalent, forms.
- They have little information and knowledge about sexist violence
- They find it difficult to detect indicators of abusive conduct.
- Finally, there is clear acceptance of the ideal of romantic love and as a couple.

A surprising fact is that boys demonstrate a higher level of acceptance and compliance with the stereotypes of romantic love. Therefore, this study also highlights *'a reality that challenges the traditional pre-conceived idea that it is women who have internalised mythologised beliefs, and attributes a scant acceptance of this romantic ideal to men'.*

Ultimately, it is observed that young girls and boys are exposed to a great number of risk and protection factors in relation to sexism and reproducing abusive and/or violent relationships. Therefore, there is a high probability of them experiencing situations of sexist violence. Nonetheless, young girls and boys do not perceive it in this way. Almost 83% of boys and 68% of girls consider that they are not at any risk of perpetrating or experiencing abuse or violence in the future within their relationships as a couple.

63 De la Peña Palacios, E.M., Ramos Matos, E., Luzón Encabo, J.M. i Recio Saboya, P. (2011).

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One possible explanation for this situation, in the exact words of the study, is that 'this low perception of general risk could be based on how they perceive the issue of this type of such specific violence (as well as exclusively identifying it with physical violence), referred to so often in the media. It may be because they perceive it as a far-removed situation 'that only concerns older people'.

Finally, it is necessary to highlight one of the general conclusions of this study. In the context of the research results, the following is especially worrying: the extremely low perception of risk expressed by both adolescent girls and boys on their vulnerability to experiencing or perpetrating sexist violence.

The data presented below illustrate the conclusions of the study:

On the internalisation of sexism:

Data evidencing the internalisation of sexism in girls and boys alike:

- 24% of boys and 17% of girls consider that men should not take responsibility for domestic tasks.
- 28% of boys and 21% of girls consider that the most appropriate place for a woman is at home with her family.
- 47% of boys and 45% of girls agree with the statement 'no one knows better than a women how to bring up their children'.
- 37% of boys and 29% of girls consider that women are irreplaceable in the home.

Data reflect that, even if the incorporation of women in the workplace is socially accepted, co-responsibility in domestic tasks is not so clear. In addition, it is widely accepted that women must prioritise the tasks of taking care of the family rather than their professional work.

When sexism is presented from a more benevolent perspective, adherence to sexist views increases considerably. This makes it difficult to detect abusive situations from a sexist point of view, as they can occur in a context where there is no lack of 'kindness, affection, esteem,…'.

For example:

- When this is considered from a authoritarian perspective or, even, a perspective of violence, the results are significant, although modest: 15% of boys and 7% of girls believe that women must be put in their place so that they cannot dominate men. 16% of boys and 3% of girls consider that men must make the most important decisions in the couple's life
- However, in contrast, when a similar reflection is made from a 'paternalistic' perspective, the results increase considerably. 64% of boys and 53% of girls believe that, in a couple, it is normal for the man to protect the woman and not the other way round. 37% of boys and 14% of girls believe that a man must treat his wife with affection, but also with firmness.

Furthermore, the study shows that the *sexism detected clearly evolved with age*, implying that the level of sexism diminishes with age.

The limitations of information and knowledge:

In general terms, girls and boys alike demonstrate little knowledge on sexist violence, as neither of the two groups reach 5 on a scale 0 to 10 (where 5 is a pass). Nonetheless, it should be highlighted that there are differences in the results between girls and boys. There is a significant lack of information amongst boys (66% of boys lack knowledge compared to 49% of girls).

The following data demonstrate this lack of knowledge, related especially to the mythical ideas of girls and boys:

- 76% of girls and boys consider the statement false that 'cases of violence usually appear at the beginning of a relationship'.
- 82% consider the statement true that 'it is only possible to speak of violence to a woman when the man hits the woman'.

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- 55% consider the statement true that 'if a woman could really not put up with the situation of violence, she would leave'.

- Only 29% consider that the main cause of gender-based violence is sexism and sexist ideas. The majority attribute it to other causes, mainly the consumption of alcohol (25%) and mental disorders in the perpetrator of violence (15%).

The perception of abuse or violence:

Young girls and boys have difficulty clearly detecting events and situations in which there are real signs of abuse in their relationships as a couple:

- The five strategies most identified as abusive, both by girls and boys, are the following: intimidation, physical violence, displaying sexism, sexual abuse and showing contempt.

  In contrast, the five strategies most identified as abusive, by both girls and boys, are: control, domination, jealousy/possession, isolation and emotional blackmail.

- *The aspects most clearly identified as violence by Andalusian young people during a relationship are the following:*

  - *Hitting or throwing objects when arguing with her*

  - *Forcing her to have sexual relations with him at some point*

  - *Insisting that she obeys him*

  - *At some point during the relationship, hitting her or perpetrating some type of violence against her*

  - *Threatening to find someone else if she does not have sexual relations with him*

  - *Comparing her to other girls/women, making her feel uncomfortable and humiliated.*

- *The aspects least clearly identified as violence by Andalusian young people during a relationship are the following:*

  - *Telling her that he loves her so much that he could not bear her to leave*

  - *Causing her to feel sorry for him.*

  - *Telling her that jealousy is a sign of love.*

  - *Getting her to take his side against others.*

  - *Treating her as someone who needs protecting, telling her that he wants the best for her.*

In conclusion, *four of the most common strategies of violence that may occur at the beginning of a relationship are not perceived by Andalusian young people: isolation, control, jealousy and emotional blackmail.*

On the myths of romantic love:

Finally, the study demonstrates that the majority of young girls and boys clearly accept the romantic ideal of love and the couple. This conclusion is based on the results provided by young girls and boys to 'true statements' when, in reality, they were statements of romantic myths. As in some of the previous conclusions, girls generally adhere less to these myths than boys.

The following table (own elaboration), demonstrates some of these results.

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MYTH	STATEMENT	ADOLESCENTS IN FAVOUR OF THE STATEMENT		
		Girls	Boys	Total
	Love overcomes all			
The omnipotence of love	True love conquers all; trusting that with love all obstacles will be overcome.	50,9%	56,9%	53,9%
The compatibility of love with mistreatment	As is often said in relationships, 'someone who loves you will make you cry'.	74,8%	68,2%	71,5%
	True love is predestin			
The 'other half'	Somewhere there is someone pre-destined for each person: their 'other half'.	71,3%	65,7%	69%
	Love is what matters most in life and requires total surrender			
Love in a couple is fundamental in life	Finding love means finding the person who gives meaning to their life.	53,9%	63,5%	58,7%
The fallacy of total surrender	Love is being capable of giving everything away without expecting anything in return.	40,7%	60,5%	50,6%
	Love implies possession and exclusivity			
Marriage	Getting married or living together forever is the aim of love.	54%	67,2%	60,6%
Jealousy	If your partner tends to display unjustified jealousy, it is normal: jealousy is proof of love.	41,7%	61,2%	51,5%

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Furthermore, as outlined in the *Protocol de Joventut per a l'abordatge de la violència masclista (Youth Protocol for Addressing Sexist Violence) (2013)*[64] *attention should be paid to the new forms of intimidation and control using new technologies and social networks. These include cyberbullying*[65] *(or cyber-harassment). Attitudes of scorn, threat, humiliation, jealousy or control can also be expressed using new technologies and on social networks,* and these must be taken into account when conducting new research on sexist violence and adolescence.

We do not wish to end this section without highlighting three limitations that we consider important, in order to identify the scope and characteristics of the problem and to be able to react subsequently:

1. **The non-existence of studies in Catalonia on adolescence and sexist violence.**
2. **The non-existence of studies in Spain on the impact in its widest sense of sexist violence throughout adolescence, which do not only refer to violence within a couple.**
3. **The non-existence of studies on the impact of sexist violence in the sector of population that has non-standard body forms, identities and expressions of gender and sexuality.**

VIOLENCE AGAINST PEOPLE WITH NON-STANDARD BODY FORMS, IDENTITIES AND EXPRESSIONS OF GENDER AND SEXUALITY

Of the three situations subject to intervention defined in this publication, until now we have focused on emotionally or sexually abusive relationships and not on violence against people with non-standard body forms, identities and expressions of gender and sexuality.

This section, therefore, analyses violence aimed at this sector of our target population.

What do we mean?

As previously stated, patriarchy is a system of social organisation, which establishes the superiority of men over women. The establishment and legitimisation of this inequality uses different mechanisms. The concept of sexism refers to the series of mechanisms that regulate and control the behaviour of women and men. These social mandates can be described primarily on four levels.

The **binarism of the sexes** assumes that human bodies are divided into two single categories: female and male. These categories are considered comprehensive and excluding (it is not possible to belong to both at the same time, nor is it possible to cease belonging to one of them).

This model excludes the body forms that cannot be assigned to one of these two categories, and describes them using the medical category 'sexual development disorders'; called intersexuality.

The categories of female and male are, therefore, social constructions, which do not reflect the existing diversity of bodies, and are related to a specific interpretation of the biological differences between people.

The bodies of babies that cannot be categorised as female or male when they are born, as they have a type of genital ambiguity, receive medical intervention soon after birth, in order to assign them to one of the two categories. These medical interventions conducted to 'normalise' their bodies and maintain the binarism of the sexes in place are considered, in some cases, to be forms of institutional and medical sexist violence.

64 Sol i Torelló, M., Faura i Cantarell, R. and de Moragas, M. (2013). *Protocol de Joventut per a l'abordatge de la violència masclista. Guia pràctica per a professionals de joventut per orientar l'actuació en violència masclista amb persones joves*. Catalan Ministry of Social Welfare and Family of the Generalitat de Catalunya. Barcelona, May 2013.

65 *Cyberbullying is understood as 'the use of information and communications technology to maintain deliberate, repeated and hostile conduct with an individual or group, with the intention of harming others'. (wwww.ciberbullying.org)*

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The **naturalisation of gender** is the assignation of behaviours and social roles to people depending on their physical sexual characteristics, whether they are male or female. With the understanding that only two possible bodies exist (female or male), the sexist model establishes that the natural behaviour of men is a series of characteristics that we call the masculine gender, and that the natural behaviour of women is the feminine gender. Thus, it is neither natural nor acceptable for a man to behave in a feminine way or, even to feel like a woman, nor for a woman to have masculine attitudes or feel like a man.

Masculine dominance believes that men are naturally superior to women. This means that, if, in the two previous levels, we have established that men and women are the only two categories possible to define bodies, and that they are intrinsically different, the patriarchal system introduces the belief that they are unequal. This establishes a hierarchy between women and men in our society.

Finally, **heterosexism** is a system that defines the way in which women and men have to relate to one another. In this context, it establishes that the natural form is heterosexuality, with the aim of building family units that reproduce the ideas of the patriarchal system. Sexual desire and loving relationships, considered legitimate and acceptable in our society, are those occurring between people of opposite sexes with specific objectives.

Heterosexism does not strictly refer to heterosexual sexual practice, but to the way in which people relate. A heterosexual couple in which the woman controls the finances and the man is in charge of reproduction, can experience heterosexist pressure, in the same way that a lesbian or gay couple can reproduce the characteristics of the heteropatriarchal model.

These four levels are the basis of what is called the sexist system. Sexist violence is, therefore, structural violence that condemns any break with this pre-established order and endangers the social organisation of the patriarchy.

The functioning of this system can be observed visually below. It should be taken into account that this table does not aim to be exhaustive, but to help illustrate what it means, understanding that gender cannot be separated from inequality/oppression:

	NORM	EXCLUSIONS	FORM OF CONTROL	LEVEL OF OPRESSION
Sex	Male / Female	Intersexual	Intersexphobia	Binarism
Gender identity	Man / Woman	Transsexual and transgender	Transphobia	Naturalisation of the identity as a man/woman
Gender expression	Masculine / Feminine	Feminine men or masculine women	Transphobia	Naturalisation of the masculine/ feminine conduct or role
Gender expression	Heterosexual	Lesbian, gay, bisexual	Homophobia	Heterosexism
Type of relationship	Submission of the woman to the man	Women with non-standard femininity	Violence against women	Masculine domination

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Usually when we think of sexist violence, our attention is focused on the forms of oppression taken by masculine domination, the last level in the above table. However, as can be seen, the patriarchal system operates on different levels, controlling and regulating our bodies, our social roles, our sexual and emotional connection, etc. When we break any of these mandates, we are socially punished, as part of the patriarchal system.

On one hand, it is important to make these other mechanisms of oppression visible and interpret them from a gender perspective: violence against lesbian, gay, bisexual, transsexual, transgender or intersexual people.

On the other hand, it is important to extend the perspective of the potential forms that violence against women can take. Violence within a couple is a complex phenomenon, present amongst young people and adolescents. However, as we have seen, it is not the only way in which violence against women is expressed. There is also the social punishment towards girls with non-standard femininities, who express their sexual desire differently, girls who dress in clothes considered too provocative, etc.

In this respect, adolescence is an especially important time because acceptance by the peer group takes on great relevance, and displaying attitudes and behaviours that challenge the dominant standard may often be the cause of severe discrimination in an adolescent's environment.

These types of sexist violence often remain concealed because the are interpreted separately rather than within a structural framework from a gender perspective.

• Some of the most frequent displays of sexist violence

- Physical, psychological, verbal, social and environmental violence with the aim of isolating, humiliating and ridiculing the adolescent. In the case of lesbian, gay, bisexual or transsexual people, this violence often occurs in spaces segregated by gender (changing rooms, toilets, etc.).

- Preventing an adolescent from using a name or appearance contrary to their assigned gender (for example, obliging a transsexual adolescent to wear boys' school uniform and change in the boys' changing room).

- Doubting or blaming for sexual violence adolescent girls with practices or behaviours considered 'incorrect' in girls (secondary victimisation).

- Circulating audio-visual content to infringe the adolescent's privacy, whether virtually or materially (images, videos, recordings, messages, etc.).

- Attitudes by professionals in education, healthcare, and/or social services condemning and stigmatising non-standard ways of experiencing gender and sexuality, and leading to the humiliation of adolescents.

Some of this gender violence has very institutionalised forms.[66]

This is the case of transsexual people[67] who wish to change their legal identity, and who, in order to do so, have to take a hormonal treatment for a minimum of two years. They can only receive the treatment if they recognise themselves as mentally ill and obtain the diagnosis of *gender identity disorder* from professionals in psychiatry.

In the first eighteen months of their lives, intersex new-borns[68],are subject to surgical and hormonal modifications to their bodies so that they can be identified as only masculine or only feminine, even though, in the majority of cases, they have perfectly healthy and functioning genitals.

These are two clear cases of the rigidity of sexism, in not allowing a system of categories on which masculine domination is based, to cease its function of producing identity differences, at the same time as producing hierarchy.

66 Coll-Planas, G., Bustamante, G. and Missé, M. (2009). This work can be consulted at www.gencat.cat/joventut/observatori.

67 **Transsexual:** someone who is transsexual identifies with a gender that is not the one assigned to them at birth based on their sex. In order to adopt the physical appearance of the gender with which they identify, many of these people resort to hormonal modification and surgery.

68 **Intersexual:** someone who is intersexual is born with genitals, gonads or reproductive organs that cannot unmistakably be identified as masculine or feminine, but adopt various forms of hybridisation between one and the other. The chromosome criterion is not reliable either, because it may not coincide with the phenotypic features. For example, the case of person XX who, on reaching adolescence produces such high levels of testosterone that their clitoris can reach the size of a penis.

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THE EFFECTS OF SEXIST VIOLENCE ON ADOLESCENTS

The experience of the members of the group developing this publication, as well as the documentation consulted, support the following assessment:

> Adolescents who experience situations of sexist violence more frequently display symptoms of anxiety and depression, feelings of low self-esteem, problems in social relationships with their peers, aggressive behaviour and difficulties in their academic performance at school.

The most frequent effects are developed below. Text in italics corresponds to the report published in 2011 by Save the Children[69]. These effects have been identified in situations in which sexist violence also affected the mother, and not only the adolescent. However, the majority of the effects presented below also occur in situations of sexist violence where neither the mother, father, nor the current partner of either parent, are involved.

Socialisation problems

- *Isolation*
- *Insecurity*
- *Violence*
- *Reduced social skills*

Symptoms of depression

- *Crying*
- *Sadness*
- *Low self-esteem*
- *Isolation*

Fears

- *Unspecific fears*
- *'Foreboding' that something bad will happen*
- *Fear of death*

Sleep alteration

- *Nightmares*
- *Fear of sleeping alone*
- *Night-time terror*

Problems integrating at school

- *Learning difficulties*
- *Difficulties concentrating and paying attention*
- *Reduced school performance*
- *Difficulties in sharing with school friends*
- *School absence*

Emotional and behavioural responses

- *Rage*
- *Sudden mood changes*
- *Anxiety*
- *A feeling of vulnerability and experiencing the world as threatening*
- *Feelings of guilt (of being responsible for what happens)*
- *Difficulty expressing and managing emotions*
- *Denial of the violent situation or minimising the importance of the situation experienced*
- *A tendency to normalise the suffering and violence as natural mechanisms in a relationship*
- *Learning violent models and the possibility of repeating them, both as the victim or the perpetrator, and internalising mistaken gender roles*
- *Fleeing home*

Post-traumatic stress symptoms

- *Insomnia*
- *Recurring nightmares*
- *Phobia*
- *Anxiety*
- *Re-experiencing trauma*
- *Dissociative disorders*

Self-harm to different degrees (ending in suicide or attempted suicide)

69 *En la violencia de género no hay una sola víctima. Atención a los hijos e hijas de mujeres víctimas de violencia de género. February 2011.*

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RISK AND PROTECTION FACTORS

We are aware that the risk and protection factors outlined below are more focused on emotionally or sexually abusive relationships than on the other situations subject to intervention defined in this publication. This limitation must be resolved in subsequent protocol work.

Risk factors include:

We understand risk factor as an aspect that can foster the existence of sexist violence, without this implying that it will occur.

The identification of risk factors promotes an alert, proactive attitude to be able to prevent and detect the existence of violence when it occurs.

However, the absence of the risk factors outlined below does not mean that sexist violence does not exist. International organisations, and experience in the field, indicate that sexist violence has a completely multidisciplinary and universal nature.

Consequently, risk factors help detection in certain situations, but are not sufficient. It is necessary to have developed a perspective on gender and sexist violence to have the capacity to also 'see' the violence when it occurs in contexts in which the risk factors are not present.

This publication focuses on four risk factors considered relevant. It is not designed to be a comprehensive or complete list.

The first three risk factors defined below may or may not be present and/or occur differently in each of the systems outlined in the chapter on defining our *Theoretical Framework:* the adolescent, family, peer group, school and the socio-cultural environment:

- Having internalised sexist ideology and assumed the traditional standard models of masculinity and femininity.
- Having internalised the myths of romantic love.
- Having internalised authoritarian and/or violent behaviour to resolve conflict in interpersonal relationships.

The fourth risk factor refers to the first of these systems: the adolescent.

- Low self-esteem, existence of a significant lack of affection and a feeling of loneliness.

We shall analyse each of them in turn:

- Having internalised sexist ideology and assumed the traditional standard models of masculinity and femininity.

  Consensus exists, in the bibliographical works consulted, on a clear risk factor being the internalisation of the values of sexism, which legitimise relations between women and men based on inequality and domination/subordination, or which deny, reject or condemn people to social exclusion if they have bodies or behaviours that do not correspond to the established sexual duality or the standard models of masculinity and femininity.

  It is evident that this system of beliefs can be used to give legitimacy to violence in any of its forms for different reasons: to reaffirm one's own identity, and/or punish another person for not respecting the established standards, or because one's own identity is threatened, to give a few examples.

  In a situation of sexist violence affecting adolescents, it is necessary to analyse whether this risk factor is present, or not, and in what way, not only in the adolescent's own beliefs, but also in their significant environment

- Having internalised the myths of romantic love.

  As we have previously suggested, having internalised the myths of romantic love (not romanticism), makes it easy to remain stuck in relationships of dependency and not identify certain 'expressions of love' (jealousy, control, a possessive nature, social isolation) as abusive and damaging.

  Personal and collective adherence to the myths of romantic love is a factor of risk or vulnerability in establishing emotionally or sexually abusive relationships; whilst challenging these beliefs, and internalising new beliefs and loving models (based on mutual respect and support, trust, opportunity for personal growth, autonomy) are a protection factor.

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- Having internalised authoritarian and/or violent behaviour to resolve conflict in interpersonal relationships.

  It is evident that the risk of situations of sexist violence increases when a person or social group normalises certain authoritarian conducts or behaviours in daily life to meet the established standards or to confront conflict and tensions that can occur in interpersonal relationships. This includes perpetrating violence to a variable degree when required by the situation.

  However, the presence of this factor may occur as a risk with different consequences, for example, concealment of the problem from the mother and/or father by the adolescent for fear of their reaction.

  In these cases, it is logical to confront the conflict or tension with obedience and submission to the one exercising the authority. Dialogue is not established in these cases. One person commands and the other obeys, and the one who exercises the authority decides how the situation is resolved and expects the others to apply this.

- Low self-esteem, existence of a significant lack of affection and a feeling of loneliness.

  In this case, girls and boys with a significant lack of affection and an acute feeling of loneliness may believe that they have found love within abusive relationships that demand exclusivity and possession, in exchange for protection and love.

  This risk factor, when present, can favour situations such as girls in relationships where their partner is like an authoritative father with a relationship model that controls everything the girl does. It is possible that the girl's family approve of the relationship, and are convinced that the partner is ideal person for their daughter.

  In these cases, it is frequent that success achieved by the girl is attributed by the family, the partner and by the girl herself, to the positive influence of the girl's partner on her.

  Sometimes, this partner who is acting as a 'father' to the girl may have had a traumatic childhood and compensates for this by assuming a 'protective' role as an absolute 'satisfier' for the girlfriend, giving them a feeling of strength, power and security that hides their lack of love and their dependency on this type of relationship, without which their masculinity would be weakened.

Protection factors include:

To be able to intervene in situations of sexist violence, it is necessary to identify not only the threats (risk factors), but also the protection factors. Based on the protection factors, we will be able to identify, and help adolescents confront and free themselves from the violence more effectively.

A protection factor is a factor that prevents or makes it difficult for the adolescent to experience or perpetrate situations of sexist violence, if they occur, or helps the adolescent move away from the situations.

This publication focuses on four protection factors that we consider relevant. It is not designed to be a comprehensive or complete list:

- The capacity to perceive the abuse or mistreatment.
- Having sufficient information and accurate knowledge on the phenomenon of sexist violenc.
- Living in an environment that uses dialogue to confront conflict and tension in interpersonal relationships and rejects violence as a mechanism for solving problems.
- Having high self-esteem and self-confidence.

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As we demonstrated with the risk factors, it is also necessary in this case to identify whether or not they are present, and how they occur at different levels in the adolescent's significant environment.

We shall analyse each of them in turn.

- The capacity to perceive the abuse or mistreatment

  We have seen that isolation, control, jealousy and emotional blackmail are some of the displays of sexist violence that the adolescent population finds it most difficult to identify.

  Coercion strategies used in the courtship phase are basically those that will be displayed subsequently, but with subtle, indirect, and more concealed, disguised forms and types of nature, with displays of love and loving[70].

  Therefore, the ability to perceive and identify situations of abuse or mistreatment in time, in emotional or sexual relationships or amongst their friends, is a factor with clear protective effects:

  – To avoid beginning or consolidating a relationship or the repetition of occasional emotional or sexual relationships with someone.

  – To break away from the relationship in time and maintain the decision made despite pressure from the person perpetrating the violence and/or in the immediate environment.

  – To help a friend identify what is happening and help them confront the situation.

  – To report a situation affecting their friend and/or request intervention from professionals who are able to intervene.

- Having sufficient information and accurate knowledge on the phenomenon of sexist violence.

  Having sufficient information and accurate knowledge on the problem of sexist violence has significant preventative power[71].

  This information may have arrived through many routes: school, the media, youth clubs, civic centres, family, friends, etc. In all cases, we are referring to knowledge and information that the adolescent 'has registered' and knows, at least rationally. In previous sections, we saw that knowledge is significantly lacking in a high proportion of the adolescent population.

- Living in an environment that uses dialogue to confront conflict and tension in interpersonal relationships and rejects violence as a mechanism for solving problems

  Incorporating respectful, dialogue-based styles, as a basic strategy to confront conflict, crises and tension in interpersonal relationships, is a protection factor. It involves a respectful attitude towards the other person and standards of functioning in which irritation, frustration and/or aggression cannot be transformed into violent behaviour towards the person perceived to be the source of these feelings.

- Having high self-esteem and self-confidence.

  Someone who values themselves is less likely to let themselves be humiliated, scorned or mistreated by someone else. Someone with self-confidence is less likely to allow someone else to convince them to do something they consider wrong, simply because their partner asks them to do so. Different authors consider this a protection factor. Therefore, a person who perpetrates sexist violence seeks, consciously or unconsciously, the dependency (at least emotionally) and the low self-esteem of the person they love and/or desire.

  A person with a high self-esteem may begin an emotionally or sexually abusive relationship, but it is more difficult for the relationship to be consolidated.

70 De la Peña Palacios, E.M. and Ramos Matos, E. (Women's Foundation) and Luzón Encabo, J.M. and Recio Saboya, P. (National University of Distance Education). *Andalucia Detecta: Sexisme i Violència de Gènere en la Joventut*. Andalusian Institute for Women (Ministry for Equality and Social Welfare of the Regional Government of Andalusia. 2011).

71 De la Peña Palacios, E.M., Ramos Matos, E., Luzón Encabo, J.M. and Recio Saboya, P. (2011)

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SUMMARY OF KEY IDEAS

Gender: a social construct: Gender identity is a symbolic construction comprising a series of apparent attributes assigned to persons based on gender. Gender identities not only express the concepts of a culture and an era, but also act to legitimise a certain type of social power relationship. By being labelled as a man or women, each subject is placed in a social category: feminine or masculine with the corresponding roles, obligations, rights, etc. Gender identity is constructed by means of a process of socialisation understood as the psychosocial process started at birth, and by means of which a person acquires the standards of behaviour, prevailing values and the culture of a specific social group or a certain societ.

Sexism: This is an ideology that establishes the standardisation of masculine, feminine and heterosexual, and makes the attributes assigned to each appear natural. This social construction defines the framework of human relationships, the types of subjectivity, the social roles and division of work in accordance with biological sex. It assigns each biological sex a series of different attributes, characteristics and skills, which all men and all women must respect. It asserts that men must be masculine and women must be feminine. It defines the meaning of masculinity and femininity, and what a man must be and do in order to be masculine and what a woman must be and do in order to be feminine.

Sexism comprises three key concepts that justify not only violence against women in virtue of 'man's natural superiority', but also violence against people with non-standard body forms, identities and expressions of gender and sexuality. For this reason, we have also included these situations in our target population.

- **Binarism of genders** considers that human bodies are divided into two categories: female and male, which are fully comprehensive and mutually exclusive. This model disregards all body forms that cannot be assigned to one of the two categories, classifying them with the medical category of 'sexual development disorders'.
- **Naturalisation of gender** refers to assigning behaviours and social roles to people depending on their physical sexual characteristics, and, therefore, on their biological sex. As there are only two possible types of body (female and male), the sexist model establishes that the natural behaviour of men consists of a series of characteristics that we call the masculine gender, and the natural behaviour of women corresponds to the feminine gender. At the same time, it is not natural, nor, therefore, acceptable that a man behaves in a feminine manner, or even feels like a woman, or that a woman has masculine attitudes or feels like a man.
- **Heterosexism** is the system that defines how men and women have to relate to one another. In this context, it establishes that the natural way to do so is heterosexually. This, therefore, excludes other types of relationship and sexual preferences, such as lesbians, gays and bisexuals.

The gender perspective: The gender perspective is a social construct that studies the impact of gender on the opportunities people have, their social roles and their interaction with others. It is a tool that makes it possible to challenge and deconstruct beliefs that support patriarchy as a system of social organisation.

It is important to incorporate the gender perspective both personally and professionally. It is possible to intervene in situations of sexist violence with or without gender perspective. However, the ability to detect, the ability to interpret what is happening and why it is happening, the guidance that will be brought to the situation and the objectives and strategies for intervention will differ radically. Intervening in situations of sexist violence without a gender perspective can lead to secondary victimisation in the person who is experiencing the violence. If we base ourselves on the ecological model, gender perspective is useful to identify the factors facilitating sexist violence, as well as factors of protection.

What is sexist violence?: It is a violence of a structural nature towards women for being women, and towards men who defy the model of gender and that which the patriarchal society

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has defined as masculine identity and feminine identity. Therefore, violence towards lesbians, transsexuals - both masculine and feminine - or gays or bisexuals, and towards heterosexual people (women and men) who use their heterosexuality in a different way to that established as 'normal', is also sexist violence. Sexist violence takes many forms: physical violence, psychological violence, sexual violence, sexual abuse and economic violence.

The target population in the context of this publication: Adolescents who are experiencing or perpetrating sexist violence, who are living in homes that are free from violence (neither their mother, father, nor the current partners of either parent are experiencing or perpetrating violence). Specifically:

- **The adolescent experiencing violence:**
  - Adolescent girls who are experiencing emotionally or sexually abusive relationships, whether occasionally or within a relationship, or other displays of sexist violence perpetrated by third parties, who are not the father or the mother's current partner.
  - Adolescent girls who do not behave in accordance with the standard behaviour of femininity and, for this reason, may be subject to violence.
  - Adolescent boys who do not behave in accordance with the standard behaviour of masculinity.
  - People whose body has ambiguous sexual characteristics.
  - People who identify with the opposite gender to that assigned to them and make this visible.
- **The adolescent perpetrating violence:** In situations of emotional and sexual relationships, we refer to the partner or former partner (or person with whom there is an occasional relationship), who may be an adolescent or of legal age. In the remaining situations, the person perpetrating the violence may be female or male peers (adolescent boys and/or girls), and/or young people and adults of any age.

The patriarchal society has **mechanisms and factors to conceal sexist violence**. In this publication we address three of them.

- Lack of awareness of the persistence of sexism in our society, and even more so taking into account that sexism has currently changed to adopt more subtle forms (neosexism concealed as benevolent sexism).
- Myths on sexist violence are diverse and changing. They constitute the reasoning on which the mechanisms of concealment and legitimisation are based.
- The impact of violence on professionals in services in the area of formal education, healthcare and social services, means that the gender perspective is not always used, and that, the violence is sometimes reproduced (secondary victimisation).

Main risk factors (both with the adolescent and their environment):

- Having internalised a sexist ideology and assumed the traditional standard models of masculinity and femininity.
- Having internalised the myths of romantic love.
- Having internalised authoritarian behaviour and/or violence for the resolution of conflict in interpersonal relationships.
- Having low self-esteem, a significant lack of affection and a feeling of loneliness (by the adolescent).

Main protection factors (both with the adolescent and their environment):

- The capacity to recognise abuse or mistreatment.
- Having sufficient, accurate information and knowledge about the phenomenon of sexist violence.
- Living in an environment that uses dialogue to confront conflict and tension in interpersonal relationships and rejects violence as a mechanism to solve problems.
- Having high self-esteem and self-confidence (in adolescents).

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NEW TECHNOLOGIES AND SEXIST VIOLENCE AMONGST ADOLESCENTS

SUMMARY

- Introduction
- Contextual elements: the information and communications society
- Types of violence by means of ICT
- Cyber-harassment
- Intervention in cases of sexist violence by means of ICT

INTRODUCTION

Reasoning behind this section

Information and communications technology (ICT) is fully incorporated in the daily lives of the adolescent population. ICT is also used increasingly to perpetrate sexist violence.

Our objective is to make visible a reality that is increasing amongst the adolescent population, whilst neither the legal framework in effect nor professional intervention are able to respond to this reality: the use of ICT to perpetrate sexist violence.

In this context, we considered it necessary to dedicate a specific chapter to this topic for the following reasons, among others:

- A lack of awareness, by many adolescents perpetrating sexist violence by means of ICT, of the reach, severity and permanence of the damage caused to the adolescent experiencing the violence. Many actions are often taken 'in the heat of the moment', due to the ease and immediacy provided by ICT. Often there is a lack of awareness that, once the action has been carried out, they lose control over the consequences not only in the moment of carrying it out, but also due to its timeless nature.
- The majority of adolescents are not aware or do not give enough importance to the need to take specific safety measures in order to use ICT correctly, to be careful with whom they interact on social networks, to take into account with whom they share certain personal and intimate content, etc.
- A lack of legal regulation on sexist violence perpetrated by means of ICT.

Difficulties in addressing the topic

When we decided to address this phenomenon, we experienced two types of difficulty:

- A lack of research into the phenomenon of cyber-harassment, which would be useful for intervention.
- The absence or insufficient incorporation of the gender perspective in the analysis of this phenomenon.

1. **A lack of research into the phenomenon of cyber-harassment, which would be useful for intervention.**
   - A lack of professional experience accumulated and systemised that can be shared publicly and, therefore, consulted.
   - Few research studies on the topic. Therefore, the conclusions gained from this research work are still tentative, and more often than not, rather than conclusions, we find ideas and considerations to be taken into account.

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- The limited documentation focuses much on the perpetrator of violence, but little on the impact of cyber-harassment on victims.

- The majority of studies refer to young people over 18 (with the exception of studies on the sexual abuse of minors perpetrated by adults using ICT), in accordance with the fact that both legislation on sexist violence and legislation on the inappropriate use of new technologies refer to the adult population.

2. **The absence or insufficient incorporation of the gender perspective in the analysis of this phenomenon.**

   - There are very few references and studies on gender perspective in the phenomenon of cyber-harassment.

     It is necessary to analyse the phenomenon of cyber-harassment from a gender perspective. However, it is also necessary to analyse the audiovisual archetypes and narratives that have more impact on how the social imagination is formed, as it is not an isolated phenomenon. Instead, it is part of the same dominant male-centric tradition in the treatment of gender roles in the different representative methods of communication.

   - The references we have found focus on the analysis of violence within a couple. For example, Marco Torres Robles[72] in his work *El ciberacoso como forma de ejercer la violencia de género en la juventud: un riesgo en la sociedad de la información y del conocimiento* (Cyber-harassment as a Form of Gender-based Violence Amongst Young People: A Risk in the Information and Knowledge Society) states: 'cyber-harassment is considered gender-based violence, taking into account behaviours using ICT that aim to dominate, discriminate and, ultimately, abuse the position of power when the person conducting the harassment has, or has had, an emotional relationship with the person experiencing the harassment'.

     We have found no study or reference covering the whole of our target population. For this reason, many of the quotations used by authors throughout this chapter only refer to cyber-harassment in heterosexual relationships as a couple amongst the adolescent population.

The content presented in this chapter is based on the available material, to which we have had access, as well as the contributions and opinion of our working group:

> Understanding cyberbullying from the perspective of sexist violence, it is another means for violence in the context of emotionally or sexually abusive relationships (whether occasional or within a couple), and also another display of violence based on biological sex and gender-based reasons affecting our target population.[73]

Objectives of this chapter

- To bring elements of understanding and knowledge of this phenomenon.
- To contextualise it within situations of sexist violence where adolescents are experiencing or perpetrating violence, affecting our target population.
- To provide useful considerations for professionals working with adolescents.

72 Torres Albero, C. dir. (2013).

73 See the section The Different Aspects of Sexist Violence: Who Experiences it, Who Perpetrates it and the Social Context in Which it Occurs (p. 65)).

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CONTEXTUAL ELEMENTS: THE INFORMATION AND COMMUNICATIONS SOCIETY

The information and knowledge society refers to a profound process of change affecting a series of contemporary social, cultural, political and economic dimensions. Information and communication have gained a new social meaning, and the emergence of specific tools or means have led to new information and communications technologies (ICT).

ICT offers many benefits, such as people around the world being able to interrelate simultaneously, access to an unlimited range of knowledge, opening up to different cultures, etc.

It also has certain risks, especially amongst the adolescent population, which uses it considerably: '(…) the possibility of harassment and abuse occurring, the premature loss of innocence through access to certain content, conflict with other agents of influence and authority, such as school and the family, as well as unhealthy conduct associated with a sedentary lifestyle and social isolation'.[74]

'The most popular manifestation of the information society, and ICT, are the triad formed by the computer, the Internet and the mobile phone'.[75]

The dimension of this context is illustrated by the following data:

- At the end of 2012, there were more than 2,000 million computers in the world.
- At the end of 2010, the Internet had 16 million users. Today it is calculated that a third of the world population has access to the Internet. In developed countries, 90% of the population from 16-19 has access to the Internet.
- It is calculated that more than 75% of the world population uses a mobile phone (in developed countries, this figure is 95% of the population).
- The number of users has increased further with the emergence of smartphones and tablets, which combine the three previous elements: the computer, the Internet and the mobile phone. As a result, 15% of mobile phone users have a smartphone and, in 2011, these devices were the most widely sold portable computers in the world.

ICT tools support what is of even greater relevance in the new information and communications technology society: **social networks**.

According to Marco Torres Robles[76], *citizen social networks are social networks formed by citizens, whereby basic interaction uses the technological infrastructure of the Internet and ICT. This enables users to interact on social networks for the basic conduct of daily life and social relations with other people*.

When we refer to social networks, we refer mainly to MySpace, Friendster, Facebook, Linkedin, Twitter and Tuenti, etc. as some current examples.

According to the National Observatory for Telecommunications and the Information Society, at the beginning of 2010, it was calculated that 72% of Internet users belonged to at least one social network (…), the average number of social networks used was two, and nearly a third of users access social networks daily. Access to social networks is now the second activity most conducted on smartphones after checking emails. (…) In Spain, 1 in 10 people using social networks are connected permanently.

(…) ICT has not only become part of our lives rapidly and extensively. It has also modified forms of social relations in a wide range of spheres, including the workplace (from teleworking to seeking work online), education (online training, distance learning courses, etc.), leisure (games and virtual world environments, such as Second Life), economic activities (ways of buying and selling goods and services), political participation (e-governmnent, digital democracy and e-participation) (…).

74 Cabello, P. i Fernández, I. (2010).
75 Torres Albero, C. dir. (2013).
76 Torres Albero, C. (2013).

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NEW TECHNOLOGIES AND ADOLESCENCE

Within the framework of the consolidation of the information and knowledge society, the ways in which we relate to others, in person until now, have become via new technologies. 'Offline relations[77] in daily life are being transferred to the digital realm of the Internet and social networks'[78].

In this context, '(…) forms of gender-based violence in relationships as a couple are projected onto social media, especially between young people, given that this social group has a more direct, permanent connection with this new structure typical of the information and knowledge society. In addition, this gender-based violence, is being transformed, in a certain way, into new forms of expression within the digital world'[79].

Furthermore, it is necessary to add the fact that adolescents are fully familiar with ICT and enjoy using it. Indeed, 75% of pre-adolescents and adolescents from 10-16 assert that they like the Internet a lot. In addition, the technological devices used by adolescents and young people are becoming increasingly individualised, such as mobile phones, video game consoles, computers and Internet connections. This means that an increasing number of adolescents cease to share these communication means with other members of their family or those they live with, and now own and use the devices exclusively.

Therefore, today's adolescent population has a high technological ability. Some assert that the high level of familiarity and use of ICT is causing a generational gap with their mothers and fathers. In this respect, it is common to see adolescents and young people showing their mothers and fathers how to use these new technologies.

Furthermore, the adolescent population does not only use ICT on a daily basis. They use several types of technology at the same time. The phenomenon of multitasking encompasses the simultaneous use of traditional means, such as the television and digital devices (computers, mobile phones, the Internet, connection to different social networks at the same time, etc.).

A study[80] carried out in 20 private schools in Spain, in which approximately 2,600 adolescents from 14-16 of both genders were interviewed, demonstrated that adolescents place great importance on being connected to one another. New technologies are a completely normal communication channel for them, used from an early age (96% of adolescents were registered on a social network, 73% of whom were registered before or at the age of 13. In addition, 80% recognise that their social network has users younger than 14).

Another study developed by Save the Children[81], organised focus groups between a group of 40 boys and girls from 11-19 in two towns in Spain. The study concluded that mobile phones are the devices most used amongst adolescents. They use them for telephoning and sending messages to their friends, although more and more adolescents have technologically advanced telephones that they also use to take photographs and go online. They mainly use messages to co-ordinate their offline relations, thereby transferring their real peer groups or interest groups to social networks.

In terms of the use of the Internet at home, the aforementioned study revealed that, in the majority of cases, adolescents go online alone, without the help or supervision of an adult, especially in many cases where the adolescent has their own computer or laptop and goes online from their bedroom. The majority of the population of adolescents and young people use the Internet mainly socially. This means that they use it to be in contact with people they know, and, to a lesser extent, to meet new people. On a secondary level, they also use the Internet to find information and help them with their school work.

Finally, adolescents also use ICT to a certain extent through video games, which can be an opportunity for socialisation. However, in the majority of cases, it is more usual for the game to be played alone or as a group, but online.

77 Offline means in person. Online means digitally.
78 Torres Albero, C. (2013).
79 Torres Albero, C. (2013).

80 *Redes sociales y privacidad del menor. Estudio de campo. Percepción que tienen los menores sobre la utilización y seguridad de los datos que vuelcan en las redes sociales.*
81 Cabello, P. i Fernández, I. (2010).

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THE PERCEPTION OF ADOLESCENTS AND YOUNG PEOPLE ON THE RISKS OF USING THE INTERNET

The different studies analysed conclude that:

- **The majority of the adolescent population does not take seriously the need to take safety measures when they use the Internet. Many adolescents say that they are aware of this but do not do anything about it.**
- **There is little awareness and reflection on the consequences and damage caused by certain actions of sexist violence by means of ICT. Once the actions are out in the virtual world, all control is lost over where the information goes, who receives it and what use is made of it.**

The normalisation of the use of new technologies is reinforced by the low perception, amongst the adolescent population and young people, of the risk of using the Internet and other digital communication means. This low awareness of the potential risk is determined, among other factors, by the easy access to the Internet, since minors do not have to meet specific requirements (or the requirements are minimal) to access the Internet (79% of adolescents confess that no one has ever requested identification documentation for them to register).

They also recognise that there are few barriers to access certain content. Therefore, almost 60% of the adolescent population surveyed recognises having seen a video or photograph on a social network that had a negative impact on them or that they did not like.

Despite the low perception of risk and its consequences, the majority of adolescents and young people know what details they are providing online. They know the privacy policies of the different social networks in which they participate and what can happen to the data that they 'post' online. They also decide on their desired level of privacy on social networks and believe that this privacy is generally respected. However, 45% of those surveyed knew someone who had had a negative experience related to their privacy.

Similarly, in the study by Save the Children[82], the majority of the participants in the discussion groups, know that, although they decide who has access to their social network, the safety conditions are not taken seriously.

In the study carried out in 2013 by the Ministry of Health, Social Services and Equality[83] mentioned in the previous chapter[84] emphasis is also placed on a low perception of risk by adolescents in relation to certain conduct by means of ICT. For example, a high proportion of adolescents perceive the types of conduct described below as a little or not at all dangerous:

- *Replying to a message in which someone I do not know offers me things…* 24.8% of girls and 35.9% of boys.
- *Meeting a boy or girl that I've met online…* 26.2% of girls and 49.3% of boys.
- *Posting a photo of myself that my mother or father would not authorise…* 49% of girls and 61.2% of boys.
- *Using the webcam when I talk to people I don't know…* 14.4% of girls and 28.7% of boys.

82 *La tecnología en la preadolescencia y adolescencia: Usos, riesgos y propuestas desde los y las protagonistas. 2010.*
83 Díaz-Aguado et al. (2013)
84 Chapter defining the *Conceptual Framework* in the section on *Overview of the Dimension of Sexist Violence in our Target Population (pp. 66-72).*

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TYPES OF VIOLENCE BY MEANS OF ICT

Reality shows that it is also possible to perpetrate and experience violence through new technologies. This will take one form or another depending on the characteristics of this domination and/or violence by the participants, intention, etc.

The main types of violence through ICT are:

- *Cyber-harassment,* with *cyberbullying* and *network mobbing.*
- All forms of sexual harassment (*sexting, grooming*, etc.).
- The recording and dissemination of highly violent content, such as *happy slapping.*

Below is a brief definition of each of these practices. A subsequent section analyses cyber-harassment in greater depth, which is the most frequent type amongst the adolescent population.

Cyberstalking	Cyberstalking is also known as cyber-harassment. It consists of threatening, harassing, humiliating or carrying out other annoying actions by means of communication technologies, such as the Internet, mobile phones, email, instant messaging, online video games, etc. According to Professor José María Avilés, expert in the subject, 'cyber-harassment occurs when a subject receives, repeated violence (threats, insults, ridiculing, extortion, stolen passwords, identity theft, social vacuum, etc.) by mobile or digital means. This may be through text or voice messages, images or recorded videos, etc., with the aim of undermining their self-esteem and personal dignity, and damaging their social status, causing psychological victimisation, emotional stress and social rejection'[85].
Cyberbullying	'This occurs throughout schooling and refers to the use of social networks, websites or blogs to disseminate or harass school friends or, more generally, people in their peer group'[86]. 'It is a specific type of cyber-harassment characterised by the fact that only minors are involved. Therefore, it refers to conduct between peers by means of ICT based on insults, humiliation and the other actions of which cyber-harassment is comprised.' 'From an educational point of view, cyberbullying coincides with bullying, with which it shares its basic components (intention, imbalance of power and repeated actions). It also includes specific aspects, such as a certain anonymity in actions, a lack of inhibition digitally amongst online users, an extended audience for the violence and fewer social and emotional inhibitions in the dynamics of violence'[87].
Network mobbing	This occurs in the workplace between digital workers and consists of 'the bullies bombarding the information networks with false information with the intention of damaging the professional image of the victim and, in this way, having a negative impact on their professional development'[88].

85 National Observatory for Telecommunications and the Information Society (2012). *Guía de actuación contra ciberacoso. Padres y educadores.* Ministry of Industry, Energy and Tourism.
86 Torres Albero, C. dir. (2013).
87 National Observatory for Telecommunications and the Information Society (2012). *Guía de actuación contra ciberacoso. Padres y educadores.* Ministry of Industry, Energy and Tourism.
88 Torres Albero, C. dir. (2013).

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Sexting	This consists of sending, circulating or publishing erotic or pornographic content, or content of a sexual nature, produced by the sender, using a mobile device. The willingness of the sender is based on sending the content to one or several chosen people. The act becomes illegal when the receiver circulates the content beyond the people who have been sent the message directly, since the sender has not agreed to this. It usually occurs in relationships between couples, and is part of cyber-harassment.
Grooming	This is 'harassment perpetrated by an adult involving deliberate actions to establish a relationship and emotional control over a girl or boy in order to prepare the ground for sexual abuse of the minor. Grooming can be situations of harassment with sexually explicit or implicit content'[89].The abuse can consist of gaining 'sexual satisfaction through erotic or pornographic images of the minor, or even as a means of preparing the sexual encounter'[90].
Happy slapping	Happy slapping consists of recording fights using mobile phones. It normally occurs amongst young girls and boys. It includes, for example, group actions by adolescents who go up to a passer-by and, for no apparent reason, attack them while they film the situation with a mobile phone. The images are subsequently posted online and, in some cases, scored by the users of the social network.

As observed previously, the risk of adolescents experiencing any of these forms of violence by means of ICT is high. The aforementioned study by the Ministry of Health, Social Services and Equality in 2013[91] showed some of the risky behaviour that may lead to these types of violence, with potentially alarming results for certain types of conduct. This is shown in the following table developed on the basis of the results of the study.

Risk conduct for experiencing cyber-harassment	
Using a webcam when talking to friends.	56,3% of girls 48,3% of boys
Accepting somebody unknown as a friend online.	37,1% of girls 44,5% of boys
Replying to a message in which I am insulted or offended	30,2% of girls 38,3% of boys
Risk conduct for experiencing sexting	
Posting a photo of myself of a sexual nature.	1,1% of girls 2,2% of boys
Posting a photo of my partner of a sexual nature.	0,7% of girls 1,5% of boys

89 INTECO (2012). *Guía de actuación contra ciberacoso. Padres y educadores.* Ministry of Industry, Energy and Tourism. October 2012.

90 Torres Albero, C. dir. (2013).

91 Díaz-Aguado et al (2013)

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CYBER-HARASSMENT

It can be defined in many ways. The following definitions seem to be the most complete because they describe the phenomenon well and help us gain an idea of its true meaning:

- *A series of behaviours by means of which a person, group or organisation use ICT to harass one or more people. This type of behaviour includes, and is not limited to, threats and false accusations, identity theft, personal data theft, damage to the victim's computer, monitoring of the victim's activities, use of private information to blackmail the victim, etc.*

- *It is a way of invading the victim's life repeatedly, in a disruptive way, without consent and using the possibilities offered by the Internet. These activities take place between people who are, or used to be, in a relationship together and occur for reasons directly or indirectly related to the emotional sphere.*[92]

According to the study by the Spanish National Institute of Communication Technologies (INTECO) mentioned in the previous section, and conducted between 2011 and 2012, almost 6% of adolescents had been victims of cyber-harassment, and almost 3% recognised that they had perpetrated cyber-harassment. Therefore, although the incidence rate can be considered low in comparison with other types of violence between adolescents, the phenomenon continues to be of concern, especially as increasing numbers of children and adolescents are using ICT.

The specialists identified two **main causes** by which the children and adolescent population may be a victim of this type of violence:

1. On one hand, the early contact with new technologies without educational support guaranteeing that all the information accessed is safe, which is aggravated by the increasingly continuous use of ICT, through portable devices (Internet access on mobile phones, tablets, etc.).

2. The incomplete or different understanding of privacy by adolescents, and the lack of control over the consequences of content 'going viral' on the Internet (for example, the impact of insulting content written on a wall is not the same as writing it on a Facebook wall).

CHARACTERISTICS AND DISPLAYS OF CYBER-HARASSMENT

The **basic characteristics** of cyber-harassment are the followin:

- A situation of harassment extended over time, repetitive and recurrent.

- Both the adolescent victim and the perpetrator of the violence are of a similar age, meaning that it is a relationship between peers.

- The violence is perpetrated by technological means (the Internet, mobile phone, social networks, platforms for disseminating content, etc.).

- There is a certain power hierarchy between the adolescent perpetrating the violence and the adolescent experiencing it (the victim).

- It is deliberate abuse, with the intention of hurting someone (even though sometimes the person is not aware or does not foresee the reach, dimension and timelessness of the harm, how the victim experiences it or the damage caused).

- It is possible to hurt others at all times (24 hours a day, 365 days a year), and content is timeless (for example, content posted on social networks is difficult to remove).

- It is possible for the person perpetrating the violence to remain anonymous or to conceal their identity

- The audience is unlimited (therefore, its impact may be more widespread with a consequently higher impact on the victim). Indeed, cyber-harassment features not only the victim and perpetrator of the violence, but also other people, including spectators, those who reinforce the action, those who defend the victim, etc.

- The damage is perpetuated (for example, the victim is hurt each time they see the image).

- It may or may not be linked to situations of harassment in real life.

92 Torres Albero, C. dir. (2013).

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Therefore, cyber-harassment presents a dual evil: the harassment itself, and the unlimited impact that this can have online. From a psychological point of view for the person experiencing the harassment, this twofold damage involves a greater impact than experiencing harassment physically in person.

The three **main ways** cyber-harassment is displayed are harassment, exclusion and manipulation in a multitude of ways. The table below outlines a selection of these displays of violence. Given the speed and dynamism with which ICT is evolving, it is difficult to compile a comprehensive list.

Harassment (direct violence)	• Sending degrading images, IT viruses, impossible challenges designed to humiliate others (games, etc.). • Sending spam programs: viruses, subscription to pornography lists, collapse of the other person's inbox, etc. • Sending repeated online messages (social networks, emails, SMS, Whatsapp, etc.) with language that is insulting, angry, cruel, rude, etc.
Exclusion (violence by means of third parties)	• Sending defamatory or derogatory comments with the aim of provoking a shock response, prohibiting access to forums, chats or social platforms, etc. • Recording sexual activities with the mobile phone or webcam and sending them to others with the intention of deliberately disturbing or denigrating them. • Carrying out and/or participating in Internet surveys and rankings that are denigrating to some people. • Using a personal blog to denigrate and speak badly of someone. • Deliberately excluding someone in the online group from a list of friends, etc. • Sending or spreading cruel rumours about someone that could damage their reputation with friends.
Manipulation	• Circulating information found on social networks inappropriately, using the identity of someone else to access online platforms, etc. • Stealing passwords to impersonate the identity. • Manipulating digital materials: photographs, recorded conversations, emails, etc.

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DETECTION OF CYBER-HARASSMENT

Before outlining warning indicators, it is necessary to specify that an important factor for the detection of harassment is the victim's experience. In offline harassment, the physical presence of the threat and the clear identification of the person perpetrating the violence are noticeable elements for the victim to perceive this harassment or violence. However, these two essential aspects are diluted in the online realm.

Therefore, adolescents and young people, as described previously, have a low perception of the potentially damaging effects of harassment online, to the extent that they may consider these actions to be innocuous or irrelevant, and experience these displays of violence without due fear.

'This constitutes an important barrier to truly measuring the dimension of cyber-harassment. Many of the cases that could be defined, formally and legally, as cyber-harassment, are not reported by the victims, as they do not clearly perceive the threat for their lives, and the cyber-harassment remains concealed from their mothers, fathers and from researchers. (…) Digital children, socialised in the use of ICT, do not perceive ICT as areas in which they need to protect their privacy to the same extent as would be necessary in other offline areas. (…) It is only when cyber-harassment becomes a very clear threat to their personal well-being that it is perceived to be a problem.'[93].

Faced with this situation, and as reflected in research studied, it is observed that for cyber-harassment to be perceived as such by the adolescent, there need to be three essential aspects that may or may not occur simultaneously:

1. **It is of a repetitive nature, accumulative over time.**
2. **The strategies used by the person perpetrating the aggression affect the victim on an intimate level.**
3. **These strategies can also damage the public image of the person experiencing the violence.**

As in all situations of sexist violence, cyber-harassment leads to changes in the usual behaviour of the adolescents (for example, changes in regular school attendance, in academic performance, in eating habits, in the time spent with peers, etc.), changes in the mood of the adolescent, and, particularly, changes in their use of social networks.

In addition to the usual effects of sexist violence on the adolescent experiencing violence, detailed in the previous chapter[94], in the case of cyber-harassment, the following may also be evident:

- Changes in the adolescent's habits in using mobile devices or the Internet
- Changes in mood with excess reserve in online and offline communications.
- Strange exchanges on social networks
- Physical changes or changes in preference with special concealment when communicating online or by mobile phone.

93 Torres Albero, C. dir. (2013).

94 *The Effects of Sexist Violence on Adolescents* (p. 75).

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INTERVENTION IN CASES OF SEXIST VIOLENCE BY MEANS OF ICT

New technologies form an integral part of the lives of adolescents. Therefore, **it is necessary for us, as professionals working with adolescents, to be familiar with ICT**, for three reasons:

- To use them to communicate with adolescents, to introduce useful information so that adolescents are better prepared and can prevent situations of sexist violence by means of ICT, by knowing how to detect situations and react appropriately, and knowing from whom, how and where to ask for help when necessary.

- To detect and identify the existence of situations of sexist violence when they occur by means of ICT and not only in person.

- To intervene and provide care to adolescents who are experiencing or perpetrating sexist violence, or to people in their environment, even though the professional will aim to provide this care in person.

Consequently, for example, awareness raising campaigns can be conducted online, advice can be provided to an adolescent who has asked for help by mobile phone, or group intervention can be made by means of a group on a social network. The possibilities offered by ICT are multiple and varied, but greater analysis is required on when to use them and how.

It is equally important for professionals to use new technologies with great care. The professional promotes content from an institutional perspective, representing a specific service, rather than as an individual.

It is as important to integrate ICT into the intervention with adolescents by professionals, as it is to be careful how they are used. It must always be foreseen that if expectations are created, they must be responded to appropriately. For example, if a specific email address is created for the adolescent population experiencing sexist violence, there must be professionals ready to respond quickly to the queries and requests received. Otherwise it could lead the service to be discredited and mistrusted by the adolescent who may then find it difficult to come back in the future to ask for information or help.

In addition to us as professionals being familiar with using, detecting and providing care by means of ICT, it would be advisable to define institutional or service-specific guidelines for using ICT effectively and appropriately. The guidelines should also cover maintenance and updating, wherever necessary, and the projection of an online image as a service that encourages the adolescent experiencing or perpetrating sexist violence to contact us for information and/or help.

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SUMMARY OF KEY IDEAS

New information and communication technologies (ICT) are an integral part of the daily lives of adolescents. They are also an increasingly common method by which sexist violence is experienced and perpetrated. As the information and knowledge society becomes consolidated, ways of relating to others change, from communicating in person, to communicating increasingly through new technologies. This means that 'offline relationships in daily life are moving into the digital arena of the Internet and social networks".

Therefore, we are in an era in which adolescents are completely familiar with ICT. They enjoy them, and in many cases have unlimited, exclusive access to them. They use them daily and they use new technologies, especially, as a completely normal communication channel. As a result, adolescents place great importance on being connected to one another and transferring their relationships in person to the digital arena.

In this context, it is necessary to understand that access to the Internet and the use of ICT has both positive and negative aspects. The risks include a low perception of the fact that it is possible to perpetrate or experience violence through ICT, and a low perception of the concept of privacy by adolescents. To these risks should be added other more general risks, such as the lack of presence or supervision of an adult while adolescents are connected to the Internet and social networks, or limited transparency in the conditions of use of ICT by companies.

These risks, in addition to others, have led to ICT becoming, for some adolescents, a means of perpetrating or experiencing violence. The main types of violence by means of ICT are cyber-harassment (*cyberbullying and network mobbing*), all forms of sexual harassment (*sexting, grooming, etc.*), and the recording and dissemination of highly violent content (*happy slapping*).

The most common form amongst adolescents is cyber-harassment. This conduct amongst peers by means of ICT is based on insults, humiliation, and other actions that comprise harassment. The main characteristics of cyber-harassment are the following: it is a situation of harassment occurring over time and of a repetitive nature. It occurs amongst peers by means of technology (Internet, mobile phones, social networks, content dissemination platforms, etc.). It is deliberate mistreatment (meaning that there is an intention to harm another). This can occur at any time of day (24 hours a day, 365 days a year) and, in addition, it is timeless (everything posted on social networks is difficult to remove).

The main difference in comparison with offline harassment is the presence of an unlimited audience (therefore, it has a greater reach and, consequently, a greater impact on the victim). Indeed, with cyber-harassment, there is not only the victim and the perpetrator, but also other people, such as the spectators, the people who reinforce the action, those who defend the victim, etc. In addition, the timeless nature of cyber-harassment implies the more extensive reach of the damage, as the person is harmed each time the image is viewed or when more people join the chain of hurtful comments.

Therefore, cyber-harassment constitutes twofold damage: the harassment itself, and the unlimited impact that this can have. From a psychological point of view for the person attacked, this two-pronged damage implies a far greater impact than physical harassment in person.

One of the main obstacles for detecting cyber-harassment is the personal value given by the victim to the experience. Therefore, in offline harassment, the physical presence of the threat and the clear identification of the perpetrator help the victim perceive this harassment or violence. However, these two essential characteristics are diluted when transferred to the online world. This means that adolescents have a low perception of the potentially damaging effects that harassment online could have, to the point of considering them innocuous or irrelevant, and not experiencing these displays of violence with fear.

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As in all situations of sexist violence, cyber-harassment leads to changes in the usual behaviour of the adolescents (for example, changes in regular school attendance, in academic performance, in the time spent with peers, etc.), changes in the mood of the adolescent, and, particularly, changes in their use of social networks.

Prevention and educational support provided by the services (in the field of education, healthcare and social services) and the family, along with social awareness raising, are the only resources available to avoid harassment or to be able to detect it in time and intervene.

Finally, with new technologies forming an integral part of the daily life of adolescents, it is necessary for us, as professionals working with adolescents, to be familiar with ICT. We must use them to communicate with adolescents, and to facilitate prevention, detection and intervention in situations of sexist violence. It is equally important to be aware of the need to be careful in the use of new technologies, professionally, and what this involves.

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LEGAL FRAMEWORK

SUMMARY

- Introduction
- Legal framework of reference
- The progressive autonomy of minors
- The autonomy of the adolescent and intervention by parents or guardians
- The greater interest of the child or adolescent
- Exercise of their own rights by adolescents
- Access of children and adolescents to public services
- The professional responsibility to detect situations of sexist violence affecting adolescents and act whenever necessary
- The right to privacy and information transfer to third parties
- The concept of *competent minor*
- The judicial area, adolescence and sexist violence
- Information and communications technology (ICT), adolescents and sexist violence

INTRODUCTION

The content of this chapter goes beyond the legal framework, analysing not only the regulations, but also the relevant jurisprudence, as well as making specific proposals.

When dealing with sexist violence amongst or towards adolescents, in terms of detection, referral and/or intervention, it is necessary to take into account that the topic has two dimensions:

- The population to which we are referring consists of adolescents from 12-17, and, therefore, minors subject to all legislation on childhood and adolescenc.
- We are also dealing with situations of sexist violence, and must, therefore, refer to the regulatory frameworks for this issue.

Furthermore, we need to take into account the legal regulations on specific aspects affecting the situations that we address, such as the Catalan Act 12/2007 on social services, the Organic Act 15/1999 on Personal Data Protection, and other regulations.

In this chapter, we have chosen to focus our analysis on the legal regulations affecting us related to the specific topics of social services, formal education and healthcare. Our analysis is not exhaustive, as we consider that this would be beyond our remit.

A significant part of the content in this chapter is based on the judiciary report *El dret de les dones adolescents davant la violència masclista en les relacions de parella o situacions anàlogues* (The Rights of Adolescent Girls Faced with Sexist Violence in Relationships as a Couple or Similar Relationships)

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developed by Dones Juristes (Women Jurists) for the Catalan Institute for Women (ICD) of the Generalitat de Catalunya, and published in October 2013. This report provides a sufficiently comprehensive analysis of the different regional, Spanish, European and international regulations, which regulate or affect the two dimensions of our work: adolescence and sexist violence. Consequently, for any readers wishing to analyse the content of this chapter further, we recommend referring to the judiciary report[95]. Most of the text highlighted in italics in this chapter is extracted from the report.

Before analysing the legal regulations, some important aspects should be highlighted:

- **Lack of specific regulations.**

  Even though various regulatory instruments have been approved over recent decades - in regional, Spanish, European and international spheres - both on sexist violence and in relation to the rights of children and adolescents, there are almost no specific regulations on sexist violence towards adolescents, even though the majority of general provisions are applicable.

  The few specific regulations that mention sexist violence towards adolescents are not binding, nor do they address the problem in its full complexity.

  Development of the regulatory framework that must be applied to this type of violence requires, therefore, an interpretative exercise of the existing regulations. The judicial instruments analysed, both in relation to sexist violence, and childhood and adolescence, in international, Spanish or regional regulation, must be interpreted coherently in order to respond to violence against adolescents.

  The two regulatory frameworks - sexist violence and protection in childhood and adolescence - are not excluding, but complementary, when addressing violence against adolescents. Therefore, it is possible to assert that protection in these cases is reinforced by regulation. This means that adolescent girls have protection as women experiencing sexist violence, but, additionally, since they are also adolescents and, therefore, minors, States have a greater obligation to protect children and adolescents than adults, given the specific vulnerability of the age in question.

- **Part of our target population is concealed, to a significant extent, from the relevant legal regulations, which in turn increases their vulnerability.**

  Specifically, we find that:

  - Part of our target population is not considered to be victim of sexist violence:
    - Adolescent boys experiencing sexist violence because they do not behave according to standard conduct for masculinity, when this is the cause of the violence. An example would be homosexuals, bisexuals or boys who identify with their assigned gender, but have interests, aesthetics, gestures and/or behaviour considered feminine, etc.
    - People who are experiencing sexist violence because they have a body with ambiguous sexual features (for example, a boy with gynecomastia, the enlargement of the gland tissue of the male breast, or a girl with hair on her face due to high levels of testosterone).
    - People who are experiencing sexist violence because they identify with the opposite gender to that assigned, and make this visible through language (referring to themselves with the gender with which they identify, or using a different name from their legal one), or through their external appearance (clothes or hairstyle assigned to the opposite gender).
  - The reality of adolescents who perpetrate sexist violence is not addressed or, in our opinion, is insufficiently addressed, and is excessively focused on the judicial sphere. Socio-educational intervention aimed at secondary prevention is, therefore, necessary to prevent them becoming adults who have abusive interpersonal models of relationship, based on inequality for reasons of gender, which legitimise abuse and violence towards people who are experiencing their femininity or masculinity differently from traditional standard models.

  In this section, we refer not only to adolescent boys perpetrating sexist violence, but also to girls between 12 and 17 who reproduce dominant sexist conduct, perpetrating violence against other girls and boys, who

95 http://dones.gencat.cat/web/.content/04_temes/docs/informe_drets_dones_adolescents.pdf

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challenge standard conduct and who, in their opinion, do not conform to the established standard of what a woman must be and what a man must be.

However, despite the aforementioned limitations, which lead to one of the recommendations included in the relevant chapter[96], we can assert that the content of this chapter is applicable, fully or partially, to a significant part of our target population.

LEGAL FRAMEWORK OF REFERENCE

The tables presented below are based on the information provided in the aforementioned judiciary report *El dret de les dones adolescents davant la violència masclista en les relacions de parella o situacions anàlogues* (The Rights of Adolescent Women Faced with Sexist Violence in Relationships as a Couple or Similar Situations).

INTERNATIONAL LEGAL FRAMEWORK	
Specific to sexist violence	– Convention on the Elimination of All Forms of Discrimination Against Women (1979) – Declaration and Programme of Action of the World Conference on Human Rights (1993) – Declaration on the Elimination of Violence Towards Women (1993) – Beijing Declaration and Platform for Action (1995) – United Nations Resolution 61/143 on the intensification of efforts to eliminate all forms of violence against women (2006)
Specific to rights in childhood and adolescence	– Convention on the Rights of the Child (1989) – United Nations Standard Minimum Rules for the Administration of Juvenile Justice (1985)
Of a general nature or topics relevant to this issue	– Universal Declaration of Human Rights (1948) – International Covenant on Civil and Political Rights (1966) – International Covenant on Economic, Social and Cultural Rights (1966)

96 See the chapter *Recommendations to Improve Intervention in Situations of Sexist Violence Affecting Adolescents in our Target Population (pp. 200-215).*

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EUROPEAN LEGAL FRAMEWORK	
Specific to sexist violence	– Council of Europe Convention on preventing and combatting violence against women and domestic violence (2011) – Recommendation of the Committee of Ministers to Member States on the protection of women against violence (2002) – EU guidelines on violence against women and girls and combatting all forms of discrimination against them (2008) – European Directive 2012/29/UE establishing minimum standards on the rights, support and protection of victims of crime (2012) – European Directive 2011/99/UE on the European protection order (2011)
Specific to rights in childhood and adolescence	– European Convention on the Exercise of Children's Rights (2000) – European Charter of the Rights of the Child approved by the European Parliament (1992) – Directive 2011/93/UE on combatting the sexual abuse and sexual exploitation of children and child pornography (2011)
Of a general nature or topics relevant to this issue	– European Convention for the Protection of Human Rights and Fundamental Freedoms (1950) – EU Charter of Fundamental Rights (2010)

SPANISH LEGAL FRAMEWORK	
Specific to sexist violence	– Law 27/2003 regulating the system for protection of victims of domestic violence (2003) – Organic Law 1/2004, on Integrated Protection Measures against Gender Violence (2004) – Organic Law 3/2007 for effective equality between women and men (2007)
Specific to rights in childhood and adolescence	– Organic Law 1/1996 on the Legal Protection of Minors (1996)
Of a general nature or topics relevant to this issue	– Law 41/2002, of 14 November, a basic regulatory law that governs the patient's autonomy and embraces rights and obligations concerning clinical information and documentation. – Organic Act 15/1999, of 13 December, on Personal Data Protection. – Royal Decree of 21 December, relating to Constitutional Act 15/1999 on Personal Data Protection.

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CATALAN LEGAL FRAMEWORK	
Specific to sexist violence	– Law 5/2008 on the right of women to eradicate male-based violence (2008) – Protocol framework for co-ordinated action against sexist violence (2009) – Protocol for Dealing with Sexist Violence in the Healthcare Field in Catalonia. Framework Document (2009)
Specific to rights in childhood and adolescence	– Law 14/2010 on the rights and opportunities of childhood and adolescence (2010)
Of a general nature or topics relevant to this issue	– Act 21/2000, of 29 December, on the right to information concerning the health and autonomy of the patient, and clinical documentation – Act 12/2007, of 11 October, on social services

THE PROGRESSIVE AUTONOMY OF MINORS[97]

National and regional legislation recognises the progressive autonomy of minors, and in particular of adolescents. This is particularly clear in terms of civil and penal responsibility, and in relation to the field of healthcare and the decisions of adolescents relating to their own body in the case of abortion.

Some examples of this progression are:

From 12 years of age:	– They are considered adolescents. – They have the right to be consulted and listened to before a decision is made that affects them or their assets.
From 13 years of age:	– They can consent to sexual relations (right to sexual freedom).
From 14 years of age:	– They can get married (with judicial dispensation) and are considered to be emancipated. – They have full penal responsibility even though this is regulated by juvenile criminal jurisdiction. – Their mother and/or father or legal guardians cannot be informed without their consent, except if there is situation of severe risk.
From 16 years of age:	– They can be considered emancipated (with the consent of the court and the mother, father or legal guardians), and they are considered independent if they are financially independent. – They can work with the authorisation of their legal representatives, if they are not living independently, – In the field of healthcare, they can give their consent, especially in the case of voluntary abortion, as though they are adults.

97 The content in this section is based on the aforementioned judiciary report *Drets de les dones adolescents davant la violència masclista en les relacions de parella o situacions anàlogues.*

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In the field of healthcare, the autonomy of adolescents is recognised clearly in decision-making. In this field, legislation considers that it is a sphere of highly personal rights, in which the autonomy of the patient prevails, even if their ability to act is limited in other areas. These regulations are a key element for understanding the legal status of adolescents, and help to understand the framework in which sexist violence to girls, who are minors, must be addressed. Given that sexist violence represents a threat or damage to the physical, emotional or sexual health of adolescents, it is evident that the regulatory healthcare framework is applicable and, therefore, in this field, adolescents have greater autonomy to take decisions.

Catalan and Spanish regulations on healthcare analyse the question of the autonomy of adolescents in depth, and can be considered as exemplary regulation in this area. Consequently, we can affirm that the criteria arising from these regulations can be of help in other cases where no specific regulations exist.

THE AUTONOMY OF THE ADOLESCENT AND INTERVENTION BY PARENTS AND GUARDIANS

Following on from the previous section, both the Catalan Act 21/2000 on the right to information concerning the health and autonomy of the patient, and clinical documentation, and the Spanish Law 41/2002 a basic regulatory law that governs the patient's autonomy and embraces rights and obligations concerning clinical information and documentation, show that the right of parents or guardians to be informed, in the field of healthcare, is very restrictive. In principle, whenever children and adolescents have sufficient understanding, they have to provide consent for these interventions, and information to parents or guardians is limited to cases of severe risk.

The health regulations specifically state that, in the case of minors, the consent of the person representing the minors is only required when the minors are not 'competent' intellectually or emotionally, to understand the scope of the intervention for their health. In remaining cases, when the minors are 'competent' and, especially, in cases of minors and adolescents over 16 considered emancipated, the minor must give their consent personally.

Spanish legislation adds that, in the case of severe risk, and based on the opinion of the professional, the mother and/or father, or legal guardians, will receive the information and their opinion will be taken into account when making the relevant decision.

This legislation also includes a specific provision for people with a disability, indicating that, in these cases, it is necessary to provide the means with which to facilitate their ability to provide their own consent (Article 9.5).

In cases of sexist violence, due to the nature of this concept, situations may affect the physical, emotional or sexual health of adolescents, and, therefore, this principle is fully applicable to the provision of care for adolescents who are experiencing this type of violence.

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THE GREATER INTEREST OF THE CHILD OR ADOLESCENT

The greater interest of the child or adolescent must be the main motivation and the basis for public action

Catalan Law *14/2010 on the rights and opportunities of childhood and adolescence* establishes that the principle of the greater interest of the child and adolescent must be a priority in all areas: socially, culturally, politically and economically (Preamble and art. 5).

In the application of the provisions of article 40.3 in the Statute of Autonomy of Catalonia, the law defines the greater interest of the child or adolescent as a guiding principle that must inspire and form the basis of public action in all areas - social, cultural, political and economic - and not only in the field of family protection legislation.

To determine the greater interest of the child or adolescent, it is necessary to attend to their needs and rights, and take their opinion, desires and aspirations into account, as well as their individuality within the family and social framework.

EXERCISE OF THEIR OWN RIGHTS BY ADOLESCENTS

Catalan *Law 14/2010 on the rights and opportunities of childhood and adolescence defines,* in Article 17, *the exercise of the rights of children and adolescents:*

1. *Els infants i els adolescents poden exercir i defensar ells mateixos llurs drets, llevat que la llei limiti aquest exercici. En qualsevol cas, poden fer-ho mitjançant llurs representants legals, sempre que no tinguin interessos contraposats als propis.*

2. *Les limitacions a la capacitat d'obrar dels infants i els adolescents s'han d'interpretar sempre de manera restrictiva.*

3. *Els infants i els adolescents, amb l'objecte de demanar informació, assessorament, orientació o assistència, es poden adreçar personalment a les administracions públiques encarregades d'atendre'ls i protegir-los, fins i tot sense el coneixement dels seus progenitors, tutors o guardadors, en particular si la comunicació amb aquests pot frustrar la finalitat pretesa. Amb el mateix objectiu també es poden adreçar al Ministeri Fiscal, al síndic de Greuges o als síndics de greuges o defensors locals de la ciutadania.*

4. *Les administracions locals, en funció de llur proximitat a la ciutadania i d'acord amb la legislació vigent, són el primer nivell d'informació i assessorament dels infants i els adolescents que ho sol·liciten.*

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ACCESS OF CHILDREN AND ADOLESCENTS TO PUBLIC SERVICES

We wish to insist on one of the rights of adolescents mentioned in the previous section, which is often unknown to professionals. We believe that it is a right that should be given visibility and disseminated as an essential requirement and thus be guaranteed.

As we have seen in the previous section, ***children and adolescents***, *with the aim of seeking information, advice, guidance or assistance,* ***can go in person to the public authorities in charge of assisting and protecting them, even without the knowledge of their parents, guardians or carers***, *in particular if the communication with these may be an obstacle to the desired outcome. With the same objective, they can also contact the Public Prosecutor, the Ombudsperson or defenders of local citizens' rights* (Article 17 of the Law on the rights and opportunities of childhood and adolescence).

It should be considered whether our services are indeed directly accessible to our target population without the need for an intermediary, accompaniment and/or prior knowledge of adults.

The **exception** to this right, defined in the aforementioned Catalan law, is access to the **judicial route**, which means that an adolescent cannot lodge a complaint for sexist violence directly *either before a juvenile court (if the perpetrator is also a minor) or a court specialised in violence against women (if the perpetrator is of legal age even if the woman is not) because, in these cases, in accordance with the relevant legal framework in Spain, the intervention of the adolescent's legal representatives will always be required.*[98]

This exception contradicts other regulations in the legal framework in force, which recognise children and adolescents as subjects of law with progressive autonomy. This constitutes a considerable difficulty, as, precisely as a result of the specificity of the age, adolescents do not usually tell adults about the situation of sexist violence they are experiencing personally, or that they know other adolescents in their environment are experiencing. This represents a difficulty in accessing the judiciary for our target population.

THE PROFESSIONAL RESPONSIBILITY TO DETECT SITUATIONS OF SEXIST VIOLENCE AFFECTING ADOLESCENTS AND ACT WHENEVER NECESSARY

- Law 5/2008 on the right of women to eradicate male-based violence regulates the detection of sexist violence analysed in Chapter 3. Article 11 of the Law specifies that *all professionals,* ***especially professionals in healthcare, social services and education****, have a statutory obligation to intervene once they have knowledge of a situation of risk or any evidence of sexist violence*.

- *Law 14/2010 on the rights and opportunities of childhood and adolescence* is equally clear on this matter:

  - Article 95 obliges public authorities to provide care to children and adolescents experiencing situations of sexist violence.

  - Article 100.3 obliges all professionals to intervene once they have knowledge of a situation of risk or lack of protection, affecting a child or adolescent. *All professionals,* ***especially professionals in healthcare, social services and education****, have a statutory obligation to intervene once they have knowledge of a situation of risk or lack of protection, affecting a child or adolescent, in accordance with the specific protocols and in co-operation and coordination with the relevant administrative body in the Generalitat de Catalunya responsible for the protection of children and adolescents. This obligation includes the provision of the necessary information and documentation to assess the situation of the child or adolescent.*

  - **Sexist violence constitutes a situation of risk in itself.** Consequently, the professional must assess the seriousness as low, medium or high.

98 Aforementioned judiciary report on *Drets de les dones adolescents davant la violència masclista en les relacions de parella o situacions anàlogues.*

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As professionals, we have the obligation to detect and act in situations of sexist violence affecting adolescents.

We consider this obligation to be equally applicable to the adolescent perpetrating sexist violence, and not only to the person experiencing the violence, because it involves minors. Perpetrating violence is also a situation of risk because, if there is no appropriate socio-educational intervention, there is a risk that the adolescent will become an adult who continues to perpetrate sexist violence.

THE RIGHT TO PRIVACY AND INFORMATION TRANSFER TO THIRD PARTIES

As professionals, our legal mandate is twofol:

- To guarantee the right to privacy for the child and adolescent and, therefore, the confidentiality of the information provided, in this case, by the adolescent.
- To intervene in situations of risk affecting children or adolescents while guaranteeing their protection whenever necessary. This may make it necessary to inform or assign data to third parties: professionals and services and/or, in certain cases, also the adolescent's mother and/or father or carers.

To reach a balance that allows us to fulfil both mandates, these are analysed separately.

Right to privacy and confidentiality:

The right to privacy is a fundamental right defined in the **Spanish Constitution** (Article 18).

Catalan Law 14/2010 on the rights and opportunities of childhood and adolescence establishes the obligation, in article 36, of political authorities to monitor the right to privacy of children and adolescents, especially those who have been subject to sexual assault, abuse or any other traumatic experience, making the data sensitive or subject to protective measures.

Furthermore, the **legal regulations for the *Protection of Personal Data***[99]:

- Define 'the processing of personal data' as *operations and technical processes, whether or not by automatic means, which allow the collection, recording, storage, adaptation, modification, blocking and cancellation, as well as assignments of data resulting from communications, consultations, interconnections and transfers.*
- In terms of consent for processing of data on minors, Article 13 of the *Royal Decree relating to the Organic Act that regulates Personal Data Protection, establishes that the consent of a minor depends on whether the adolescent is older or younger than 14*:
  - *Data on individuals over the age of fourteen may be processed with their consent, except where the law requires that such consent may only be given where the minor is assisted by the holders of* patria potestas *or tutelage.*
  - *Where individuals under the age of fourteen are involved, parental or tutorial consent shall be required. In this point,* the aforementioned judiciary report developed by Dones Juristes adds the following comment*: '(…) it is worth mentioning that it is necessary to take particular care in cases, in which there are signs that the adolescent has also suffered or is suffering violence in the family sphere, and that, therefore, consent will be required from the alleged perpetrator'.*

99 Organic Act 15/1999, of 13 December, on Personal Data Protection, and Royal Decree 1720/2007 of 21 December, relating to Constitutional Act 15/1999 on Personal Data Protection.

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As a general rule, consent shall mean any freely given, unequivocal, specific and informed.[100]

The same judiciary report, after analysing the legal framework, makes the same recommendation as us: *'Information should not be transmitted to parents and/or guardians of adolescents older than 14 without the adolescent's consent, unless the professional considers that there is a situation of severe risk and provides the essential information to minimise or remove the aforementioned risk'.*

Transfer of data to third parties:

Taking into account our target population (adolescents) and the issue subject to intervention (sexist violence), our starting point consists of the clauses of two Catalan regulations that are binding:

- **Law on the rights and opportunities of childhood and adolescence.**

  Article 24.1.2. establishes that: *The administrations involved must collaborate and act in a co-ordinated way. This is especially so in terms of the protection of children and adolescents. (…) Data that can be transferred between administrations without the consent of the person affected are economic, work-related, social, educational, health-related, as well as police and criminal data about the minors or their parents, guardians or carers.*

- **Protocol framework for co-ordinated action against sexist violence.**

  This Protocol was developed for women of legal age experiencing situations of sexist violence. It is also binding for us, as the issue is the same, regardless of the age of the person experiencing it.

  Chapter VIII of the *Recommendations on the protection of personal data in area-based circuits* in the Protocol Framework, which has the approval of the Catalan Data Protection Authority, authorises the communication of data without the consent of the person experiencing violence, as long as the information provided is that which is necessary, appropriate and relevant to the reasons for the co-ordination of information, whilst being adapted to the information's contributor and recipient

Furthermore, as outlined *in the aforementioned judiciary report, in the framework of social services*, **the Catalan Act 12/2007 of 11 October, on social services,** *provides for actions and procedures within the functions of basic and specialised social services for the processing, communication and assignment of personal data, without the consent of the adolescent affected, with the aim of preventing and eradicating the sexist violence.*

Among others, it is necessary to highlight Article 33 of the aforementioned act, in accordance with which *the principles of territorial organisation of social services are fundamentally devolution, decentralisation, co-ordination and networking. Therefore, the transfer, communication and/or assignment of personal data on sexist violence is a necessary, effective tool for preventing and protecting the most vulnerable groups of society in situations of sexist violence, amongst which we highlight adolescents.*

In addition, it is necessary to take the aspect of professional confidentiality into account, regulated by the **codes of ethics** of the aforementioned **professional associations**.

Throughout the following chapters of this publication, we have considered these aspects (the right to privacy and the transfer of data to third parties), in order to guarantee their fulfilment when defining professional criteria for action and guidelines once there is knowledge of the existence of situations of sexist violence amongst or towards adolescents in our target population.

100 The aforementioned judiciary report on *Drets de les dones adolescents davant la violència masclista en les relacions de parella o situacions anàlogues.*

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THE CONCEPT OF COMPETENT MINOR

The concept of *competent minor* is used in the healthcare field, and we consider that its incorporation in the field of social services and formal education is extremely relevant.

In the healthcare field, *Law 41/2002, a basic regulatory law that governs the patient's autonomy and embraces rights and obligations concerning clinical information and documentation, establishes the 'medical' legal age at 16, except in severe situations. For minors between 12 and 16, the judgement of the healthcare professional governs the assessment of the ability of the minor to make health-related decisions. In accordance with the provisions of this law, the healthcare professional must determine the capacity of the minor objectively, and must demonstrate how this has been conducted in the medical records.*

The assessment of the capacity of a minor is complex, as the development of maturity in a minor is a progressive progress, in which many different factors are involved, such as the maturity of moral judgement, cognitive development, emotional development, motivation or the situation on which the decision is made.[101]

Furthermore, as outlined by Montserrat Esquerda and Josep Pifarré in their article *La competència del nen i l'adolescent per prendre decisions sanitàries* (The capacity of the Child or Adolescent to Make Health-related Decisions)[102]: *In minors, the exercise of health-related decisions must be framed within a delicate balance between capacity and vulnerability. As discussed by the legalist Ruther*:

'Courts or clinics often wish that a way of measuring the capacity of a minor, or simple criteria, would emerge. Unfortunately, no such test exists and it does not seem possible. The question is whether a particular girl or boy is competent, in a specific context, for a certain type of decision and in specific circumstances'.

In each health-related decision, it is necessary to assess the maturity of the minor specifically, given the context of the risk and benefit of the decision.

As we have observed, the difficulty in applying the concept of 'competent minor' originates in the fact that health legislation does not define in which terms, or with which tools, it is necessary to assess whether or not the adolescent is competent to make decisions affecting their life. This is a significant difficulty. As we have seen, *maturity is not limited to one factor. It encompasses several interrelated factors (cognitive maturity, emotional maturity and moral maturity).*

Different tools exist to assess each of these factors. However, in the majority of cases, they have not been validated for use with an adolescent population, or they are tools used in educational or research areas. They are, therefore, *highly complex for use in the systematic assessment in usual clinical practice* or in the practice of educational services or social services (we would include ourselves). *Nonetheless*, as asserted by Montserrat Esquerda and Josep Pifarré in the aforementioned article, *it is important to know that they exist, as they can be used to support complex decisions.*

THE JUDICIAL AREA, ADOLESCENCE AND SEXIST VIOLENCE

When is it appropriate to take the judiciary route?

1. **If the adolescent wishes to do so and their mother and/or father or legal guardians agree.**

   In these cases, the professional will inform the adolescent and their mother and/or father or legal guardians of the process involved, by lodging a complaint and offering accompaniment through this process.

2. **The professional will guide the adolescent and their family to take the judiciary route when, at a minimum, the following conditions occur:**

   - The socio-educational route has been exhausted, or is considered insufficient, and the current situation is highly serious, or there is a high risk that severe acts of violence may occur in the short term.

101 Espejo, M. i altres (2009).
102 Esquerda, M. i Pifarré, J. (2012).

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- The protection measures adopted by the adolescent, their mother and/or father (or guardians), where relevant, and/or by professionals in the relevant social services, are not sufficient to guarantee the safety and protection of the adolescent experiencing sexist violence.

Relevant judicial bodies

The relevant judicial bodies in situations of sexist violence affecting adolescents will depend on whether the perpetrator of the violence is a minor or of legal age, as follows:

- If the adolescent experiencing sexist violence is a girl and the alleged perpetrator:
  - is a man of legal age, the case will be addressed by the Violence against Women Courts (VIDO), and the relevant legal regulations for adults will be applied;
  - is also an adolescent and, therefore, a minor, the case will be addressed by the Juvenile Courts.
- If the adolescent experiencing sexist violence is an adolescent boy, the assignation of the courts will depend whether or not the perpetrator is a minor or of legal age: the Juvenile Courts or ordinary courts, respectively, but it will never be addressed by the Violence against Women Courts (VIDO) because it is not gender violence as defined by Organic Law 1/2004 on Integrated Protection Measures against Gender Violence, understood as violence perpetrated within a couple (or former couple) by a man against a woman.

In any case, whenever two people are involved (who are experiencing and perpetrating sexist violence), if they are adolescents and, therefore, minors, the competent body will be the Juvenile Courts.

The differences between the intervention of one type of court or another are important and we need to understand them in order to prepare the adolescent, whether they are experiencing of perpetrating violence:

Violence against Women (VIDO) Courts:

These courts are specialised in violence towards women and deal mainly with cases, in which the woman experiencing the violence and the perpetrator are adults. Our experience indicates that there is little training in dealing with adolescents who are victims of sexist violence.

The experience obtained on the basis of certain cases known by professionals in our working group indicates that it has often been difficult, and sometimes traumatic, for the adolescent girl experiencing violence to go through the VIDO courts. This is the reason for one of our recommendations in the relevant chapter of this publication[103]. In all cases, we consider it necessary to prepare the adolescent suffering the violence beforehand in two ways: providing information on the procedure and judicial workings in these cases, and preparing her emotionally to confront the experience in the least difficult and least traumatic way possible.

In the context of this publication, we highlight the following relevant aspects:

- Judicial action can vary depending on the interpretation made of the relevant legal framework. Thus, for example:
  - *Disparity remains in jurisprudential criteria in relation to the consideration of 'courtship' as a relationship similar to living together or marriage, which is the basic requirement for applying Organic Law 1/2004 (Spanish law on Gender Violence). Sometimes, in cases involving adolescents, for example, common life projects have been required (…) which would exclude relationships with former partners*[104]. In other words, adolescents have difficulty demonstrating the existence violence by their partner as the legislator considers that they were not in a formal, lasting relationship, as an adult might be.
  - There is also disparity in jurisprudential criteria relating to the need to prove the situation of dominance of the man over the woman. General criminal criteria do not require this proof, but it is usually required in the case of adolescents.

103 See Recommendations to Improve Intervention in Situations of Sexist Violence Affecting Adolescents in our Target Population (pp. 200-215).

104 Judiciary report on Drets de les dones adolescents davant la violència masclista a les relacions de parella o situacions anàlogues (2013).

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- Furthermore, in contrast to the processes affecting minors, when dealing with adults, and applying the relevant legal framework, mediation in cases of gender violence is expressly prohibited in cases addressed at the Violence against Women Courts (VIDO).

The Juvenile Courts:

These courts apply Juvenile Criminal Law, which favours in many cases restorative justice, initiating processes of criminal mediation and victim recovery. These bodies are not specialised in sexist violence and cannot make decisions on civil or family matters.

In the context of this publication, we highlight the following relevant features[105]:

- In these cases, obligatorily, the Public Prosecutor has the fundamental role of protecting the rights and interest of the child or adolescent. It is necessary to take into account that, in the situations addressed, both parties are adolescents and, therefore, minors: the one experiencing and the one perpetrating the violence.

- *In the juvenile criminal process, our legal system provides specific regulations for criminal mediation, which, as we saw previously, is not provided for in the system for adults.*

  Other systems of restorative justice are also being introduced, which are different to mediation. Restorative justice in general, and specifically criminal mediation, are models that enable the victim to have a voice and tend to their specific needs, so that they can recover from the crime committed and regain the peace and tranquillity that the experience has taken from them.

  However, as outlined in the aforementioned judiciary report, *in order to practise mediation in cases of sexist violence, whilst fully guaranteeing that the safety and rights of the adolescent experiencing sexist violence are protected, mediation - like any other restorative process - must be regulated in order to respect two key issues:*

  – *That female and male professionals conducting mediation receive specific training on sexist violence.*

  – The prior support and social care and/or psychological care is available for the adolescent experiencing violence, so that *they are sufficiently prepared to confront the process with full freedom of choice.*

  Restorative justice is necessary and can be a good system, but with due guarantees. Without the fulfilment of these two requirements, no type of restorative process would be recommended.

In conclusion, we have observed how the relevant courts, legal procedures, legal framework and judicial measures applied can be very different in similar situations of sexist violence affecting our target population, depending on the variables analysed in this section.

105 This section is based on the report on Drets de les dones adolescents davant la violència masclista en les relacions de parella o en situacions anàlogues (October 2013).

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INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT), ADOLESCENTS AND SEXIST VIOLENCE

Current legal regulation on crime committed via information and communications technology (ICT) is insufficient and dispersed. The conduct of sexist violence, harassment and control perpetrated by means of ICT (including new conduct, and other older types of conduct, committed in new ways using new technologies) are not sufficiently reflected in the Penal Code. We can even assert that some go unpunished. Nonetheless, the international community, the European Union and, at present, the state legislator, are making efforts to adapt to the new reality.[106]

As observed in the previous chapter[107], the most common type of sexist violence between adolescents, using ICT, is continuous control over what the adolescent experiencing the violence is doing and where they are, *cyber-harassment (including conduct such as harassment, insults, ridiculing, the publication of cruel messages, humiliation, the circulation of defamatory information, etc.)*, the circulation of images that infringe the other person's privacy without their consent, etc.

The use of ICT is an integral part of the daily lives of the adolescent population and there is little awareness of the impact, reach and permanence of the damage that can be caused by specific actions using these new technologies. It is, therefore, urgent for our legal framework to include sexist violence crimes committed by means of ICT, and to include punishment and protection measures, which are appropriate and proportionate to the characteristics of the adolescent population.

106 Judiciary report on Drets de les dones adolescents davant la violència masclista a les relacions de parella o situacions anàlogues (2013).

107 *New Technologies and Sexist Violence Amongst Adolescents (pp. 93-108).*

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SUMMARY OF KEY IDEAS

When addressing references to sexist violence between or against adolescents, in terms of detection, referral and/or intervention, it is necessary to take into account that the topic has two dimensions: the population we are referring to are adolescents from 12-17 years of age, and, therefore, minors. As a result, this topic is linked to all legislation on childhood and adolescence. We are also dealing with situations of sexist violence and, therefore, must refer to the regulatory frameworks for this issue.

Although there is no specific regulation, there is twofold protection. Girls adolescents are protected as women experiencing sexist violence. They also have the ordinary protection, in this case applicable to girls and boys alike, through being minors. However, there are two significant obstacles in current legislation: part of our target population is concealed and this circumstance increases their vulnerability; secondly, the reality of adolescents perpetrating sexist violence is not addressed, and requires socio-educational intervention aimed at third party prevention, in order to prevent them from becoming adults who mistreat others.

Taking the current legal framework into account, the public services are obliged to intervene in situations of sexist violence when an adolescent is involved (as victim or perpetrator). This is especially true for professionals in healthcare, social services and education. In intervening as public services - and in accordance with the relevant legal framework - we must take the following principles into account:

- The **level of autonomy** of the adolescent in making decisions. This right is recognised in legislation in terms of healthcare, and is applicable in cases of sexist violence. It is considered that sexist violence is a threat to or can damage the physical, emotional or sexual health of adolescents.

- The **principal of the greater interest of the child or adolescent**, which involves taking into account their opinion, desires and aspirations, as well as their individuality within a social and family framework.

- The **exercise of their rights**. It will also be necessary to guarantee, respect and monitor the adolescent's capacity to exercise their rights, The following rights should be highlighted: the right to directly access public services without being accompanied by an adult (with the paradoxical exception of the judicial area, where the adolescent only gains access by means of the intervention of their legal representatives).

- The **balance between the right to privacy and confidentiality** in regards to the information provided by the adolescent, and the mandate to transfer information between services in the case of a situation of sexist violence. Information transferred must always be justified and necessary, and the adolescent must be informed of the information provided, to whom, and the reasons for doing so.

- The **concept of 'competent minor'** defined, albeit insufficiently, in legislation in the field of healthcare. In the case of minors from 12-16 years of age, this concept obliges the professional to specify, objectively and specifically for each circumstance, the capacity of the minor to make decisions, evaluating the risk and the benefits of the decision.

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Taking these principles into account, the adolescent will be supported and the father and/or mother or legal guardian/s if older than 14, will not be informed, without the adolescent's consent. This is unless the professional considers that there is a severe situation of risk and provides the essential information, in order to minimise or remove the risk in question.

On the other hand, in addition to action taken by social services, it is important to take the judicial route whenever the adolescent wishes to do so, and their mother and/or father or legal guardians provide their consent, or if the current situation implies a high risk that severe violent acts may occur in the short term; or the protection measures adopted are insufficient to guarantee the safety and protection of the adolescent experiencing sexist violence.

In all cases, as social services, we will have to prepare the adolescent subject to violence in two ways: by providing the adolescent with information on the judicial procedure and how it functions in these cases, and preparing the adolescent emotionally to confront the experience in the least difficult and least traumatic way possible.

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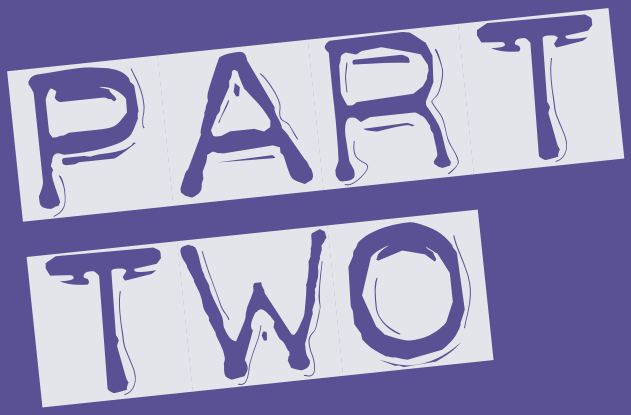

PROFESSIONAL INTERVENTION

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REQUIREMENTS FOR INTERVENTION WITH ADOLESCENTS IN CONTEXTS OF SEXIST VIOLENCE

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SUMMARY

- The adolescent as a subject with rights and opportunities.
- A positive professional outlook is a requirement.
- The pedagogy of the question.
- Requirements to overcome violence.
- The silence of the adolescent. Elements for understanding.
- Recommendations for professionals to help create a climate of trust with the adolescent and provide quality care.
- Key variables to consider in order to define the appropriate intervention strategy for each situation.
- Protection measures.
- When the father and/or mother and/or guardian should be informed.

THE ADOLESCENT AS A SUBJECT WITH RIGHTS AND OPPORTUNITIES

The adolescent is the subject of our intervention; never the object of our intervention.

Understanding the adolescent as a subject with rights and opportunities has specific implications on childhood and adolescence in general, as well as specific meaning for the sector of adolescents experiencing or perpetrating sexist violence.

Firstly, we shall address the general implication. We will then specify how we apply this to the context of our target population.

In general terms being a subject means[108]:

- Being considered an active agent, with an opinion, and not only a passive receiver of decisions made by adults, whether these are parents and/or guardians, other carers or professionals.
- Having the right to be heard:[109] *in accordance with their evolving capacities and capabilities achieved, and in any case from 12 years of age, children and adolescents must be listened to in the family, school and social sphere, and in administrative or legal procedures, in which they are directly involved or that will lead to a decision affecting their personal, family or social environment or their assets.*
- The child or adolescent has the right to be informed. They have the right to have the decisions taken by adults, affecting them directly, explained and made more understandable, depending on their age and capacity.

108 *La intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium. 2012.

109 Article 7 of Act 14/2010, of 27 May, on the rights and opportunities of childhood and adolescence.

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However, this is not sufficient. In an article published in the Newsletter of Professionals on Childhood and Adolescents of the Directorate General for Children and Adolescent Services (DGAIA) of the Generalitat de Catalunya in 2011, Begoña Román i Maestre,[110] made the following considerations that we accept and have incorporated into this document:

The child or adolescent has the right to participate in the decision-making process *Participating means considering them as a person, who can be competent to participate in the decision-making that affects them. It does not mean a right to be informed, or to know their opinion, but to take their competency into account and development of this competency (which is part of considering their opinion). Indeed, enabling the child to participate in the decision-making process is much more demanding than asking them to choose between two already closed options, having excluded all other alternatives.*

The right to progressive automony involves the right to participate in decision-making, which is more than the right to be heard. In addition, the right to be heard involves much more than taking their opinion into account, and not only orally or if it is well argued. It is possible that a child of 5 years of age is not capable of putting forward the sufficient arguments or rhetoric to express that they do not wish to see their biological father, yet it is much more effective from a communications point of view to observe that they cry compulsively and ask for help from their mother, the professional or adult accompanying them, every time they have to see their father.

However, even if the child or adolescent is treated as a subject with these rights, it does not mean that it is necessary to do what the child or adolescent requests. The following factors should be taken into account:

- Their capacity (in accordance with their level of development and maturity) *to evaluate the risks and benefits of a decision.*

- *A second reason for ethically justifying paternalism and taking opposing decisions against the will of the child or adolescent, involves taking the appropriate measures to improve the child's conditions of autonomy and equality, meaning that: in the case of a child we refer to progressive autonomy. However, their 'autonomy' is 'sacrificed' to a certain extent to enable them to develop it further tomorrow.*

Therefore, we conclude that treating the child or adolescent as a subject with rights and opportunities means that they must be listened to, informed, and must participate in the decision-making that directly affects them, whilst always taking into account their needs as a child or adolescent and the best conditions in which to facilitate their future autonomy in a violence-free context.

In the context of our target population, in which the sexist violence does not involve the mother or father or the current partner of either parent, **we must define further what we mean when considering the adolescent to be the subject of our intervention**.

As a general principle, we observe that:

> **Breaking with, recovering from and overcoming violence, or ceasing to perpetrate it, is a painful process requiring the person affected (as the victim and/or as the perpetrator) to want to do so. A forced break imposed by the authority of adults, but not desired by the adolescent only reaffirms a pattern for a particular type of relationship or violent conduct. This can occur in such a way that, when the adolescent is of legal age, they will repeat patterns of abusive interpersonal relationships of a sexist nature. Meanwhile, it is most probable that the adolescent will find the means to communicate with the other person (the one experiencing violence or the one perpetrating it) and maintain the connection one way or another.**

For this reason:

- Telling the adolescent what is happening to them and what they need to do, if they have not yet undertaken the personal process of putting what they are experiencing into words, and wanting to change the situation, will have the more probable effect of them not returning to the service or to the professional (teacher, healthcare professional, social services, etc.) or that they close themselves off in their group when called upon by the adult.

- Suggesting that the mother, father and/or guardian force the unwilling adolescent to break with the perpetrator of the violence, or taking official action as professionals, is only recommended in certain situations considered to be

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of high risk for the adolescent. This must always be accompanied by an attempt to try and help them identify the violence and encourage their motivation for change.

In contrast, considering an adolescent to be the subject of their life leads to the following factors, among others:

- Recognising that the adolescent is the protagonist of their own life.
- Identifying personal resources, capabilities and skills that can help them identify, face and overcome the violence, whether they are the victim or the perpetrator, however painful it is.
- Respecting their own pace, which will have progress and setbacks in all situations.
- Creating the necessary climate of trust for the adolescent to express what they feel, think and desire.
- Accompanying their process of identifying what is happening and encouraging them to ask for help.
- Accompanying their process of confronting and overcoming the violence (as a victim and/or perpetrator of violence).

A POSITIVE PROFESSIONAL OUTLOOK IS A REQUIREMENT

As outlined in the chapter on *Conceptual Framework,* the professional outlook conditions not only what is seen, but also how it is interpreted and how intervention takes place.

A professional outlook must recognise the existence of signs of sexist violence and damage caused, as well as the existing risk factors, and the difficulties in facing the situation for the adolescent experiencing or perpetrating violence. Helping the adolescent should begin with their own potential and the protection factors in their most immediate environment. It is essential to identify, use and foster all factors that can give the adolescent positive models of reference, foster their personal development, and help them become an adult with a life project that is free of violence.

It should be emphasised that the adolescent who perpetrates violence also has a positive side that we must know how to see. This is important because it is possible that our rejection of their abusive behaviour may influence our outlook, making it difficult to see what we must help rescue and encourage positively, if we wish to help this adolescent relate to others in a non-violent way, now and in the future.

Therefore, it is necessary to foster and take advantage of:

- The adolescent's obvious and potential capabilities and skills that need to be encouraged and given explicit recognition.
- Their relationship with adults amongst their family and friends, and with professionals, which may provide the affection and connection they need, as well as offering relationship models that are equal, inclusive and welcoming.
- Relationships with their peers that are satisfactory and foster feelings of belonging.
- Healthy interests and hobbies.

However, this outlook cannot remain theoretical or as rational discourse. The internal attitude of professionals has as much, if not more, importance than training and knowledge. When working with adolescents, what really reaches and connects with them are not so much the words and discourse of professional as their attitude. This is also applicable in the context of network-based work when we must intervene jointly or in co-ordination with other professionals and services.

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THE PEDAGOGY OF THE QUESTION

In a presentation made at the conference on *Knowledge Sharing*[111], Jorge Wagensberg outlined the three necessary phases for knowledge to exist:

1. There is a stimulus. To provoke the stimulus, there is nothing better than beginning with the opposite; which generates questions.

2. There is a space for conversation and dialogue, by means of which to share and exchange the questions, perspectives, etc., with the other person.

3. Understanding is reached. Understanding is reached personally. Understanding of a certain topic or question cannot be 'injected' into a person. It is not possible to 'transmit' knowledge from one person to another. For this person to incorporate the knowledge, they need to have undertaken a personal process, leading them to understand this knowledge.

In conclusion, for there to be knowledge, it is necessary to create a space where these three phases can be shared: stimulus, conversation and understanding.

Other authors express similar ideas. For example, Enrique Pichon Rivièree[112], highlights the difference between the act of *learning* and the act of *grasping* knowledge. The first type of learning implies memorisation, the simple incorporation of content into the person's cultural repertoire, but with no internal mobilising. In contrast, *grasping* knowledge involves a process of creating significant links, meaning, taking on the content primarily through their own body, and, therefore, it involves the transformation of the subject through the act of grasping the knowledge.

When applied to the context of our document, we could say that, in order to help the adolescent experiencing or perpetrating sexist violence, it is necessary to help them undertake a personal process of:

- Questioning what is happening
- Identifying what is happening
- Putting what they are experiencing into words
- Wanting to change their situation
- Feeling that they have the strength to do so
- Asking for help
- Allowing themselves to be accompanied in this process

Therefore, if we begin with the principle that the adolescent is the subject in our intervention, the **role of the professional in the entire process** includes the following actions:

- Detecting the existence of situations of sexist violence.
- Creating a space for talking to the adolescent that guarantees a climate of trust and confidentiality and also encourages the adolescent to be able to express what they feel, think, desire, as well as their doubts, fears, etc.
- Accompanying the adolescent in this process without judging them, respecting their own pace and encouraging them to move forward in their process (from them questioning what is happening, to them asking for help).
- Identifying, encouraging and making visible the adolescent's capabilities, skills and resources (personally and in their environment), so that they trust sufficiently that it is worth going through this process and that, even if it is painful, they will get through it.
- Activating resources in the environment that may help the adolescent overcome the violence and acquire, when necessary, models of interpersonal relationship based on equality

In other words, we must avoid indoctrination, and a discourse telling them what they are and how they must be. We must avoid telling the adolescent what is happening to them and what they need to do about it. The probable effect of this position taken by the professional towards the adolescent would be rejection, incomprehension and distancing.

111 Conference organised by the Area of Quality of LIfe, Equality and Sports of Barcelona City Council. March 2013.
112 Pichon-Rivière, E. (1977).

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How to achieve this

- **Listening to the adolescent:**

  Knowing how to listen involves:

  – Taking their story into account.

  – Observing and interpreting what they express and communicate by other means than through words (gestures, body language, behaviour, games, drawings, etc.).

  – Contextualising what they say and express in their life story and present situation.

  – Taking into account their needs and interest beyond what they express.

  It is necessary to take into account that the adolescent often:

  ◦ Does not want to explain what is happening or has difficulty putting what is happening and how they feel into words. Hence the importance of using projection techniques (games, drawing, etc.) and constructing stories.

  ◦ People experiencing sexist violence defend the people perpetrating the violence because they consider that what is happening is an act of love, because they cannot 'tell on' the other, or for many other reasons. In the case of the adolescent perpetrating violence, they may position themselves by justifying their conduct and minimising, or not recognising, the discomfort and suffering caused.

  ◦ They may or may not say something in accordance with what the peer group tells them to do, or what they believe the peer group will say if they find out what they have said to the professional.

- **Observing**[113]:

  Observation is basic for working in the field of human relations, whether in a healthcare field, in schools or in social services.

  Observation must be part of any interview, whether for diagnosis, follow-up, to provide shelter or for any other type of intervention. It is difficult to imagine an interview without observation.

  Observing appropriately helps deepen the understanding of the people interviewed and the relationship with the professional.

  Observing helps get closer to aspects that are deeper, more natural, more simple, and more behaviour-related. Observation is an element of knowledge. Observation highlights incoherencies and untruths in the interview.

  It is necessary to work without prejudice, without being biased. Observation helps achieve this and encourages us to be patient in order to understand.

  It involves looking with care, with an interest in understanding, in order to be able to help. It is necessary to highlight the importance of a respectful attitude by the observer towards the other person.

  Observing also means feeling what the other person feels, listening and seeing carefully.

  A good observer is capable of putting themselves into the skin of the other person without confusing themselves with them. A good observer is capable of thinking about what they see and hear. They are capable of understanding before intervening.

  To observe well, it is important to train oneself. There are different methods of observation. We suggest those that are specially designed to foster an open mind.

- **Encouraging the adolescent to formulate questions**:

  This involves the pedagogy of the question, developed extensively by authors such as Paulo Freire[114]. It is necessary to avoid the pedagogy of the response whereby professionals answer questions that the adolescent has not formulated.

  It consists of highlighting contradictions and formulating questions about them. For example:

  ◦ If he says that he loves you, why does he hurt you?

  ◦ Don't you think that love should mean that the person who loves you wants your well-being and your happiness?

113 *La intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona. Barcelona City Council and Barcelona Social Services Consortium. 2012.*

114 Freire P. (1986).

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- **Facilitating the construction of stories**[115]:

  According to B. Cyrulnik,[116] *in situations of violence the first violence causes the pain of the impact. The second violence occurs in the suffering caused by telling someone about the traumatic incident, and the meaning it takes on in the person's personal, family and social history.*

  When the person affected describes the experience of the traumatic incidents, the professional can assess the impact and the level of suffering being caused. The professional can also assess whether it has entered the structure of the personality and created a pathology.

  The story is a symbolic language that can be expressed verbally, through analogy, drawing, games, etc. Helping the adolescent tell the story, through verbal or symbolic language is therapeutic in itself. It allows the professional to identify, find out about and interpret the incidents. Through therapeutic support, it is also possible to reformulate the story to help deal with the traumatic incident and foster the construction of alternative personal and family stories.

However, there is a consensus that professionals in education, healthcare and, to a certain extent, also in social services, have received training and education mainly on giving a response rather than asking questions. This represents a limitation that needs to be addressed and leads to one of our recommendations in the third part of this publication.

REQUIREMENTS TO OVERCOME VIOLENCE

The process that needs to occur in order to overcome violence, under the best possible conditions with the least personal 'wear and tear', consists of the following phases:

1. Identifying the violence being experienced or perpetrated.

   Putting it into words is a prerequisite for overcoming the violence, but it does not necessarily mean that the adolescent can modify and move on from what is occurring.

2. Feeling capable of overcoming this violence.

3. Wanting to overcome it.

4. Asking for or accepting help.

5. Being accompanied by somebody close and easily accessible who respects and understands, without judgement, the difficulties and 'backward steps' that often occur in the process of recovery and overcoming the violence.

6. Having family support to protect the adolescent in certain high risk cases requiring protection (helping them change address, school, etc.). If this is insufficient or not possible, having specific protection resources for sexist violence (not only for emotionally or sexually abusive relationships), aimed at adolescents, whilst taking into account that it is necessary to preserve the relationship and the exercise of responsibility by the adolescent's parents. This is because, in these cases, neither the mother nor father are experiencing or perpetrating violence and, they may, therefore, be a fundamental resource in their child's process of recovery and to overcome the violence.

115 *La intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium. 2012.
116 Cyrulnik, B. (2008).

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THE SILENCE OF THE ADOLESCENT. ELEMENTS FOR UNDERSTANDING

Often an adolescent does not explain that they are experiencing violence, and maintains secrecy, making it impossible for the adult to get close and find out what is happening. It is important to understand the reasons for this secrecy when it occurs. A selection of reasons are listed below to help understand this silence.

Silence in adolescents who are experiencing violence[117]:

- They fear that the adults will underestimate what is happening. They fear that they will not give sufficient importance to the situation that they are experiencing.
- They believe they can control the situation.
- They think they know their partner (or the person perpetrating the violence), and, therefore, believe that they have sufficient resources to resolve the conflict.
- They fear undertaking legal action, which, in their opinion, should be for 'more severe' issues. This fear is compounded in foreign adolescents in an irregular administrative situation, who believe that reporting abuse may lead to their family being expelled from the country.
- They fear losing their freedom, because, if their mother, father or guardian finds out about the situation, they will exert more control over the adolescent.
- They fear a lack of confidentiality, believing that, if they explain what is happening even once, everyone will find out.
- They fear the pressure of family and friends to leave the partner that they still 'love', and they have not yet decided to end the relationship.
- They fear the reaction of their family or environment towards their partner (or the person perpetrating the violence).
- They are ashamed to admit to their family or friends that they were right in warning them of the abusive and/or violent behaviour of their partner.
- They fear the reaction of the person perpetrating the violence.

Silence in people perpetrating violence:

- They do not recognise their attitudes and behaviours as sexist violence.

  For example, this could be because:

  – They do not identify the situations of gender-related bullying as a display of sexist violence. They believe that the other 'is asking for it' and deserves it.

  – In the case of emotionally or sexually abusive relationships, they often understand these behaviours as an expression of love, in accordance with the myths of romantic love interpreted from sexism and power relations.

- They have difficulty detecting the sexist violence as a problem, especially due to the belief that sexist violence usually affects adults in stable relationships.
- Due to the potential consequences (legal, family, the peer group, etc.) and other people's value judgments.
- Due to the shame of becoming aware that they are harming another person.
- They have difficulty asking for help, especially when they are boys who identify with predominant, traditional masculinity, in which asking for help is interpreted as a weakness or vulnerability.
- They believe that adults will not be able to understand what is happening and will not be able to help.
- In emotionally or sexually abusive relationships, there is often a lack of commitment to the relationship (little time together as a couple, not living together, etc.). This makes it easier to leave or change partner or emotional or sexual relationship, as a way of solving the problem.
- They learn to use violence as an element to reinforce their predominant masculine identity, even if they feel that it is bad.

117 Vaccaro, S. (2004).

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RECOMMENDATIONS FOR PROFESSIONALS TO HELP CREATE A CLIMATE OF TRUST WITH THE ADOLESCENT AND PROVIDE QUALITY CARE

In the bibliographical works consulted, we have found recommendations for providing quality care to adolescents or young people experiencing sexist violence. However, we have not found recommendations for adolescents or young people perpetrating sexist violence. The recommendations presented in this section have been developed by our working group.

We highlight this limitation because we consider it to be indicative of the insufficiency, if not non-existence, of theoretical and methodological reflection on how to intervene with adolescents perpetrating sexist violence, in order to help them recognise the problem, encourage them to ask for help and provide the appropriate care to help them free themselves of violent and abusive behaviours. Ultimately, it is necessary to help them build a model of interpersonal relationships based on gender equality and respect.

RECOMMENDATIONS FOR PROVIDING QUALITY CARE FOR ADOLESCENTS EXPERIENCING SEXIST VIOLENCE

The *Protocol de Joventut per a l'abordatge de la violència masclista* (2013) (Youth Protocol for Addressing Sexist Violence (2013))[118] outlines a series of recommendations for providing quality care in this type of situation[119]. This protocol is designed for young people, mainly of legal age, and, in all cases, over the age of 16. As our publication focuses on the adolescent population from 12-17, legally minors, we have reviewed and qualified some of the recommendations included in the aforementioned protocol. The content taken from the protocol is shown in italics below. All remaining text has been contributed by our working group.

• What needs to be done?:

- ***Accept** the person who is **telling** you about their situation of violence unreservedly and try to validate their experience. You do not need to give your opinion, or put their story into doubt*. It should be taken into account that 'accepting' does not mean 'sharing or agreeing', but respecting their points of view, their actions and their vision of what is happening and how they feel.

- ***Encourage conversation.** The most effective action is often to calm the person down, rather than question them. You need to assess when it is useful for the person to vent emotionally, allowing them to talk about their problem.*

- ***Allow** the person **to express themselves** in their own words and thank them for their trust.*

- *Show that you are **ready and willing to listen** to the story of abuse or mistreatment, its consequences and all the details. When the person explains their experience to other people, it can often help the recovery process.*

- *Provide **immediate support** and partnership. Show empathy and understanding, so that the person sees that you understand. At the same time, it is necessary to calm them down and encourage tranquillity.* It is important to show them that they are not alone and that, if they wish, we will accompany them in this process.

- Act with **transparency**. <u>It is necessary to differentiate between transparency and confidentiality.</u> In a situation of risk affecting an adolescent who is a minor, the confidentiality offered by the professional is limited. Depending on the characteristics of the situation, the professional may have to activate action protocols and involve the mother and father. The adolescent needs to know this. It is important not to promise the adolescent confidentiality, which cannot always be guaranteed. In all cases, it must be very clear what use will be made of the information and tell them that it may not be possible to keep some of the things they say a secret.

- *Tell them that they have **your respect** and that they have the right to make their own decisions.* The exception mentioned in the previous point applies to this general recommendation, because, depending on the situation in question, and whether the adolescent's decision maintains or increases the risk of violence, it will be necessary to act regardless of their wishes.

118 Collective work (2013). *Protocol de Joventut per a l'abordatge de la violència masclista. Guia pràctica per a professionals de joventut per orientar l'actuació en violència masclista amb persones joves*. Catalan Ministry of Social Welfare and Family of the Generalitat de Catalunya. Barcelona, May 2013.

119 Adapted from: García Salomón, M. (2006).

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- *Make it very clear that we cannot consider ourselves guilty of the violence perpetrated by others. Let them know that* ***they do not deserve what is happening to them.*** *Allow them to become aware of their inner strength, skills and personal qualities.*

- *You must* ***accept the ambivalence*** *of the person, their requests, their setbacks, etc.*

- *Make it clear that they can* ***speak openly*** *and it is important that you request their consent if you wish to deal with or transfer their personal data to other services.* This general recommendation is similar to the difference between transparency and confidentiality.

- ***Respect the decisions*** *taken by* the adolescent, as long it is not one of the aforementioned situations in which the professional must act to protect the adolescent regardless of their wishes.

- *Think of their* ***safety*** *and the alternatives for achieving it.*

- **Share** your **perception** of their emotions and **compare them** with the adolescent, whilst recognising their discomfort and difficulty in confronting the situation. For example: "I feel that you are tired/sad, …", "I believe you know what you want…", "the situation you are experiencing is difficult…", "it must be agonising to be in this dilemma…", etc.

• What must be avoided?

- *Giving* ***personal advice*** *and value judgements.*

- *Making* ***expressions of surprise*** *or stupefaction.*

- *Addressing* ***delicate or intimate questions*** *that may make the person feel uncomfortable or intimidated,* unless it is a social service or healthcare service that intervenes specifically in the situation of violence expressed or displayed.

- *Giving the sensation that* ***you are in a rush****. Do not look at your watch, or do anything else while listening to the person talk.* Do not interrupt their story. Silence should be respected, as well as the adolescent's speed of recounting it.

- ***Blaming the person*** *for the situation they are in, causing them to fall into secondary victimisation*[120]*. Do not question what they are telling you or their actions, even if they seem ambivalent to you.*

- *Asking* ***questions of the type****: What did you do to cause the violence that time?; What could you have done to minimise the situation of violence?*

- ***Never*** *facilitate* ***mediation*** *spaces in a situation of sexist violence.*

- ***Do not get angry*** *or frustrated if the person does not want your help. Leave the door open to them, whilst recognising the difficulty of the situation they are in, and offering them the opportunity to talk about it whenever they wish.*

RECOMMENDATIONS FOR PROVIDING QUALITY CARE FOR THE ADOLESCENT PERPETRATING SEXIST VIOLENCE

Sexist violence in adolescence is mainly perpetrated by boys. However, adolescent girls can also perpetrate violence and punish people (who may or may not be adolescents), who do not behave in accordance with traditional patterns of behaviour and gender in our society.

As outlined repeatedly in this publication, it is important to intervene with adolescents perpetrating sexist violence, both to prevent them becoming adults who perpetrate sexist violence, and to help them overcome the violence by building an adult life project based on gender equality and respect in their interpersonal relationships. This will also be more satisfactory on a personal level.

• What needs to be done?

- Listen actively from an open perspective, and with interest in what is happening to them.

- Begin with the conflict or problem in question, in order to explore the violence, the consequences on the other person, on the immediate environment and on themselves.

120 *Secondary victimisation or double victimisation is understood as further abuse against people in situations of sexist violence as a direct or indirect consequence of the quantitative and qualitative limitations of the interventions carried out by responsible organisations, and also due to flawed actions by other agents involved.*

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- Speak frankly.
- Respond with a calm tone, which is friendly and safe, free of judgement and interpretation of what the adolescent is explaining. Offer this space in which the adolescent can speak safely and with trust.
- Establish a good connection, by accepting the adolescent as a person and taking the situation as the starting point in order to accompany the adolescent in the process. Differentiate between the professional position on conducts of risk, aggression or violence, and the person perpetrating them. It is possible to condemn the action and help the adolescent who is perpetrating the violence take responsibility for it, without condemning them as a person, because they have the capacity to modify the outcome of their actions.
- Maintain an attitude of empathy and acceptance towards the adolescent so that they see that we understand what they are explaining, without this meaning that we approve of their conduct.
- Maintain a firm position against violence (the adolescent may seek complicity with the professional).
- See the story told within the context and process of violence, not in an isolated manner.
- Transmit a positive message of change, without creating false hopes or aiming to reach an immediate, simple solution.
- Positively reinforce the recognition of the violence and initiate a process of change, for which the adolescent perpetrating the violence must be responsible.
- Recognise, help make visible and give value to the changes made by the adolescent, however small they are. Involve the adolescent, make them aware that they are in a process, and motivate them to continue the process of change, encouraging them not to abandon the process.
- Formulate questions about the conflict to help them focus on more specific aspects, displaying a reaction of 'curious ingenuity' to the story.

- **What should be avoided??**
  - Direct confrontation and value judgements.
  - Discourse blaming the adolescent or using responsibility as a strategy to connect with the adolescent.
  - Establishing a definition of what violence is and is not. This leads us to be perceived as experts and does not help establish a close relationship.
  - Using the term 'violence' from the beginning, as it usually leads to rejection by the person perpetrating violence and reactions of the type *"I'm not an abuser"*.
  - Trivialising the topic, without tolerating violent behaviours and without being intimidated.
  - Getting angry with the adolescent, falling into adolescent provocation, and creating an alternative relationship model.
  - Seeing the events as isolated. They should be considered within the process of violence and the context of the adolescent.

RECOMMENDATIONS ON THE ENVIRONMENT AND SPACE IN WHICH CARE IS PROVIDED IN SITUATIONS OF SEXIST VIOLENCE

The *Protocol marc per a una intervention coordinada contra la violència masclista* (Framework Protocol for Co-ordinated Intervention Against Sexist Violence)[121] establishes the following standards for the necessary characteristics of the environment and space in which professional intervention is provided:

- *Create a space in which to provide* ***personalised care****, and for the adolescent or young person to freely express their feelings about a situation of violence, or to receive someone who comes to the service requesting help for someone else.*
- *Guarantee the suitability, comfort,* ***confidentiality and safety*** *of the spaces depending on the type of intervention being provided and the needs of the people receiving the intervention.*

121 National Committee of the Catalan Network to Fight Violence Against Women.

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- *Create a suitable **separate space** for the adolescent or young person*
- ***Avoid** the alleged perpetrator of violence and the person experiencing the violence **being in the same space at the same time.***
- *Ensure that the **space itself does not reveal** to third parties the type of care being provided.*
- ***Avoid interruptions** during the time in which care is being provided to the person.*

RECOMMENDATIONS FOR PROTECTION IN THE FIELD OF ICT

Recommendations that we can give as professionals to adolescents, and people in their immediate environment, for the use of new technologies include:

- Recommendations of a preventative nature:
  - Do not give out personal data on the Internet and/or on social networks (avoid, for example, providing real data such as an address or telephone number).
  - Only maintain contact with people of trust, without adding new contacts indiscriminately.
  - Mistrust unknown people; do not accept people that you do not know as 'friends'.
  - Limit the number of people who can 'contact' you directly or access your information, etc.
- Recommendations when sexist violence is occurring offline (in person) and/or online (virtual):
  - Change your email address.
  - Do not upload photographs showing the location of the adolescent experiencing violence.
  - Change passwords.
  - Create new profiles on social networks.
  - Change mobile number. If the same number is maintained:
    - Accept calls and messages only from secure, known contacts.
    - Make a note of unknown numbers.
    - Deactivate the GPS localisation option (geolocation) on mobile phones

KEY VARIABLES TO CONSIDER IN ORDER TO DEFINE THE APPROPRIATE INTERVENTION STRATEGY FOR EACH SITUATION

Several variables need to be taken into account when deciding on the most appropriate, viable intervention strategy for each situation. The **following key variables, defined in the six sections below, are a selection of variables to be taken into account in situations of sexist violence**:

1. The presence of risk and protection factors.
2. Position when faced with sexist violence.
3. Age of the adolescent.
4. The severity of the situation of sexist violence.
5. Estimated risk of severe violent acts in the short term against the adolescent.
6. The need for urgent care.

These sections and variables are applicable for adolescents experiencing violence and adolescents perpetrating violence.

Furthermore, in certain cases, it will be necessary to consider additional key variables, in order to guide the intervention appropriately. In this section, we also analyse other variables that may be key in certain cases.

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THE PRESENCE OF RISK AND PROTECTION FACTORS

It is necessary to be aware of the need to:

- Identify the factors present in each specific situation, which can help the adolescent confront, or free themselves from, the violence, and those which, in contrast, are a threat to be taken into account when defining the intervention strategy for each situation, in order to anticipate where there will be resistance.

- Identify which elements in the different levels of interaction and influence (family, peer groups, school, social and community areas) may have a positive or negative influence on the adolescent's process of remaining in or freeing themselves from the violence experienced or perpetrated. In this case, it is essential to specify the level (for example, socially and in the community, we may refer to a youth club, a basketball team, etc.)

- Assess the presence or the absence of each of the risk and protection factors considered, in order to take into account the intensity of the intervention and the degree of complexity or difficulty of the intervention to be carried out.

In summary, it is necessary to understand what is happening, not to express value judgements, and to identify which elements need to be activated and/or avoided to effectively foster changes for improvement, based on an understanding of the reality.

As analysed in the chapter on Conceptual Framework, in the section on Risk and Protection Factors[122], the table below includes six factors that must be considered. The first five are differentiated from the sixth factor, which refers specifically to adolescents and the emotional sphere.

- **Internalisation of sexist ideology:** The higher the level of internalisation of sexist values, the higher the risk of sexist violence, and the more difficult it is to free oneself or cease to perpetrate it. In contrast, the lower the level of internalisation of sexist values, the higher the level of protection.

- **Internalisation of the myths of romantic love:** The higher the level of internalisation of the values of the myth of romantic love, the higher the risk of sexist violence, and the more difficult it is to free oneself or cease to perpetrate it. In contrast, the lower the level of internalisation of the values of romantic love, the higher the level of protection.

- **Coping style for conflict in interpersonal relations:** The higher the level of internalisation of an authoritarian, violent model of resolving conflict in interpersonal relations, the higher the risk of the existence of violence and the more difficult it is to free oneself from or cease to perpetrate it.

  In contrast, the higher the level of internalisation of a model of resolving conflict through dialogue, the higher the level of protection. This makes the non-existence of sexist violence more probable and it will be easier for the adolescent to free themselves from or cease to perpetrate it.

- **Capacity to perceive the abuse or mistreatment:** The higher the capacity to identify an attitude or behaviour as abusive or violent, the higher the level of protection (there is a greater probability that sexist violence does not exist and it would be easier for the adolescent to free themselves from or cease to perpetrate violence). In contrast, the lower the capacity to perceive the abuse or mistreatment, the higher the risk of experiencing or perpetrating it.

- **Information and knowledge on sexist violence:** The more information and knowledge are available on sexist violence, its mechanisms and effects, the more unlikely it is for sexist violence to occur. It would be easier for the adolescent to free themselves from or cease to perpetrate violence. More information implies a greater capacity for protection. In contrast, if less information and knowledge is available on the phenomenon of sexist violence, there is a higher risk of experiencing it or perpetrating it.

- **Self-esteem and self-confidence:** The more self-esteem and self-confidence an adolescent has, the higher the level of self-protection. Low self-esteem leads to greater vulnerability and a higher risk of experiencing or perpetrating sexist violence.

122 See pages 76-78.

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Evaluation table for the level of presence of the different factors to be considered[123]

Factors to be considered	Assessment system for each factor	Adolescent	Family	Peer group	School	Socially and culturally
Internalisation of sexism	• Low internalisation of sexist values • Medium level of internalisation of sexist values • Significant internalisation of sexist values • High internalisation of sexist values					
Internalisation of romantic love	• Low internalisation of romantic love • Medium level of internalisation of romantic love • Significant internalisation of romantic love • High internalisation of romantic love					
Style of confronting conflict in interpersonal relationships (dialogue / agreement or authoritarianism / violence)	• Low internalisation of coping style (dialogue/ agreement style without authoritarianism or violence) • Medium level of internalisation of conflictive style • Significant internalisation of conflictive style • High internalisation of conflictive style (authoritarianism with the existence of violence or justification of the use of violence to guarantee the obedience of others to the one assuming authority)					
Capacity to perceive abuse or mistreatment	• Low capacity to perceive or detect situations of abuse or mistreatment • Medium capacity to perceive or detect situations of abuse or mistreatment • Significant capacity to perceive or detect situations of abuse or mistreatment • High capacity to perceive or detect situations of abuse or mistreatment					
Capacity to perceive abuse or mistreatment	• Baix nivell de coneixement sobre la V.M. • Nivell mig de coneixement sobre la V.M. • Bastant coneixement sobre la V.M. • Molt coneixement sobre la V.M.					

123 It should be remembered that, as indicated in the previous section, the risk and protection factors considered are based more on abusive emotional or sexual relationships than on the other situations of sexist violence, subject to intervention, analysed in this publication.

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Factors to be considered	Assessment system for each factor	Adolescent	Family	Peer group	School	Socially and culturally
Self-esteem and self-confidence	• High self-esteem and self-confidence • Medium level of self-esteem and self-confidence • Low self-esteem and self-confidence					

POSITION WHEN FACED WITH SEXIST VIOLENCE

The position taken by the adolescent experiencing or perpetrating sexist violence.

	Position
Sensitivity to the violence	• Explicit and active rejection of the violence • Passive rejection of the violence • Living with situations of violence • Justification of the violence
When the adolescent identifies that they are experiencing or perpetrating violence, it is also necessary to find out the following:	
Desire to confront the violence	• They wish to free themselves from the violence experienced or cease to perpetrate it • They do not wish to free themselves from the violence experienced or perpetrated
Self-perception of the possibility of overcoming the violence (experienced or perpetrated)	• They believe that they have no possibility of overcoming the violence experienced or perpetrated. • They believe that there are possibilities of overcoming the violence, but that it will be difficult. • They believe that they will be able to overcome the violence experienced or perpetrated.
Acceptance of help	• They request or accept help: – From professionals – From people of trust in their environment (family, friends, others) • They do not want help.

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The position taken by the adolescent's environment.

	Position			
	Family	Peer group	School	Socially and culturally
Sensitivity to the violence • Explicit and active rejection of the violence • Passive rejection of the violence • Living with situations of violence • Justification of the violence				
If they identify that the adolescent is experiencing or perpetrating violence, it is also necessary to find out the following:				
The desire to help the adolescent free themselves from the violence or cease to perpetrate it • They wish to help the adolescent • They do not wish to help the adolescent				
Self-perception of the possibility of helping the adolescent • They believe that there is no possibility of helping the adolescent • They believe that there are some possibilities of helping the adolescent • They believe that there are many possibilities of helping the adolescent				
Real possibilities of helping the adolescent • There are none • There are some • They are in the ideal position to help				

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AGE OF THE ADOLESCENT

As we have seen in the chapter on *Legal Framework*, the fact that an adolescent is a minor is a key variable, both in terms of progressive autonomy, and the adolescent's capacity to make decisions. This also defines specific aspects for the professional that inform the type of intervention made. For example, these include when to inform (or not) the adolescent's mother and/or father that their daughter or son is experiencing or perpetrating sexist violence.

Furthermore, from a point of view of their evolution and maturity, both physically and emotionally, it is evident that the age of the adolescent is a variable to be taken into account when creating the intervention strategy.

THE SEVERITY OF THE SITUATION OF SEXIST VIOLENCE

• Conceptual defini:

Although all violence[124]*, even low-intensity violence, inevitably causes harm, and the effects are subjective, we can distinguish different levels. This is a graduation, which is difficult to quantify, which ranges from milder, occasional incidents of psychological abuse to severe, repeated trauma, or even to assaults that result in death or lead to suicide (lethality)…*

…the casuistry is very extensive but the severity of the incidents and the their potential consequences should be distinguished and, in addition, they should be broken down individually according to the vulnerability of the victim.

The severity of the violence is directly related to two factors[125]*:*

- *The severity of the consequences.*
- *The vulnerability of the person to whom the violence is aimed. For example, hitting a pregnant adolescent does not have the same level of severity as hitting an adolescent who is not pregnant. The incident may be the same, but the level of severity differs.*

• Severity of sexist violence and the adolescent population:

> We begin with the principle that **whenever there is sexist violence it is necessary to intervene,but we do not always need to intervene in the same way.**

A key aspect in assessing the severity of the violence is that the same parameters cannot automatically be used for the adult population as for the adolescent population. Certain violent behaviours in the adult population may be assessed differently amongst the adolescent population.

Experience shows us that, in the majority of cases, violent behaviour amongst adolescents tends to disappear spontaneously as the adolescent matures and becomes an adult.

In addition, if our intervention is similar or equivalent to that provided to an adult, it may lead, in cases of occasional, mild incidents of violence amongst adolescents, to a counterproductive effect, far removed from the desired objective.

It is preferable:

- To foster generalised intervention amongst the adolescent population like that of the *Schools Network for Equality and Non-Discrimination* Programme aimed at all pupils from 6-16[126] in order to act in a preventative way and influence existing situations of mild or moderate sexist violence in a corrective manner.
- To identify situations of severe sexist violence amongst the adolescent population, in order to implement services that can provide specific intervention with the care and/or protection required in each case.

124 Barcelona Network to Fight Violence Against Women (2012). *RVD-BCN. Protocol de valoració del risc de violència contra la dona per part de la seva parella o exparella.* Barcelona (pp. 35-36).

125 Collective work (2012). *Intervenció amb infant i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium.

126 See the Overview chapter in this publication (pp. 13-14).

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To identify when a situation of severe sexist violence is occurring in the adolescent population, the following criteria should be taken into account:

- It is a repetitive or habitual situation with a conduct of domination and abuse by a person, or group of people, towards another. It is not a mild or occasional incident of violence without precedents. It will be necessary for professionals to remain 'alert' as to whether it constitutes an isolated incident or repetitive conduct.
- Damage to the adolescent victim significantly affects them personally, and severely affects their wellbeing, regardless of the severity of the violence occurring.
- A series of circumstances make the adolescent, experiencing the violence, particularly vulnerable, such as disability, a situation with the risk of exclusion, living through an emotionally difficult moment (emotional fragility), etc.

Internationally, different tools exist to assess the severity of the violence. However, it is necessary to analyse which are appropriate for the adolescent population and whether they are simple enough to be applied in the context of the services that detect the existence of severe sexist violence (schools, healthcare services, social services in general, etc.). We have, therefore, included a recommendation on this at the end of this publication, as we consider that it is a priority to have reliable tools to identify situations of severe sexist violence in the adolescent population, which can be applied by professionals in services not specialised on this topic.

Furthermore, we have developed an indicative list of situations of severe sexist violence in the adolescent population. It is developed on the basis of the conflict indicators scale developed by Strauss[127], in the *Protocol de Joventut per a l'abordatge de la violència masclista* (Youth Protocol for Addressing Sexist Violence)[128] with additional contributions by the members of our working group.

• Indicative list of severe situations of sexist violence amongst the adolescent population:

The examples presented below are behaviours or situations of sexist violence towards adolescents that could be considered **severe**. In accordance with the forms of violence defined in *Law 5/2008 on the right of women to eradicate male-based violence,* we have classified these situations into four areas: psychological, physical, sexual and economic.

The violent incidents listed below can be carried out in different ways: in person, through the use of technology (Internet, mobile phones, email, instant messaging, etc.), through graffiti, etc.

This list is indicative and does not aim to cover the full range of potential situations of severe sexist violence.

Finally, it should be highlighted that we have included situations of severe violence, which do not necessarily indicate sexist violence. We understand that the available information on the context in which they occur enables us to assess whether or not it is a situation of sexist violence.

127 Murray A. Strauss (2003).
128 Collective work (2013). *Protocol de Joventut per a l'abordatge de la violència masclista.* Directorate General of Youth of the Generalitat de Catalunya. Barcelona.

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Examples of situations of severe psychological violence:

- Threatening to hit or knock the adolescent down.
- Approaching them in a menacing or intimidating manner.
- Pursuing or harassing constantly.
- Waking the adolescent up constantly to prevent them sleeping.
- Abandoning them in unknown places.
- Terrorising the adolescent with weapons or objects that can cause injury.
- Obliging the adolescent do things under threat, making them obey through gestures, looks and signs made with the head or by sounds.
- Making constant demeaning comments on their appearance and/or physical features.
- Constantly switching between love and hate.
- Demanding submission and obedience.
- Inducing the adolescent to suicide.
- Threatening to commit suicide in order to control the adolescent.
- Threatening the adolescent and/or their family, friends or other significant people, with death.
- Circulating intimate information about the adolescent.
- Destroying an object loved by the adolescent.
- Destroying objects, furniture, etc., during arguments.
- Ringing the doorbell or appearing at all times of day, without a reason, to make them feel that they are controlled.
- Injuring, torturing or killing the adolescent's pets.
- Driving at high speed, threatening to throw the adolescent from the car or fall from a height with them inside.
- Using the adolescent's identity on social networks with the intention of harming them.
- Humiliating, criticising, slandering or shaming the adolescent repeatedly in private and/or in front of others, making scenes in public or in contexts that are important to the adolescent.
- Insulting, displaying mistrust or intolerance, being unpleasant with friends or family members of the adolescent.
- Obliging them to dress or apply make-up in a certain way to please them.
- Controlling their movements throughout the day, by mobile phone.
- Accessing their email, mobile phone, personal and social networks and not respecting their privacy.
- Acting like the victim in public, and declaring that it is the adolescent (experiencing the violence) who is perpetrating the abuse.
- Repeatedly blaming and holding the adolescent experiencing violence responsible for the behaviour being perpetrated ("you are responsible for my actions").

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Examples of situations of severe physical violence:

- Using a knife or a gun against the adolescent.
- Beating, punching or kicking the adolescent.
- Hitting or branding the adolescent with an object.
- Choking, throttling or suffocating the adolescent.
- Smashing the adolescent's head or body against the wall or the ground.
- Beating the adolescent.
- Burning or scalding the adolescent on purpose with fuel or hot objects.
- Throwing toxic substances, food or liquids in the adolescent's face.
- Dragging them along the ground, throwing them down the stairs.
- Hitting or kicking the adolescent in the stomach when she's pregnant.
- Tying up or chaining the adolescent against their will, so that they cannot move.
- Hitting the adolescent's head and causing them to faint.
- Causing injuries that require medical care.
- Intoxicating the adolescent with drugs or other substances without their knowledge and/or consent.

Examples of situations of severe sexual violence:

- Obliging the adolescent to have sexual relations of any type by force (hitting, choking or using weapons) or threats, especially in delicate moments, such as when she/he is depressed or ill, when she is menstruating, or after giving birth or having an abortion, after the death of a loved one, etc.
- Maintaining any physical contact that is undesired and/or unconsented by the adolescent, or taking advantage of their reduced ability to make decisions due to the abuse of alcohol or other substances.
- Obtaining the adolescent's submission through the use of drugs.
- Sexual assault/rape, individually or in a group.
- Obliging the adolescent to have sexual relations in front of other people.
- Obliging the adolescent to have sexual relations with other people.
- Giving the adolescent infections or sexually transmitted diseases intentionally.
- Obliging the adolescent to make gestures, dress, etc. in a way that makes them feel uncomfortable and humiliated.
- Taking photos or filming the adolescent naked or conducting sexual acts without their consent.
- Circulating images of the adolescent naked or conducting sexual acts without their consent.
- Forcing the adolescent to have sexual relations without protection.
- Humiliating the adolescent repeatedly about their sexual practices.
- Injuring the genitals, breasts or anus as a result of undesired and/or violent sexual practice.
- Forcing the adolescent to prostitute themselves.

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Examples of situations of severe economic violence:

- Continually checking the adolescent's purse or wallet.
- Taking their credit card and banking documents.
- Obliging the adolescent to get into debt or work for the perpetrator of the violence, or to give the perpetrator money.
- Forcing the adolescent to hand over money or undertake criminal acts against property.
- Forcing the adolescent to sell drugs and/or go begging.

ESTIMATED RISK OF SEVERE VIOLENT ACTS IN THE SHORT TERM AGAINST THE ADOLESCENT

• Assessment of risk:

Since February 2012, we have an especially useful tool for assessing the risk that severe violent acts may occur in the short term against a woman by her partner or former partner: the Risk Assessment Guide for Violence Against Women – Barcelona (RVD-BCN).[129]

Other situations of sexist violence, not involving a partner but affecting our target population, are also included in the scope of the present publication. We have found no tool internationally that makes it possible to estimate the severity of an existing situation of violence, or the risk of violent acts occurring in the near future. This is a significant limitation that has led to one of the recommendations presented in this publication[130].

• RVD-BCN:

It is a tool that helps professionals that deal with women experiencing situations of gender-based violence to assess the risk of severe acts of violence perpetrated by their partner or former partner occurring in the short term (6 months).

The protocol was produced in the framework of the Barcelona Network to Fight Violence Against Women. It was scientifically validated through a process lasting a year and a half. This scientific validation process was co-funded by Barcelona City Council, Barcelona Health Consortium and the Catalan Institute for Women of the Generalitat de Catalunya. It was led by the Group of Advanced Studies on Violence (GEAV) of the University of Barcelona. The particpants included professionals and services from the areas of Social Services, justice, healthcare, the Catalan police force (Mossos d'Esquadra), and city police (Guàrdia Urbana). The RVD-BCN can also be used by the Coordinating Prosecutor's Office for Domestic Violence, as well as care services at the Catalan Institute for Women of the Generalitat de Catalunya. The RVD-BCN was available for use from February 2012.

• The use of RVD-BCN with the adolescent population:

RVD-BCN was designed for the adult population. To apply it to the adolescent population, the following should be taken into account:

1. The risk of violent acts occurring against the woman by her partner or former partner, as shown by the results of the process of scientific validation, is directly related to the history, behaviour and circumstances of the person perpetrating the violence, and to a lesser extent on factors relating to the woman.

   In this respect, some of the risk factors included refer to the history of violent conduct by the partner or former partner. Consequently, when dealing with the adolescent population, the younger the male perpetrator, the more difficult it will be for them to have this type of precedent in violent conduct and, therefore, the analysis of the risk factors outlined in

129 Barcelona Network to Fight Violence Against Women (2012). *RVD-BCN. Protocol de valoració del risk de violence against the woman per part de their parella or exparella*. Barcelona.

130 See pages 200-215 in the chapter *Recommendations to improve Intervention in Situations of Sexist Violence Affecting Adolescents in our Target Population.*

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RVD-BCN, in a specific case, can lead to a lower estimation of risk as than if we had a tool specifically designed for the adolescent population.

2. RVD-BCN has proved especially effective for assessing the risk of physical violence, sexual, coercion and severe threats. However, it is not as effective in assessing the risk of all displays of psychological violence. It is true that, internationally, there is no indicative tool (like RVD-BCN) or evidence-based test, which is especially effective in assessing the risk of psychological violence. This is a significant limitation, as psychological violence can reach severe, even lethal, extremes, destroying the personality or inducing them to suicide as the only way to free themselves from the violence experienced.

   It should be remembered that sexist violence experienced or perpetrated during adolescence is mainly psychological, as it particularly involves attempts to control the adolescent constantly and completely, *attempts to isolate them from their friends and frighten them*[131].

   Furthermore, it should be highlighted that RVD-BCN must be used in all cases of sexist violence within a couple, and when the existing violence is exclusively psychological. Despite not having the same predictive flexibility as other types of violence, in cases where there is only psychological violence, RVD-BCN helps professionals improve their estimation of risk when this is based only on their opinion and specialised experience..

- **In conclusion:**

– When dealing with emotionally or sexually abusive relationships within a couple and the perpetrator is of legal age, the use of RVD-BCN is fully applicable.

– When the perpetrator is also an adolescent, RVD-BCN can be used to **interpret the results carefully,** as the protocol has been designed for adults or people of legal age, and it is possible that its use with the adolescent population leads to a lower estimation of risk than a tool specially designed for this sector of the population would. We consider that the estimation of the risk of violence within a couple in the adolescent population has unique characteristics requiring it to be addressed specifically.

  For social services, the application of RVD-BCN in the adolescent population makes it necessary to review the *Pautes d'intervenció en funció de la valoració del risc resultant de l'aplicació de l'RVD-BCN (Intervention Guidelines Based on the Estimated Risk Resulting from Application of the RVD-BCN)*[132] to adapt them to the reality of the adolescent population.

At the end of the publication, we have included a recommendation to have a tool in the future to assess the risk of severe sexist violence with the same level of reliability when applied to the adolescent population as RVD-BCN. It should first be validated scientifically with this sector of the population and cover the range of situations of sexist violence affecting our target population, and not only relationships as a couple.

THE NEED FOR URGENT CARE

- **Conceptual definition:**

Care that must be provided in the moment or, at most, on the same day, because not doing so would lead to significant damage that must be avoided.

Urgent care has the following objectives:

- To provide listening and immediate containment.
- To assess whether it is necessary to adopt measures of:
  - Medical care.
  - Protection and, if so, to assess whether the measures require referral to other services (social services and/or the Catalan Police Force (Mossos d'Esquadra), and/or the Public Prosecutor).
- To make a first assessment on what to do, what the priority is and whether or not other agents need to be included..

131 See the section Overview of the Dimension of Sexist Violence in our Target Population (pp. 66-72).

132 These intervention guidelines were developed by Barcelona City Council Social Services and were subject to a practical validation process in parallel to the scientific validation of the RVD-BCN Protocol. The results were published in February 2012 when the RVD-BCN was disseminated.

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- **Urgent care is needed in the following cases:**

– Whenever it is considered to be a situation of severe sexist violence.

– Whenever it is considered that there is a high risk of a severe violent acts occurring in the short term (up to six months) against the adolescent or perpetrated by the adolescent.

– When, regardless of the severity and risk of violence estimated by the professional, on the basis of the available information, the adolescent requests care urgently or it is evident that the adolescent is experiencing a high level of anxiety and discomfort. A request for urgent care by the adolescent can be explicit or implicit through cries for help (self-harm, etc.).

OTHER KEY VARIABLES TO BE TAKEN INTO ACCOUNT IN SPECIFIC CASES

In this section, we have listed the variables considered key in situations of sexist violence, in order to define the most appropriate intervention strategy for each situation.

This does not exclude the presence of other relevant variables, in certain cases, in addition to sexist violence, which should be taken into account when evaluating the situation and deciding which guidance to provide. Examples of these variables are listed below:

– Existence of a mental disorder.

– The abuse of toxic substances.

– Existence of certain disabilities, the characteristics or severity of which could be a factor of vulnerability.

– Existence of certain situations due to recent immigration that could be a factor of vulnerability and/or increase the complexity of intervention (language barrier, cultural barrier, etc.).

– Absence of parental figures (mother, father or other people with this function).

In certain cases, it may also be necessary to consider the existence of cyclical factors understood as occasional incidents of a social, family or personal nature, which have a strong impact on the adolescent's life, marking before and after, which are capable of generating a crisis and placing the adolescent in a situation of particular vulnerability. A significant proportion of cases of sexist violence coincide with another event that leaves the adolescent feeling lost and with a strong need to hold onto something; often the first solution within reach. We understand cyclical factors as, for example: the adolescent wanting to leave home due to problems living with their family, the adolescent getting pregnant, the mother and father deciding to separate, the death of a significant person in the immediate environment, the adolescent experiencing failure in a significant project, etc.

PROTECTION MEASURES

When sexist violence exists, it is necessary to consider adopting measures aimed at:

- The adolescent experiencing violence.

- The adolescent perpetrating violence, who wishes to cease doing so, but cannot because of the pressure and threats of the group/s to which they belong.

Measures must be coherent and in proportion with the estimated severity of the situation and the risk of severe violent acts occurring in the short term.

PROTECTION MEASURES

- **When do protection measures need to be adopted?**

Whenever there is knowledge of the existence of a situation of sexist violence in the adolescent population.

As we have stated previously, the measures must be coherent and in proportion to whether it is a situation of mild, moderate or severe violence.

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Coherence: Protection measures must have effects directly related to the characteristics and circumstances of each situation, and with real possibilities of application.

Proportion: the measure or measures adopted must be directly in proportion with the severity of the existing situation of violence and the level of risk that severe violent acts occur in the short term.

• Who needs to be protected from the violence?

- The adolescent experiencing violence, and the perpetrator of the violence who wishes to cease doing so but cannot because of the pressure and threats of the group/s to which they belong.
- The mother and father or carers.
- The public and private services, as well as the professionals providing care for the adolescent (schools, healthcare services and social services, etc.).
- Public authorities have a twofold function:
  - To facilitate the protective function of the family and the adolescent's self-protection capacity.
  - To provide direct protection in situations of severe sexist violence when the other measures that must be adopted by the adolescent and the family or immediate environment are insufficient to protect them from the violence experienced.

• Considerations on the necessary protection measures.

Our initial aim was to outline the protection measures considered appropriate in situations of sexist violence affecting our target population. The reality, however, is that in the attempt, we have realised that we lack sufficient knowledge of this reality. This is for two reasons:

- As services and professionals, in general, we have not included a perspective that enables us to see and detect this type of situation, and not even when the adolescent makes their discomfort evident through various symptoms. We have often attributed these symptoms and behaviours to other causes when we have detected them[133], placing the responsibility for the problem and its solution into the hands of the adolescent.

  Consequently, we have few precedents and no systematised reference guide.

- Adolescents do not usually ask for help from professionals, or from their mother and/or father, and even less so if they are experiencing situations of violence, regardless of whether or not they identify them as sexist violence. This topic has been addressed in the chapter on Adolescence: *A Time of Transformation* and also in the section *The Silence of the Adolescent. Elements for Understanding* [134].

In summary, **detection is low and there is practically no requests in these situations**, despite observing in previous chapters how significant the impact of sexist violence is on our target population, both in absolute and relative figures, as estimated in the research carried out[135].

A lack of knowledge of the characteristics of the phenomenon has made it difficult to address the necessary protection measures in this type of situation as specifically and in-depth as we would have liked in this section. However, based on experience and the conceptualisation conducted below, some of the reflections and hypotheses that have arisen through this topic are presented as follows:

- Any protection measure adopted must be accompanied by direct intervention with the aim of **empowering the adolescent** so that they can explain to their mother and/or father what is happening (if it is considered that the mother or father can have protect them and be of help). Empowerment helps them adopt the necessary self-protection measures, confront and leave the situation of violence being experienced as far as they are able to do so themselves. Empowerment also helps them incorporate the perspective, attitudes and behaviours that prevent them recreating situations of violence in the future.

133 See the section on *Mechanisms and Factors Concealing Sexist Violence* (pp. 51-64).

134 *Adolescence: A Time of Transformation* (pp. 24-34); *The Silence of the Adolescent. Elements for Understanding in the chapter defining the Requirements for Intervention with Adolescents in Situations of Sexist Violence on* pages 119.

135 See section *Overview of the Dimension of Sexist Violence in our Target Population* (pp. 66-72).

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- Whenever it involves a situation of severe sexist violence, or other cases in which the adolescent of 14 years or older provides their authorisation, a multidisciplinary intervention will be made with the significant people in their environment:
  - It will also be necessary to intervene with the mother, father or carer, to help them understand what is happening, so that they can take a protective stance and help their daughter or son overcome the situation of violence that they are experiencing. It also enables them to provide the appropriate support to help prevent situations of violence reoccurring in the future, or to detect them immediately.
  - If the adolescent is at school, it will be necessary to work with the school and, in all cases, with primary level services who may be useful in the situation (Care Programme for Sexual and Reproductive Health (ASSIR), etc.).
  - Whenever possible, it is necessary to intervene with significant people in the adolescent's immediate environment, in addition to the mother and/or the father, so that they can act as agents providing protection and support to the adolescent throughout the process of them leaving the violence experienced.
- In certain cases of severe sexist violence, it will be necessary to adopt protection measures which necessarily involve the adolescent leaving their usual environment: a change of address, school, local area, etc

In these cases, when defining protective measures, several fundamental aspects must be taken into account:

- In our target population, the mother and/or father, sisters, brothers, carers, etc., are not experiencing or perpetrating violence and, in many cases, they will want to help and protect the adolescent[136].
- The family cannot always provide the necessary protection measures because they may be beyond their reach and possibilities. This should not put into doubt the exercise of their protective responsibility towards their daughter or son. It means that, in certain cases, the public authority will have to implement measures to help the adolescent's family carry out their protective function.
- The present system of protection services for situations of sexist violence is designed for women of legal age who are alone or have dependent children of any age, but not for our target population.
- Neither is the system for protection childhood and adolescence designed for our target population, as, *a priori*, we are not referring to negligent or abusive mothers and/or fathers.

In conclusion:

1. **It is necessary to gain greater insight into the characteristics and context of our target population and existing situations of sexist violence. This will help us define appropriate and effective protection measures, taking into account the range of potential situations, in accordance with the existing risk and protection factors, the severity and the estimated risk.**
2. **It is necessary to reflect upon the protection system for situations of sexist violence, as well as the protection system for children and adolescents in situations of mistreatment. This will help us evaluate whether it is necessary to adopt specific existing resources to the reality and needs of our target population, and/or create new resources by combining the two protection systems.**

136 Whenever it is detected that the adolescent's mother is also experiencing sexist violence and/or the father perpetrates violence, we are no longer referring to our target population. Consequently, we must apply the provisions of the *Model d'intervenció amb infants i adolescents en situacions de violència masclista des dels serveis socials públics de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium. (2012).

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OFFICIAL ACTION

• What does taking official action mean?

It refers to notifying the existence of a situation of severe sexist violence to the relevant higher authority, determined, in each moment, by the legal framework and regulations, in order to activate the necessary mechanisms for intervention and protection, beyond those of the service making the notification.

• When is it necessary to take official action?

– **When there is a situation of severe sexist violence.**

and

– **When the adolescent does not adopt protection measures or collaborate with the measures suggested by the mother, father and/or the professionals,** either because they are not conscious of the severity of what is happening to them, or because, they are conscious of the severity but reject the help and guidance provided.

and

– **When the mother, father or guardian:**

- **Cannot protect the adolescent** for any of the following reasons, or any similar reasons
  - They have tried but feel powerless due to the repeated refusal of their daughter or son[137]. The adolescent refuses to adopt protection measures for various reasons, including:
    - They play down the risk of returning (in the case of a break-up), or they continue to be in the emotionally or sexually abusive relationship and/or the environment in which they are experiencing this violence. Therefore, they do not consider it necessary to adopt protection measures.
    - They are not aware that they are experiencing violence. Despite the strategies adopted by the professionals and their family or other significant people in their immediate environment to help them identify the violence and adopt protection measures, the adolescent continues to deny that they are experiencing violence.
    - They are aware that they are experiencing violence but refuse to adopt protection measures and receive help.
  - Faced with the severity of the violence and the characteristics of the situation, the protection measures that need to be adopted are beyond their reach as a family, and the ordinary public protection system does not provide them either, with the existing available resources.

or

- **They do not wish to protect the adolescent** for any of the following reasons, or similar reasons:
  - They deny that violence is occurring or consider that the adolescent is exaggerating its severity, despite the information and indicators provided by the professionals in the service/s supporting the adolescent.
  - They believe that the decision whether or not to adopt protection measures is a decision that belongs exclusively to their daughter or son. They do not feel involved.
  - They believe that the situation will resolve itself over time, and that the events should be allowed to run their course.

• Who must take official action?

All public and private services, and all professionals who have knowledge of situations of severe sexist violence towards an adolescent. In the context of this publication, primary care services for the adolescent population should be mentioned in particular: schools and educational services, healthcare services and social services.

• Procedure.

Each system of services has its own official action procedures to follow.

137 This is also applicable when the adolescent's guardian is a public authority.

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In social services, it is necessary to send:

- A letter to the juvenile prosecution service, as the relevant authority in situations infringing the rights of children and adolescents. The letter should explain that the Coordinating Prosecutor's Office for Domestic Violence has been informed in parallel, as it is also a situation of sexist violence. This letter will be drafted in accordance with the requirements established at all times by the juvenile prosecution service.

- A written document to the Coordinating Prosecutor's Office for Domestic Violence with a copy of the letter sent to the juvenile prosecution service. To this effect, the template established by the Coordinating Prosecutor's Office for Domestic Violence should be used.

- **Information to the adolescent and their mother and father, or guardians, about the official action taken.**

  Whenever we take official action, it is necessary to inform the adolescent, as well as the mother and father, beforehand or subsequently, explaining why we are taking official action and what is involved, and responding to any queries they may have on this official action and its potential consequences.

  It is equally important to continue to offer our support or intervention to them. The message for the adolescent, the family and significant people in their immediate environment, provided by the services and professionals, must be clear: 'our willingness to listen and provide accompaniment and help remains intact. Our doors are completely open, and we are at your disposal'.

WHEN THE FATHER AND/OR MOTHER OR GUARDIAN SHOULD BE INFORMED

Prior considerations

The following content refers to the adolescent experiencing violence, as well as the adolescent perpetrating violence.

During adolescence, the fact that the professional cannot inform those responsible (the mother and father or carers) without the consent of the adolescent, that the girl or boy is experiencing or perpetrating violence is a delicate issue. If not dealt with appropriately, it can lead to the adolescent abandoning or distancing themselves, or feeling betrayed by the professional that they have trusted.

Furthermore, it is not always easy for the mother and father (or carers) to confront and act in an appropriate, proportionate manner to a situation of sexist violence that they do not know about, involving their daughter or son, either experiencing or perpetrating violence. Knowledge of the situation can give rise to several stances (from feelings of guilt to denial of the existence of sexist violence, disorientation and requests for help from a professional), and/or diverse reactions (ranging from emotional support to adopting coercive measures or threatening their own adolescent daughter or son and/or the other person or people involved).

Guaranteeing the provision of the relevant legal regulations[138], it is necessary to combine two requirements, which must be ensured:

1. To help and protect, when necessary, the adolescent so that they cease to experience and/or perpetrate sexist violence.

   To be able to help and protect the adolescent, it is necessary to:

   - Create the necessary conditions to establish a relationship of trust between the girl or boy and the professional. Often this is not easy with an adolescent wishing to assert themselves before the authority of adults.

   - Empower and motivate the adolescent, as long as it is possible and appropriate, to tell their mother and/or father (or those responsible for them) what is happening, and to ask for and accept their help.

   - Assess whether the mother and/or father or those responsible for the adolescent can act as support and protection, or whether they may be a negative factor, causing damage to the adolescent.

138 See the chapter on Legal Framework (pp. 94-109).

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2. Combine the needs of the adolescent and the mother and/or father or adults involved.

   In this respect, whenever necessary, it is necessary to help the mother, father or carers to:

   - Understand, accompany and help the adolescent. This requires, amongst other actions:
     - Being able to listen to the adolescent.
     - Having a realistic perspective and understanding of what is happening.
     - Taking appropriate measures in proportion with the existing situation.
     - Asking for help or guidance from professionals for what they require, and collaborating with the measures to be adopted because they are coherent and help attain a common objective.
   - Be able to understand and face whatever the situation may give rise to in the mother, father, or significant adults, whether personally and/or in the dynamics of the couple or the family unit.

When do we need to inform the father and mother or those responsible (carers or guardians)?

- **Whenever it is considered to be a situation of severe sexist violence.**

  When a situation of sexist violence is severe, it is mandatory to inform the mother, father or those responsible for the adolescent. The opinion of the mother, father or responsible adult will be taken into account, at the discretion of the professional, when making the relevant decisions.

  As we have said before, ideally it is necessary is to work to empower the adolescent so that they can tell their mother, father or guardian first, and we can contact them subsequently to begin to intervene with them. If the adolescent has difficulties telling them, the professional will offer to accompany them in person to do so (together). If the adolescent does not feel capable of this, it is also possibile for the professional to do so without the adolescent, but with her/his agreement.

  However, if the professional explains the need to tell the mother and/or father or those responsible (carers) what is happening, and the adolescent insists that they do not want to contact them, the professional will inform the adolescent that they are legally obliged to do so, as it is a situation of severe sexist violence. The mother and/or father have a right to know what is happening, and to do their best to help the adolescent.

Exception to the general criteria:

This exception is applied **except if it is considered, on the basis of the information available, that informing the mother and/or father or those responsible may worsen the situation and/or lead to greater harm towards the adolescent.** As a situation of severe sexist violence, not informing the parents or those responsible is a delicate decision. For this reason, it is advised that:

- It is first analysed by other professionals in the same service and/or that the advisory mechanisms available, for interconsultation and/or network-based work, are used.
- It is evidenced in writing in the adolescent's file why this decision has been taken. It is advised that the following information is recorded, as a minimum:
  - The date on which the decision was made.
  - The signs or evidence that led the professional to assess that it was better not to inform the mother and/or father, even though the situation of sexist violence was considered severe. Whenever possible, it is necessary to explain everything that has helped reach this assessment objectively.
  - The sources by means of which this information was obtained.
  - Which other professionals or services have been consulted and taken the decision whether or not to inform the mother and/or the father and how this decision was taken.

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- **When it is considered to be a situation of mild or moderate sexist violence, we will inform the mother and father or those responsible for the adolescent as long as:**

  - **The adolescent over the age of 14 authorises us to do so.**

    If they do not authorise us, we will not do so.

    Exceptionally, this general criteria may not be applied when the professional perceives that the adolescent does not have the ability of self-protection.

  - **The adolescent is 12 or 13, regardless of their wishes, unles:**

    - They can be considered a *competent minor* and do not authorise us to do so.

      As we have seen in the chapter on *Legal Framework*, the concept of *competent minor*, although incorporated within our regulatory framework, is little defined and its application insufficiently regulated. Therefore, taking into account that we may work with adolescents of 12 or 13 who can be qualified as a *competent minor*, we advise the following:

      1. The decision whether or not to apply this consideration to an adolescent, and to act in consequence, is made through analysis, as part of a team, and/or through the use of any of the mechanisms of assessment, interconsultation and/or network-based work.

      2. To leave written evidence in the adolescent's file of the considerations leading to the conclusion that the adolescent is a *competent minor*. Wherever possible, it is necessary to explain all elements that enabled us to reach this assessment objectively.

    - The adolescent is explicitly against involving their mother and/or father (or those responsible), and it is considered that going against the wishes of the adolescent could lead them to abandon the service and/or distance themselves and mistrust the professional, making it difficult for them to ask for advice or help in the future.

    - When the information available (provided by the adolescent and/or other sources) leads to the conclusion that informing the mother and/or father or those responsible may aggravate the situation and/or lead to greater harm to the adolescent. Even if the severity of the violence is not high in these cases, but mild or moderate, it is always advisable to analyse and share this decision with other professionals in the same service and/or use the mechanisms available of assessment, interconsultation and/or network-based work. In these cases, we also recommend that written evidence is recorded, as previously explained in this section.

As already outlined, we wish to insist that, whenever possible, the objective is to empower and motivate the adolescent to tell their mother, father or carers before we contact them. When the adolescent has difficulties doing this, the professional will offer to accompany the adolescent in person to do so (together).

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The following table summarises the general criteria and the exceptions in each case:

Situation of sexist violence	When to inform the mother and/or father or legal guardia	Exceptions
Mild sexist violence or **Moderate** sexist violence	**Older than 14:** whenever the ADOLESCENT AUTORISES IT	• When the adolescent does not have the capacity to protect herself or himself.
	Younger than 14: ALWAYS	• When the adolescent is a *competent minor* and does **NOT** authorise this. • When doing so against the adolescent's will would cause them to abandon the care service being provided. • When it is considered that communicating this may worsen the adolescent's situation.
Severe sexist violence	ALWAYS	• When it is considered, on the basis of the available information, that communicating this may worsen the adolescent's situation.

What to do when the adolescent refuses to address the topic with the professional

When there are reasonable signs or evidence of the existence of sexist violence, but, when broaching the topic with the adolescent, they deny or do not wish to talk about it with the professional, the criteria to follow are similar to those previously outlined:

- If it is considered to be a situation of severe sexist violence, the mother and/or father or carers will be informed.

- If the sexist violence is moderate, the professional will make several intents to get closer to the adolescent and will give them a certain amount of time (no more than three or four months) to address the situation of sexist violence experienced or perpetrated. In parallel, attempts will be made to involve the adolescent to activities that could help them identify and put into words what they are experiencing or perpetrating, and encourage them to want to talk about it to someone, and ask for guidance and help. If the professional does not achieve this, the mother and/or father or significant adults will be informed.

- If the violence is mild and occasional, priority will be given to establishing trust with the adolescent so that they feel that there is an 'open door' they can go to or to ask for help. Attempts will be made to involve the adolescent in activities that could help them identify and put into words what they are experiencing or perpetrating, and encourage them to want to talk about it to someone, and ask for guidance and help.

In all cases:

- In accordance with that outlined in previous sections, these criteria will be applied, unless it is considered, on the basis of the information available, that informing the mother, father or carers may worsen the situation and/or cause greater harm to the adolescent.

- If the mother and/or father are informed, the adolescent will be told beforehand, and it will be clarified that the professional is obliged to do so.

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Finally

As we have indicated previously, sometimes taking the decision to not inform the mother and father can represent an ethical dilemma. Therefore, it is necessary to conduct a comparative analysis beforehand with other professionals and/or services. In this respect, it should be mentioned that there is also the possibility to consult the ethical committees of the different professional associations.

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SUMMARY OF KEY IDEAS

- The adolescent is the subject in our intervention; never the object of our intervention..

  Considering this adolescent as the **subject** of her/his life, involves:

  - Recognising that the adolescent is the protagonist of their life.
  - Identifying the resources, capabilities and personal skills that can help them identify, confront and overcome the violence being experienced (either as the victim and/or as the perpetrator), however painful it may be.
  - Respecting their pace, which often includes both progress and setbacks in situations of sexist violence.
  - Creating the necessary climate of trust and confidentiality for the adolescent to express what they feel, think and desire.
  - Accompanying their process of identifying what is happening to them, and encouraging them request help.
  - Accompanying their process of confronting and overcoming the violence (as the victim or the perpetrator).

- It is necessary to get closer and intervene professionally with a **positive outlook** that promotes and takes advantage of:

  - The adolescent's obvious and potential capabilities and aptitudes that need to be encouraged and given explicit recognition.
  - Their relationship with adults in their immediate environment, including family, friends and professionals who can provide affection and attachment or connection, and who offer models of relationship that are equal, inclusive and welcoming.
  - Relationships between equals that are satisfactory and provide feelings of belonging.
  - Healthy interests and hobbies.

- **The golden rule of the professional:**

  - Detecting situations of sexist violence.
  - Creating a space for the adolescent to speak in an atmosphere of trust and confidentiality, encouraging them to express what they feel, think, desire, their doubts, fears, etc.
  - Accompanying the adolescent in this process without judging them, respecting their pace while encouraging them to move forward in this process (from asking them about what is happening, to helping them request help).
  - Identifying, encouraging and making visible the adolescent's capabilities, skills and resources (personal resources and in their immediate environment), so that they trust sufficiently that it is worth going through this process and that, even if it is painful, they will get through it.
  - Activating resources in the environment that can help the adolescent overcome the violence and, where necessary, acquire models of interpersonal relationships based on equality.

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How is this done? It is achieved by listening to the adolescent, observing, encouraging them to formulate questions and helping them construct stories.

- **The process** that must occur **in order to overcome the violence** in the best possible conditions, and with the least personal damage, includes the following phases:
  - Identifying the violence being experienced or perpetrated.
  - Feeling capable of facing this violence.
  - Wanting to overcome it.
  - Asking for and accepting help.
  - Being accompanied by somebody close and easily accessible who respects and understands, without judgement, the difficulties and 'backward steps' that often occur in the process of recovery and overcoming the violence.
  - In certain high risk cases requiring protection, it is important to have support within the families so that they can protect the adolescent. When this is not possible or insufficient, it is necessary to have specific protection resources against sexist violence that are adapted to our target population.
- Six key variables must be taken into account to define the appropriate intervention strategy in each situation, for both the adolescent experiencing violence and the adolescent perpetrating it:

1. The presence of the different risk or protection factors.
2. Position when faced with sexist violence.
3. Age of the adolescent.
4. The severity of the situation.
5. Estimated risk of severe violent acts in the short term against the adolescent.
6. The need for urgent care.

In addition, sometimes it will be necessary to take other variables into account that may be key in specific cases.

- Whenever there is sexist violence, it is necessary to consider adopting **protection measures** aimed at:
  - The adolescent subject to violence.
  - The adolescent who is perpetrating violence and wishes to cease doing so, but cannot because of the pressure and threats of the group to which they belong.

  The measures that need to be adopted must be coherent and in proportion to the estimated severity of the situation and the risk that acts of severe violent may occur in the short term.
- In certain cases, it will be necessary to **take official action**. This circumstance implies communicating the existence of a severe situation of sexist violence to the relevant higher authority, defined at all times by the legal framework and regulation. This activates the necessary intervention and protection mechanisms, beyond those corresponding to the service communicating the situation.

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- **When is it necessary and when is it not necessary to inform the father and/or mother or carer of the existence of sexist violence, affecting the adolescent who is experiencing violence or perpetrating it?** The response contained in the table below combines two requirements:

1. Helping and protecting the adolescent, when necessary, so that they cease to experience and/or perpetrate sexist violence. In order to help and protect, it is necessary to:
    - Create the required conditions to establish a relationship based on trust between the adolescent and the professional.
    - Empower and motivate the adolescent so that, if possible and appropriate, they tell their father and/or mother (or carer) what is happening, and ask for and accept the help provided.
    - Assess whether the mother and/or father or carers may act as an element of support and protection or whether, on the contrary, they may be a negative factor, damaging to the adolescent
2. Combining the needs of the adolescent and those of the mother and/or father or significant adults.

Situation of sexist violence	When to inform the mother, father or legal guardian	Exceptions
Mild or **moderate** sexist violence	**Older than 14:** whenever the ADOLESCENT AUTORISES THIS	• When the adolescent does not have the capacity to protect herself or himself.
	Younger than 14: ALWAYS	• When the adolescent is a *competent minor* and does **NOT** authorise this. • When doing so against the adolescent's will cause them to abandon the care service being provided. • When it is considered that communicating this may worsen the adolescent's situation
Severe sexist violence	ALWAYS	• When it is considered, on the basis of the available information, that communicating this may worsen the adolescent's situation.

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DETECTION AND REFERRAL IN FORMAL EDUCATION, HEALTHCARE AND SOCIAL SERVICES: NOTES FOR A NETWORK-BASED APPROACH AND WORK

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DETECTION

SUMMARY

- What does detection mean? Conceptual definition
- What needs to be detected?
- Who needs to detect violence?
- Where do we detect violence? The best places and methods for detection
- When can Social Services be contacted to provide outpatient care in situations of sexist violence?

How do we find out about the existence of situations of sexist violence? This takes place basically in two ways:

- Someone tells us:
  - The adolescent boy or girl experiencing or perpetrating the violence
  - A friend or acquaintance (peer group)
  - Someone in the family (mother, father and/or other family members)
  - Other people
- It is detected by the professional in the area of education, healthcare or social services on the basis of warning signs.

In the context of this document, we deliberately focus on **DETECTION** due to the **high level of concealment of situations of sexist violence in our target population.**

WHAT DOES DETECTION MEAN? CONCEPTUAL DEFINITION

To detect: According to the dictionary, it means *to discover the existence of a certain situation by means of clues, or by means of a procedure based on warning signs, clues and/or evidence.*

Deteccion: In accordance with Law 5/2008, of 24 April, on the right of women to eradicate sexist violence, detection is the *putting into practice of various theoretical and technical instruments that allow for the identification and visibility of the problem area of sexist violence, whether it appears in its early stages or is already stable, and which create knowledge of the situations in which intervention is necessary, so as to arrest its development and becoming habitual* (Article 3 section d).

In order to help the professional detect situations of sexist violence in our target population, we have included *Examples of Situations of Sexist Violence in Accordance with the Form of Violence and its Scope*[139] in annex at the end of this publication.

139 *Protocol de Joventut per a l'abordatge de la violència masclista (2013).* Directorate General of Youth (Catalan Ministry of Social Welfare and Family of the Generalitat de Catalunya).

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WHAT NEEDS TO BE DETECTED?

- Situations affecting adolescents who are experiencing sexist violence and/or perpetrating it.
- Collective spaces and situations in which recurrent incidents of sexist violence occur. These situations require community intervention.

WHO NEEDS TO DETECT VIOLENCE?

PROFESSIONAL RESPONSIBILITY FOR DETECTING VIOLENCE AND TAKING ACTION WHENEVER NECESSARY

- Law 5/2008, of 24 April, on the right of women to eradicate sexist violence dedicates chapter 3 to regulating the detection of the sexist violence. Article 11 indicates that *all government personnel, **in particular those in public health, social services and education**, are obliged to take action when they have knowledge of a stuation of risk or hard evidence of sexist violence (…).*
- Law 14/2010 on the rights and opportunities of childhood and adolescence is equally clear on this issue:
  - Article 95 obliges public authorities to provide care to children and adolescents living with situations of sexist violence.
  - Article 100.3 obliges all professionals to intervene when they have knowledge of a situation of risk or lack of protection affecting a child or adolescent. *All professionals, **in particular those in public health, social services and education**, are obliged to take action when they have knowledge of a situation of risk or vulnerability affecting a boy, girl or adolescent, in accordance with the specific protocols, and in collaboration and co-ordination with the relevant Generalitat body for the protection of boys, girls and adolescents. This obligation includes providing the necessary information and documentation to assess the situation of the boy, girl or adolescent.*
  - **Sexist violence in itself is a situation of risk.** Consequently, the professional must assess the severity: mild, moderate or high.

In conclusion, as professionals, we have the obligation to detect and act on situations of sexist violence affecting adolescents.

We consider that this obligation is equally applicable to adolescents perpetrating sexist violence, and not only to the adolescent experiencing violence, as we are referring to minors. We understand that perpetrating violence is also a situation of risk because, not intervening from a socio-educational perspective, involves the risk of the adolescent becoming an adult who continues to perpetrate sexist violence.

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DIFFICULTIES IN THE DECTECTION PROCESS

Detection is not always easy.

Why? This can be for several reasons:

- Detecting requires knowing how to see and wanting to see.
- Sometimes we do not see situations in front of our eyes that are evident to other people. For example, it is generally difficult to detect situations of sexist violence amongst adolescents that are due to behaviour differing from the dominant stereotypes of masculinity and femininity (heterosexual people whose behaviours differ from 'normal' or 'standard' behaviour, homophobia, lesbophobia, etc.).
- Other times, we want to see but do not have the warning signs that help focus our perspective and interpret correctly what we see.
- Finally, it may seem better to not see certain things, because once detected, it is necessary to take action. Other times the importance of certain situations may be minimised because they involve an adolescent and they are considered 'a phase that will pass'.
- Often the difficulty does not lie in detecting the situation, but in getting close enough to the adolescent for them to trust us. As adults, we often have an unequal relationship of authority over the adolescent, which can lead to mistrust.
- Furthermore, we often find it difficult to identify much more subtle conduct as sexist violence, which may be more harmful because it is concealed. Harsh, explicit violence tends to be rejected by society in general, especially when it leads to physical injuries. However, all the research analysed shows that 'benevolent sexism' is widespread in our society, and is more subtle and concealed, yet equally dangerous.[140]

WHERE DO WE DETECT THIS? THE BEST PLACES AND METHODS FOR DETECTION

It can be detected in any physical or virtual space where there are adolescents.

In the context of this publication, we have focused in particular on detection within first level services in the areas of formal education, healthcare and social services.

We consider services that citizens can access directly to be **first level** services. The following first level services can detect situations of sexist violence affecting our target population:

- Social services:
  - Social Services Centres (CSS) (basic generalist services)
  - Information Point and Services for Women (PIAD) (basic care services for women)
- Healthcare:
  - Paediatric or family doctor
  - Care Programme for Sexual and Reproductive Health (ASSIR)
  - Community healthcare
  - Casualty
- Formal education:
  - Secondary schools

140 On this subject see the section on *The Construction of Gender in our Society* in the chapter on *Conceptual Framework* (pp. 43-47).

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We consider services requiring prior deferral by another service to be **second level** services. The following second level services can detect situations of sexist violence affecting our target population:

- Social services:
  - Care Teams for Children and Adolescents (EAIA)
  - Residential Centres for Educational Action (CRAE)
- Healthcare:
  - Drug Addiction Advisory Services (SOD)
  - Drug Addiction Healthcare Centres (CAS)
  - Centre for Mental Health in Children and Young People (CSMIJ)
- Education:
  - Psychopedagogical Counselling Teams (EAP)

When a gender perspective has been incorporated and the warning signs for sexist violence are known, sexist violence can be detected through activities or projects that have this objective and through ordinary activities and the normal functioning of services: in the classroom, recreational spaces, organised outings with teaching staff, individual tutoring or tutor groups, awareness raising activities and/or care activities by professionals in schools, healthcare, social services or environment-related activities, community action, etc.

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WHEN CAN SOCIAL SERVICES BE CONTACTED TO PROVIDE OUTPATIENT CARE IN SITUATIONS OF SEXIST VIOLENCE?

• In which situations?

– To make a query, request advice or make a referral, regardless of the severity of the situation (mild, moderate or severe).

– Whenever the situation is considered to be severe sexist violence.

– When the adolescent and/or their mother and/or father request help beyond the care and advice that can be given by the area of healthcare, education, or any other area, that has knowledge of a situation of sexist violence affecting adolescents.

• The role of the social services professional of reference in these situations.

In the city of Barcelona, there are three public social services providing outpatient care in situations of sexist violence. Their responsibility is to attend to requests for consultation, advice and/or intervention (referral) made by other professionals and services related to our target population:

– Social Services Centres (CSS)

– Care, Recovery and Shelter Service (SARA)

– Men's Care Service for the promotion of non-violent relations (SAH)

These services must:

– Designate the relevant professionals to attend to the queries, requests for advice or interconsultation for situations of sexist violence affecting adolescents in our target population.

– Provide details of the professionals of reference in these cases, to each service, along with their contact details and contact times.

The objective is to facilitate co-ordination between services in an agile, effective manner.

• General criteria for co-ordination between social services providing outpatient care in situations of sexist violence

– If a permanent space exists for co-ordination between services in this type of situation, this space will always be used, as long as an urgent response is not required. These spaces include social committees for co-ordination between Social Services Centres (CSS) and schools in the area, or other similar organisations that may exist.

– When there are no permanent spaces for coordination between services, contact will be made with the professionals of reference in the usual way, during the established contact times.

– When it involves an urgent request to social services for advice, interconsultation or intervention (an urgent referral):

  ◦ The professionals of reference will be contacted immediately for this type of case during the opening times defined for urgent care by each service.

  ◦ Outside the opening times for urgent care by the social service in question, the Barcelona Social Emergencies Centre (CUESB) should be contacted.[141]

141 Barcelona Social Emergencies Centre (CUESB): C/ Llacuna, 25, Barcelona; Tel.: +34 900 703 030

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REFERRAL TO SOCIAL SERVICES PROVIDING OUTPATIENT CARE IN SITUATIONS OF SEXIST VIOLENCE

SUMMARY

- Conceptual definition
- When should referral be made to the social services providing outpatient care in situations of sexist violence?
- To which social service should the referral be made?
- How to make referrals to social services

CONCEPTUAL DEFINITION

In the context of our publication, **referral to social services** means that a professional in a service in formal education, healthcare, or a social area makes a request to any of the social services in the city of Barcelona, providing outpatient care for sexist violence, for them to provide care to an adolescent, or someone in their environment..

Making a referral means that:

- Whenever necessary, prior to the referral, the adolescent or person in their environment has been encouraged to request help or is prepared to address the situation of sexist violence experienced or perpetrated. If the adolescent experiences the referral as an imposition, it will not help the person to whom they are referred or the adolescent will soon abandon the service.

- The professional to whom the adolescent is referred is known, at least minimally. They also have knowledge of the situation and can assess whether or not it is appropriate for the social service to provide support.

- Accompaniment through the referral: showing interest in whether the adolescent has gone to the service or not, how it went, or asking them why they did not go and encouraging them to do so. It is important to encourage them to continue going to the social service to which they have been referred, etc.

- Informing the social service receiving the adolescent of the reasons for referral and the information available. Transferring the necessary, relevant information, in accordance with the reason for referral, so that the adolescent, or person in their environment, is received appropriately. This fosters a relationship based on trust from the beginning, and, in particular, **prevents secondary victimisation through the duplication of questioning.**

  Adolescents need to receive care as quickly as possible, in order to feel connected. This transfer of information can be by telephone with the professionals of reference for the cases, or digitally, by sending the minimum information necessary to guide the first visit. It is important to have received the initial information before meeting the adolescent, for the first meeting to be successful. However, receiving the information prior to the meeting will never be a requirement for providing care.

  Subsequently, in the context of the co-ordination established in each case, all information considered relevant by each service will be shared. This will enable each service to exercise their skills and functions, providing the necessary care for the adolescent, or person in their immediate environment.

  The information that must be provided when making a referral is addressed in a specific section of this chapter.[142]

142 See pages 158-159.

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- Co-ordinating with the receiving service within the agreed timeframes, depending on the characteristics of each case and situation.

Receiving a referral involves:

- Following up the service making the referral to confirm that the adolescent, or person in their environment, has visited the service. If the person referred does not go, the service making the referral will only be informed if it is an urgent referral, and the adolescent, or person in question, does not go on that day.
- Providing the relevant care for each case and situation, in accordance with the service's skills and functions.
- Co-ordinating with the service making the referral within the agreed timeframes, depending on the characteristics of each case and situation. In this context, only the information that is necessary and relevant for the referral will be shared, so that the actions in both services are co-ordinated coherently, effectively and usefully, avoiding duplication and gaps.
- Requesting the necessary information from the professional or service who has made the referral if it has not been received.

WHEN SHOULD REFERRAL BE MADE TO THE SOCIAL SERVICES PROVIDING OUTPATIENT CARE IN SITUATIONS OF SEXIST VIOLENCE?

Referral should be made whenever there is knowledge of a situation of sexist violence affecting our target population and:

- The adolescent, or person in their immediate environment, requests help beyond the scope of the care and advice provided by the area of healthcare, formal education or any other.
- Whenever the professional in the area of healthcare, formal education, or any other, considers that the adolescent, or person in their environment, requires information, advice or intervention and care that should be provided by the social services, as long as the person to be referred is in agreement.
- Whenever it is situation of severe sexist violence, in accordance with the procedure established by the protocol for each service.

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TO WHICH SOCIAL SERVICE SHOULD THE REFERRAL BE MADE?

REFERRAL CRITERIA

The social services in Barcelona that intervene in situations of sexist violence, providing outpatient care in situations of sexist violence, are the following:

- Social Services Centres (CSS)
- Care, Recovery and Shelter Service (SARA)
- Men's Care Service for the promotion of non-violent relation (SAH)

General criteria:

The **criteria of proximity** will be applied.

In application of this criteria, referral will be made to the Social Services Centre (CSS) in the area. The CSS is connected and/or knows the reality of their area (public and private services, formal and informal civic network, spaces in the area, etc.), in the immediate environment of the adolescent experiencing the violence.

The CSS will assess whether or not to provide the care with its own resources, or propose the SAH or SARA (depending on whether the situation involves adolescents perpetrating or experiencing sexist violence):

- Full referral or partial referral include different roles and interventions that are co-ordinated between the two services.
- Joint intervention (at a CSS, SAH or SARA, at school, in a healthcare centre or else-where).

Exceptions to the general criteria.

The criteria of proximity will be applied **unless**:

- The adolescent, or person in their environment, does not want to receive care where they live and prefers an outpatient service in the city of Barcelona. In these cases, they will be referred to the[143] following:
  - SAH: for adolescent boys experiencing sexist violence.
  - SARA: for adolescent girls or boys experiencing sexist violence.
- It is considered a situation of severe sexist violence for which protection measures are required, that are not within the reach of the adolescent and/or their family. In these cases, it will be necessary to refer them to SARA and inform the CSS in the area.

Furthermore, it should be taken into account that the majority of people supported by SARA and SAH go there directly, without prior referral, through information obtained on the Internet, in leaflets, dissemination campaigns and/or by word of mo[144].

If there is any doubt about which social service to make the referral to, it is necessary to consult one of these services beforehand, before guiding the adolescent, or person in their environment, to request care.

It is essential to avoid inappropriate referrals that 'exhaust' the adolescent or person in their environment unnecessarily, or cause them to lose motivation.

143 If a girl is perpetrating sexist violence against another girl or boy, only the Social Services Centre in the area can provide care. At the time of writing, the municipal outpatient care system for situations of sexist violence does not provide assistance for this type of situation.

144 According to the 2013 Annual Report of the Women's Care Team (EAD) (curently the Care Recovery and Shelter Service (SARA)), 68.07% of those receiving care are women who came directly to the service of their own accord, and 31.93% came through referral from other services. The ratio at the Men's Care Service (SAH) was 79% for direct access and 21% through referral from other services.

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PUBLIC SOCIAL SERVICES IN THE CITY OF BARCELONA WHO PROVIDE OUTPATIENT CARE IN SITUATIONS OF SEXIST VIOLENCE: DESCRIPTION

A brief description is presented below of the three public social services in the city of Barcelona providing outpatient care for sexist violence and to which other services can make referrals:

- Social Services Centres (CSS)
- Care, Recovery and Shelter Service (SARA)
- Men's Care Service for the promotion of non-violent relations (SAH)

Social Services Centres (CSS)

These are basic social services within Barcelona City Council Municipal Social Services Institute. Their purpose is to support the social needs of people, groups or communities in a local area or city. They foster and promote the inclusion and social promotion of the population. They have a particular impact on situations and social dynamics involving discrimination or exclusion.

They are of a general and multidisciplinary nature, dealing with situations and social issues of all types, including sexist violence. They comprise professionals from social work, social education, psychology and law, in addition to the management of the centre.

Since 1 November 2009, all social services centres in the city detect, explore and provide care for situations of sexist violence, unless shelter is required, in which case it is referred to the Care, Recovery and Shelter Service (SARA), the service of reference for the case if long-stay shelter is required.

Social services centres can provide care intervention for:

- People experiencing violence: women of legal age, and their children, as well as adolescents in our target population.
- People perpetrating sexist violence, whether they are adults or adolescents.
- The community context in which the sexist violence is occurring.

Care, Recovery and Shelter Service (SARA)

SARA is a municipal outpatient service in the city providing care specifically to victims of situations of sexist violence (women, children and adolescents, and people in their immediate environment directly affected by this violence). It also provides advice for professionals and people in the environment of the victim.

It has a multidisciplinary team (comprising professionals in social work, social education, psychology, law and employment), and offers integrated care, working on processes of recovery for people receiving care, whether or not they require shelter.

SARA is the gateway to public and private urgent shelter services, for long stays by women experiencing situations of sexist violence, and for their children. It is also the gateway to shelter services for adolescents in our target population.

SARA intervenes on an individual and a group basis.

They work with all types of people experiencing sexist violence:

- Women in the city of Barcelona of legal age who are experiencing or have experienced any type of sexist violence, regardless of their age, physical and emotional health, disability, legal situation, sexual orientation and/or origin.
- Children from 0 years of age and adolescents who are experiencing or have experienced situations of sexist violence. They also work with the children of women supported by the service, as the service also deals with:
  - daughters and sons of women who have died as a result of violence (through murder or suicide induced by the men perpetrating violence) or for any other reason;
  - daughters and sons who are experiencing sexist violence at the request of the mother, father (not perpetrating violence), or the significant person caring for them;

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  - children and adolescents who request help directly from the service and are not accompanied by adults.

- Girls and boys from 12-17 who are experiencing any of the situations subject to intervention described below, in which neither the mother nor the father, nor the current partner of either parent, is involved.

  - Emotionally or sexually abusive relationships, whether occasional or within a couple.

  - Situations of sexist violence against someone who does not behave in accordance with the dominant stereotypes of masculinity and femininity. Here we also include situations of bullying of a sexist nature perpetrated against people with non-standard expressions of sex and gender (lesbian, gay, bisexual, transgender, transsexual and intersexual, etc.).

  - Situations of sexist violence (harassment, sexual assault, and/or others) perpetrated by third parties (known or unknown) who do not perpetrate this violence against the mother, guardian or carer.

- People in the immediate environment of the women, children or adolescents, who are also impacted by the violence. Care and/or advice is provided to family, friends and those providing support, who are also affected by the violence.

  This includes:

  - Third parties in the immediate environment directly affected by the violence and requesting care (family members, carers, etc.)

  - Third parties (family members, friends, neighbours, etc.) in relation to situations of sexist violence occurring in their environment, who request advice on what to do and how to help the victims of violence.

Men's Care Service (SAH) for the promotion of non-violent relations

This municipal outpatient service offers information, advice and care for men wishing to question the model of masculinity, and distance themselves from violent behaviour. It is part of the Women's Programme Directorate of Barcelona City Council.

The main objective of the service is to work with men to eliminate or reduce the perpetration of violence and to obtain gender equality in couples. The service works to achieve family relationships and relationships as a couple based on equality and respect.

The service features two different projects:

- *Canviem-ho:* This project is aimed at all men, as citizens, professionals or members of associations or organisations, who are interested in information, training or participating in gender equality. Its aim is for women and men to enjoy the same rights and fulfil the same duties, regardless of their differences.

- *Care Service for men who have perpetrated or are perpetrating sexist violence:* This service is aimed at men who:

  - Perpetrate or have perpetrated violence against their family or partner, or are concerned because their attitudes or conduct could become violent.

  - Wish to change the situation.

  - Visit the service of their own accord. They do not deal with men who only come to comply with penal measures.

  The service has a team of psychology professionals and offers a space for critical reflection where men can:

  - Identify and recognise violent behaviours and attitudes.

  - Assume responsibility for these acts and the consequences.

  - Understand why they use the violence.

  - Learn about the process by which they perpetrate violence.

  - Find non-violent alternatives in their relationships.

  The SAH facilitates:

  - A review of violent incidents and the ideas on which they are based.

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- A biographical analysis of the roles and models of men and women, personal histories and relationships as a couple.

- Greater self-knowledge and the identification and expression of emotions.

- Learning to resolve conflict for improved communication, fostering empathy with other people.

At the beginning and end of the treatment, the service contacts the female partners or former partners, to prevent false expectations. They are encouraged not to allow their male partner or former partner to forget the decisions made with the support of this service. If the service detects or receives a request for care from the woman involved, they proceed to refer her to the Social Services Centre in her region or the Care, Recovery and Shelter Service (SARA).

Since April 2014, this service has also incorporated intervention with adolescent boys perpetrating sexist violence.

HOW TO MAKE REFERRALS TO SOCIAL SERVICES

As a general rule, when a professional from another service (education, healthcare, another type of social service, etc.) is in contact with an adolescent who accepts or is prepared to contact a social service for information, advice or help on situations of sexist violence, it is important that the service (CSS, SARA or SAH) contacted, guarantees that the adolescent receives immediate care within the timeframes defined in the previous section.

Therefore, when referring an adolescent to the CSS, SARA or SAH for situations of sexist violence, the following must be ensured:

1. The referral must be as agile as possible so that the adolescent can access the social service in question immediately.

2. Co-ordination must be guaranteed with the service and/or professional making the referral, or providing the adolescent's contact details, so that they can collaborate effectively to encourage and accompany the girl or boy through the referral.

PROCEDURE

As our target population are adolescents, we must consider two potential scenarios:

- The adolescent, or person in their environment, and the situation can wait for the referral to be agreed beforehand with the social service in question.

- Regardless of the estimated severity and risk of violence, in accordance with the available information, the adolescent requests urgent care or it is evident that they are experiencing a high level of anxiety and discomfort.

Depending on the scenario, the professional in the field of formal education, healthcare or other social services, will use one of the following referral procedures:

A) **They will suggest the referral to the social service in question before sending the adolescent, or person in their environment**.

This must be the criterion <u>whenever possible.</u>

The procedure in these cases is the following.

- The service wishing to make the referral contacts the professional of reference for this type of social service case. They explain the reasons for the referral and transfer the minimum information necessary for the service receiving the referral to evaluate whether or not it is relevant. If the case is not considered relevant, the service will guide the professional to a more appropriate service for the adolescent.

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- Whenever possible, the referral will be sent in writing, whether by email or in a referral report. When the contact is made by telephone, commitment must be made to send this information in writing as quickly as possible. The required information to make the referral is defined in the following section of this chapter.

B) **The adolescent, or person in their environment, is guided to request help from the social service in question and notification is made of the referral immediately afterwards.**

It is not always possible to inform the social service to which the referral is made. Sometimes, it is necessary to take advantage of the moment in which the adolescent is motivated or accepts help.

However, it is necessary to understand that prior transfer of the minimum information to the service to which the referral is made is not 'bureaucracy', but a requirement so that this service can help the adolescent in the best way possible, preventing secondary victimisation through the duplication of questioning.

When it is not possible to make prior contact with the service, the professional making the referral will notify and transfer the necessary information detailed below as quickly as possible.

WHAT INFORMATION NEEDS TO BE PROVIDED TO MAKE A REFERRAL?

The basic principle established in our legal framework[145], is as follows:

It is necessary to communicate the minimum information necessary. This enables the social service taking on the referral to receive the adolescent, and/or person in their environment, within a context of co-ordinated services, in order to help the adolescent. In particular, this helps prevent any secondary victimisation involved in the adolescent having to repeat and relive what they have previously explained, when it does not provide useful additional information for the social service in question to provide the required care.

How does this principle work?:

- At the time of making a referral, the available information on the following questions will be facilitated:
  - The person referred: the adolescent or a person in their environment, in which case, their relationship with the adolescent (friend, family member, other) will be provided.
  - The first name, surname and age of the adolescent or person in their environment referred.
  - Whether the adolescent involved is experiencing sexist violence and/or perpetrating it?
  - Was a request for help or guidance made by the adolescent or person in their environment? Was it the professional who detected the request and contacted the adolescent?
  - What situation of violence is being experienced and/or perpetrated?
  - What is the estimated level of severity according to the professional making the referral?
  - Is it known whether other services are intervening with this adolescent and/or with the family (EAIA, CSMIJ, etc.)?
  - Which type of care is being requested by the professional making the referral to the social service?
  - Any other information considered relevant that could help the social service support the adolescent and/or person in their environment better.
- When it is a Social Services Centre, the agent making the referral, completely or partially to SARA or SAH, the information to be transferred must be completed with:
  - The relevant results of their interviews and assessment.
  - The care provided or planned.

  As always when making a referral from one social service to another, the information will be gathered and transferred by means of the mandatory 'referral report'.

145 See the chapter on Legal Framework (pp. 94-109).

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CO-ORDINATION BETWEEN SERVICES FOR NETWORK-BASED WORK

SUMMARY

- Introduction
- How do we define network-based work?
- The benefits of network-based work
- Requirements for effective network-based work
- When should this model of network-based work be applied?
- Interconsultation

INTRODUCTION

Sexist violence is a multidimensional phenomenon with multiple causes. It has many different types of effect on adolescents and their environment, and can require the intervention of different services. The difficulty lies in the fact that the perspective of each of these services is focused on the nature and limits of their remit. No service, alone, can offer a global approach to the reality and its context.

On one hand, adolescents and people in their environment do not live in isolation, but in multiple inter-related networks: family, friends, services, etc.

Therefore, for intervention with adolescents who are experiencing or perpetrating sexist violence to be effective, it is necessary to involve the first level services in three basic areas: formal education (secondary schools), healthcare (paediatrics, family doctors, the Care Programme for Sexual and Reproductive Health (ASSIR), community healthcare), and social services (Social Services Centres (CSS), the Care, Recovery and Shelter Service (SARA), and the Men's Care Service for the promotion of non-violent relations (SAH)). Other services can also intervene, such as the Psychopedagogical Counselling Team (EAP), the Centre for Mental Health in Children and Young People (CSMIJ), etc.

With the intervention of all these services to support adolescents who are experiencing or perpetrating sexist violence, a basic principal is to avoid multi-intervention and the excess emotional effort generated.

A methodology that has proved especially effective for avoiding multi-intervention is that of network-based work.

This publication, therefore, includes a chapter to address why network-based work is necessary and how to use it effectively. The content presented below is based on the chapter developed on this topic in the publication *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention with Children and Adolescents in Situations of Sexist Violence by Social Services in the City of Barcelona)[146].

146 Collective work (2012). Barcelona City Council and Barcelona Social Services Consortium.

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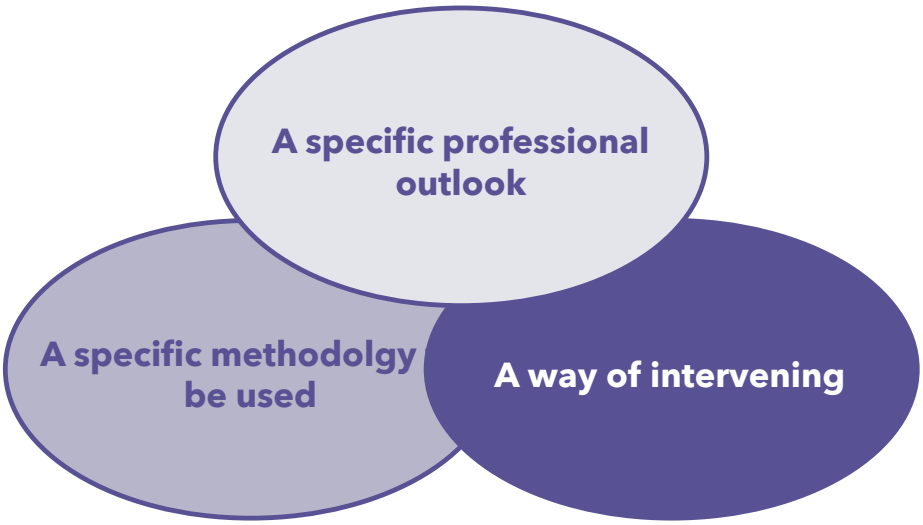
HOW DO WE DEFINE NETWORK-BASED WORK?

Network-based work is a methodological model for co-ordination and working together with a specific professional outlook and way of intervening:



The professional outlook

Network-based work considers the people and groups with which intervention is taking place in accordance with two basic principles:

- It emphasises their potential, capabilities and interests. Ultimately, it emphasises their ability to make decisions, seek solutions, and assume the consequences.
- It treats each case on an individual basis, identifying the uniqueness of each adolescent and the people in their environment. It goes beyond what the case has in common with other cases or classifying the person into a category, which often only serves to justify judgements *a priori,* and standard professional actions that may not be appropriate. Judgements of the type 'an adolescent with behavioural problems' must be avoided.

The intervention

Intervention using this model of network-based work involves:

- Understanding the causes and going beyond the symptoms and disruptive behaviours, when they occur.
- Providing joint assessments and guidance, and defining an intervention strategy that provides coherence and complementarity for the interventions by the different services.
- Defining which services need to intervene directly with the adolescent and their environment (usually the service of reference), and which service/s will make indirect intervention, not necessarily in person, with the adolescent, and if necessary, with their family and/or their environment.
- Avoiding the intervention of more services than necessary.
- Avoiding duplicate interventions or leaving needs unattended due to biased approaches by services.
- Avoiding contradictory indications for the adolescent and/or their family environment, peer groups, etc.
- Avoiding unnecessary complexity in the everyday handling of the intervention and the adolescent's decision-making and recovery process, caused by a multitude of visits and interviews without prior co-ordination between the services.

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To prevent the multi-intervention of services, a **principle** that has proved useful is '**subsidiarity**'. Its meaning is twofold:

1. Avoidance of the involvement of second level services if good action and network-based work by first level outpatient services are sufficient, as well as direct access by citizens to social services (CSS and/or SARA and/or SAH), healthcare (paediatric or family doctors, ASSIR and/or community healthcare), and formal education (secondary schools), to provide an appropriate response to the needs being treated.

   This means that all situations that can be assisted appropriately by first level care do not need to be transferred to second level services[147]. The hasty and unnecessary referral of an adolescent to a second level service leads not only to excess emotional strain, affecting their family and environment. It can also contribute to the adolescent being labelled as problematic and prolong or complicate the process of recovery from the violence experienced.

2. The choice of a service or professional of reference, meaning one responsible for the main intervention with the adolescent. The service of reference is not responsible for interventions made by other services, as there is no hierarchical relationship, or formal authority between them. The functions of the service of reference for a particular case are:

   - To foster and seek co-ordination with all the services intervening. The aim is to share an overall vision of what is happening, why it is happening, and what is being done, in order to achieve the coherence of actions and prevent the adolescent experiencing secondary victimisation.

   - To guarantee that all agreements between the services intervening are recorded in writing, and that all services support the text and have a cop.

A specific co-ordination methodology

Network-based work is based on a specific co-ordination methodology and agreement. There is no hierarchy between the professionals and services analysing and intervening in the situations. In the context of our publication, the target population are adolescents and their environment.

With this co-ordination, the 'case' takes on a central role and the intervening professionals and services are organised around this[148]. We understand the 'case' to define the construction and approach by professionals to the reality of a person or family, their situation, significant history and social context. Symptoms take on significance on the basis of this.

The methodology facilitates shared analysis of doubts and uncertainties about the case or intervention, in order to make decisions and contain reactive responses, if necessary, in the case of powerlessness and anxiety in certain situations for professionals from different participating services, or for the adolescent (and/or people in their environment).

To summarise, **it is necessary to follow a protocol for action including**[149]:

- A joint diagnostic evaluation.
- A working plan (in which the prognosis, objectives and overall strategy are agreed between the intervening services, establishing the specific actions and responsibilities to be assumed by each professional or service).
- The designation of a professional or service of reference for the case.
- Regular monitoring of the case (a minimum of one quarterly meeting).

147 As we have seen in previous chapters, we consider second level services to be those requiring a referral from another services. These include: social services (EAIA, CRAE), healthcare (CSMIJ, SOD, CAS), education (EAP).

148 WHO Ministerial Conference on Mental Health. Helsinki, January 2005.

149 Ubieto, J.R. (2010).

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Through this methodological process, the **initial questions** made by the different services are key in reaching a joint diagnostic evaluation. It is, therefore, important for the professionals and services to identify which information is truly significant. Key questions could include:

- Which information is significant for each professional or service intervening?
- How does each professional or service identify the problem in which it is necessary to intervene?
- Which subjects does each professional or service consider require direct intervention and which require indirect intervention? Why?

It is important to be very aware that network-based work is not easy for different reasons:

- We have not been trained in this methodology.
- There may be mistrust of other services, especially a lack of knowledge of their reality. This usually has the following consequences:
  - Expectations and requirements towards other services that do not always correspond to their responsibility and real scope, thereby seeming to confirm any prior mistrust. This leads to frustration, on one hand, because *'the other service does not do what they should do'*, and also discomfort and feelings of miscomprehension because *'the other services make impossible or inappropriate demands'*.
  - Difficulties in explaining and addressing misunderstandings and discrepancies between services and between professionals, eluding to or avoiding conflict, which does not make it possible to address the conflict through agreements and clarification of the misunderstandings when this occurs.
- The pressure to provide care, which in situations of sexist violence and protection in adolescence is often accompanied by social alarm and the urgent mobilisation of resources, can foster reactive interventions: acting before *understanding what is happening.*
- Due to the 'compartmentalisation' of services: even if the majority of services seek to get closer to the widest possible reality, all, to a greater or lesser extent, do so with a partial outlook, due to their specific mandate. The difficulty arises when the services give more validity to their specific outlooks than to others. In this context, it is difficult to co-ordinate shared, coherent intervention.
- Due to the omnipotence of some professionals or services, which may lead to inappropriate action and make network-based work difficult.

THE BENEFITS OF NETWORK-BASED WORK

To summarise, as defined here, network-based work aims to apply all the aspects explained in the previous section. However, what is the benefit of this methodology in comparison with other models of coordination between services?

It leads mainly to **improvement in the quality of care for the adolescent and people in their environment.** A more global, comprehensive approach is taken of what is happening and why it is happening than any service could obtain alone. *The ability to share information and concerns, doubts and any uncertainties generated by these cases (especially those presenting more complexity and/or difficulty) with different intervention areas, provides a different perspective of the issue. It often brings further comprehension to the situation and extends the scope of intervention by the services, whilst reducing contradiction. It involves all the actors, making them co-responsible, and helps them find new shared intervention strategies*[150].

In addition:

- **It also leads to higher professional satisfaction,** because there is greater understanding of the situation, the intervention is more effective with greater results, the professional feels supported through any uncertainties, doubts and errors by the other professionals and services, etc.

150 T. Abril and J.R. Ubieto (2008).

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- It also enables new resources and/or projects by different services to be implemented.

Ultimately, network-based work understood from this perspective is always productive. Fundamentally, this is because *everyone benefits. Professionals, services and the people supported all benefit when the support system is channelled and optimised in a manner that is more considered, understood and shared by the entire 'significant system'.*

REQUIREMENTS FOR EFFECTIVE NETWORK-BASED WORK

The first requirement to be taken into account is the **need to adopt a positive and coherent attitude to network-based work.** This involves, amongst other recommendations, active respectful listening, by all the professionals to understand the location, context, possibilities and limitations of the other professionals or service. This requirement is essential to be able to create an atmosphere of mutual trust in which difficulties, resistance and doubts can be addressed, and agreements can be reached.

Susana Vega[151] identified a series of requirements from network-based work from this perspective:

Notion of whole and comprehensive	This involves organising the incidents or problems by technical strategy. This notion leaves behind the strategies of compartmentalising problems or situations.
Notion of reality	This is based on the principle that reality is constructed. The person observing reality evaluates events in a certain way 'through their eyes' and creates a version of this reality. This notion leaves behind objectivity.
Notion of alternative thought	This enables new versions of reality to be constructed, which are capable of transforming (without destroying) aspects that are unnecessary at a given time. This enables us to learn how to use the notion of choice to choose between different options. This notion leaves behind the rule of certainty in which there is a sole reality and a person's version is the true version.
Notion of leadership	This notion leaves behind hierarchy as a fixed reality, where ideas, events and systems are organised rigidly and can lead to power struggles.
Notion of *equifinality*	This is based on the principle that the same causes do not lead to the same effects, and the same effects are determined by the same causes. This notion leaves behind the notion of determinism in issues.

151 Vega, S. *Entre maletas*. Talk at the plenary meeting of the Childhood and Adolescence Network in the District of Sarrià – Sant Gervasi, 27 March 2009.

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Notion of professional connection	This is based on empathy leading to recognition, respect and support for the other person and their opinions through attitudes of collaboration, such as those required to complete a puzzle as a group. To complete the puzzle, each member of the group must ask themselves: *Which piece of the puzzle shall I place so that my team member can add theirs?* This notion leaves behind mistrust, the downgrading of others, competitiveness, accusation and destructive criticism.
Notion of emotional resonance	This uses shared sensations and emotions as a working tool. This notion leaves behind the tendency to conceal emotions, cover up conflict and dysfunctional relationships between professionals and services, as well as between them and the people and families they support.
Notion of co-responsibility and co-construction of decisions and agreements	This is based on collaborative confrontation strategies, where credit for intervention is shared and success belongs to everyone. This notion leaves behind an exclusive, individual disciplinary approach.
Notion of structured team network as a conversational network	This notion is constructed at a given time around a problem. Professional communication needs to be complemented, and resources visualised. Dialogue about what is possible and how to achieve it reasserts the shared creation of meanings and practices. This notion leaves behind the search for epistemological coincidence as an objective.
Notion of transparency and opening between professionals and with the adolescent (and/or people in their environment where relevant)	This is based on the principle that including the adolescent, and people in their environment, as part of the network will bring coherency and involve them in the decision-making process about their future. The starting point is the adolescent's vision and concerns, as well as the opinion of the group of professionals. This notion leaves behind the coalitions, alliances, manipulation or double messages against one another (amongst professionals and between the adolescent, and/or their environment, and professionals).
Designating a person of reference, accepted and supported by the teams and the adolescent (and their family and/or people in their environment where relevant)	The definition of who does what will depend on who is best positioned in the network. It may fall to the same person (professional or service), as there may be moments in which the importance of the work is assumed more by one service than another. This means that the lines of action and follow-up within the case will depend on the location, timing and results obtained in this shared task.

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WHEN SHOULD THIS MODEL OF NETWORK-BASED WORK BE APPLIED?

This method is essential when dealing with cases of a certain complexity with the intervention of different services. This includes cases that generate doubt, that show signs of becoming habitual, and that can easily lead to reactive actions by the professionals, etc.

In these situations network-based work should always be applied, without exception.

In all cases, **whenever possible, it is necessary to implement spaces for regular network-based work**, whether at a district or city level, for the different agents to intervene with the adolescents, and, where relevant, with their environment. This enables all these agents to include a certain perspective and approach to reality in their daily practice, in the medium term, and to each specific situation. This gives them a greater understanding and allows higher quality intervention to be made.

When network-based work is not used only occasionally, for specific cases, but in regular spaces to jointly address the needs of adolescents experiencing situations of sexist violence, it is evident that it will have a multiplier effect in the long term that would be difficult to achieve any other way.

INTERCONSULTATION

Interconsultation is part of the methodology for network-based work. When network-based work cannot be applied as a whole, interconsultation is a useful mechanism, to avoid multi-intervention, whenever there is any doubt about the strategies used to address a certain situation, or the need to make a referral, whether fully or partially.

Direct intervention by all the services involved is often not necessary with the adolescent (and/or with people in their environment). It is often more relevant to guarantee interconsultation for indirect intervention by services that are already intervening. Indeed, interconsultation enables professionals to share doubts, and debate different options and intervention strategies without all the participating services needing to intervene directly with the adolescent.

We define the area of interconsultation as a space between equals; professionals and/or services. We differentiate this space from the area of providing advice, which indicates an unequal position whereby one person is requesting advice and the other is giving it.

All professionals and services have expertise in certain topics, and have doubts or limitations in others. It should be remembered that we are referring to care services with different roles and functions, which must guarantee a single perspective.

For interconsultation to be efficient, it must be agile and without bureaucracy. It involves placing services at the disposal of other services, whilst retaining the specificity of their role and without minimising their effectiveness. A secondary school or ASSIR, for example, must be able to use interconsultation with a CSS, SARA or SAH, whenever they need to, and vice versa. In this way, we guarantee improved action and an integrated perspective, using existing, relevant care services appropriately in each case.

Interconsultation can be by telephone, email or in person. Regardless of how it takes place, it is recommended that certain protocol are used to leave a record in the file of each case with the following information: the services participating in interconsultation, the questions addressed, the consensus or agreements reached, etc.

Furthermore, we wish to make it clear that it is **necessary to give relevance to and take advantage of existing spaces that can be used as spaces for interconsultation**. New spaces do not always need to be created. It is more optimal to use existing spaces where possible. Examples would be Social Committees in educational areas, Social Services Centres, or Children's Area Committees established in the Law on the rights and opportunities of childhood and adolescence 2010 (Article 26), or existing projects that are using network-based work.

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SUMMARY OF KEY IDEAS

Detection:

- -Detection means discovering by means of clues. It involves revealing the existence of a given situation through a procedure based on warning signs and/or evidence.

  In accordance with Law 5/2008, of 24 April, on the right of women to eradicate sexist violence, detection is *'the putting into practice of various theoretical and technical instruments that allow for the identification and visibility of the problem area of sexist violence, whether it appears in its early stages or is already stable, and which create knowledge of the situations in which intervention is necessary, so as to arrest its development and becoming habitual'* (Article 3 section d).

- **It is necessary to detect:**

  - Situations affecting adolescents who are experiencing and/or perpetrating sexist violence.

  - Collective spaces and situations in which incidents of sexist violence are occurring repeatedly. These situations require community intervention.

- **Professionals have the responsibility to detect and take action** in situations of sexist violence affecting adolescents. We consider that this obligation is equally applicable to the adolescent perpetrating sexist violence, and not only to the adolescent experiencing the violence. In dealing with minors, we understand that perpetrating violence is also a situation of risk, as, by not intervening from a socio-educational perspective, the risk is that the adolescent becomes an adult who continues perpetrating sexist violence.

- **-Detection is not always easy** for different reasons, such as the following:

  - Detection requires knowing how to look and wanting to see.

  - Sometimes the difficulty does not lie in detecting the situation, but in getting close enough to the adolescent for them to trust us as adults, when there is often an unequal relationship of authority.

  - On the other hand, we often find it difficult to identify much more subtle conduct as sexist violence, which may be more harmful because it is concealed.

- Sexist violence can be detected in any physical place or digital space where there are adolescents. In the context of this publication, we have focused on detection within first level services in the areas of formal education, healthcare and social services. We consider services that citizens can access directly to be first level services.

  - Social services:
    - Social Services Centres (basic generalist services)
    - Information Point and Services for Women (PIAD)
  - Healthcare:
    - Paediatric or family doctor
    - Care Programme for Sexual and Reproductive Health (ASSIR)
    - Community healthcare
    - Casualty
  - Formal education:
    - Secondary schools

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Referral to social services providing outpatient care in situations of sexist violence:

- There are three types of social service providing outpatient care for sexist violence in the city of Barcelona:
  - Social Services Centres (CSS)
  - Care, Recovery and Shelter Service (SARA)
  - Men's Care Service for the promotion of non-violent relations (SAH)
- Referral in this context means that a professional from an educational, health-related or social service makes a formal request to one of these three services, asking them to provide care for an adolescent or a person in their environment.
- Whenever there is knowledge of a situation of sexist violence affecting our target population, it is always necessary to make a referral when:
  - The adolescent, or person in their environment, requests help beyond the scope of the care and advice provided by the area of healthcare, formal education or any other.
  - The professional in the area of healthcare, formal education or any other, considers that the adolescent, or person in their environment, requires information, advice or intervention that should be provided by the social services, as long as the person to be referred is in agreement.
  - It is a situation of severe sexist violence, in accordance with the procedure established by the protocol for each service.

How the different services are structured with a network-based approach:

- Sexist violence is a multidimensional phenomenon with multiple causes. It has many different types of effect on adolescents and their environment, and can require the intervention of different services. The difficulty lies in the fact that the perspective of each of these services is focused on the nature and limits of their remit. No service, alone, can offer a global approach to the reality and its context.
- A methodology that has approved effective to prevent this multi-intervention is network-based work. This consists of a methodological model for working jointly between services. It takes a specific professional outlook and way of intervening.
- Understood from this perspective, a network-based approach is always *productive*. This is fundamentally because *everyone wins, including the professionals, services and people cared for, when the care system is channelled and optimised in a way that is more considered, understood and shared by the entire 'significant system'.*
- Network-based work is essential in complex cases where different services intervene. These may be cases that generate doubt, where there are signs of the violence becoming habitual, or when professionals could undertake reactive actions, etc.
- Interconsultation must be understood as a place amongst equals; professionals and/or services. This differentiates it from places where advice is given, and where there is an unequal position between the person requesting advice and the person providing it. Interconsultation can be used as part of the methodology of network-based work and also when the methodology of network-based work cannot be applied in its entirety.

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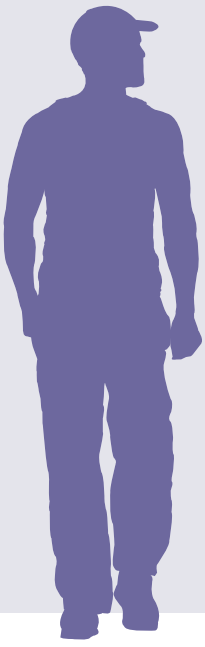
INTERVENTION AND OUTPATIENT CARE BY SOCIAL SERVICES IN THE CITY OF BARCELONA



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SUMMARY

- Care phase: conceptual definition.
- Access by the adolescent population to outpatient social services that provide care intervention in situations of sexist violence.
- Group intervention and individualised intervention with our target population and their environment: prescribed guidelines and recommendations in the context of care intervention.
- Elements for intervention with adolescents perpetrating sexist violence.

This chapter addresses aspects that we consider to be essential. We are aware, however, that other aspects require further development, as we need more direct experience and knowledge of how sexist violence affects our target population, in order to prepare protocol for care intervention by social services.

The following aspects are developed in this chapter:

- Access to social services that can provide outpatient care intervention in the situations analysed.
- Group intervention and individualised intervention with our target population and their environment: prescribed guidelines and recommendations.
- Elements for intervention with adolescents perpetrating sexist violence.

It is first necessary to define care intervention in the context of social services and which social services in the city of Barcelona provide outpatient care to adolescents in situations of sexist violence.

CARE PHASE: CONCEPTUAL DEFINITION

We understand the 'care phase' to be the intervention phase with the following objectives:

- To prevent[152]:
  - the violence from becoming habitual
  - violent relationships being repeated in the future.
  - the internalisation of interpersonal relationship models based on the abuse of power and the submission of one person to another for gender-based reasons.

and/or

- To contain the situation and prevent it from worsening.

and/or

- To promote changes for improvement that modify the initial situation and consolidate changes already made.

Before the care phase, the initial identification and diagnostic evaluation of the situation are made. It is decided which guidance to give and which suggestions will be made to the adolescent or person in their environment.

Once the care phase begins, the evolution of the situation generates new information that can modify the diagnostic evaluation, the guidance and the intervention. This means that all phases are interrelated and constantly feed into one another.

152 Tertiary prevention once the problem exists.

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The care intervention with our target population.

Our intervention is aimed at:

- **The adolescent**
  - To help them identify and put into words what is happening, how they are affected and they feel. For adolescents perpetrating violence, to identify their behaviour as abusive, make visible the suffering and harm caused and take responsibility for the consequences.
  - To help them link the conduct coherently to their emotions and their behaviour.
  - To strengthen their capabilities, skills and tools to protect themselves and reduce their exposure to the risk of violence, or to prevent abusive behaviours.
  - To help them explain and ask for help from their mother and/or father or significant adults, unless doing so could be counterproductive.
  - To provide alternative protection measures if measures or actions beyond the reach of the adolescent and their family are required.
  - To accompany them in their process of recovering from the harm caused by the violence.
  - To foster actions to repair the damage caused by the adolescent perpetrating the violence, where relevant.
  - To help them build a model of interpersonal relationships based on equality and respect, and the dialogue-based resolution of conflict.
- **With the mother and/or father, or significant adults, where considered appropriate**
  - To help them understand and accompany them, assertively, in the process of identification and recovery from the violence, or the process of identifying abusive behaviour, taking responsibility for it and modifying attitudes and conducts, depending on the situation.
  - To help adopt protection measures for the adolescent experiencing violence, and put boundaries in place for the adolescent perpetrating violence.
  - To provide alternative protection measures when measures or actions beyond the reach of the adolescent and their family are required.
- **The environment**
  - To offer direct care to significant people in the environment of the adolescent experiencing or perpetrating sexist violence (friends, sisters or brothers, or other family members, etc.) who have also experienced or are being impacted by the violence. These are the so-called ‘collateral victims’ of sexist violence.
  - To convert the environment into an agent for support, detection and alert.
  - To help recognise the damage suffered by the adolescent due to the sexist violence experienced.
  - To neutralise the risk factors posing a threat to the adolescent experiencing sexist violence, or encouraging abusive and violent attitudes and behaviours for gender-based reasons.
  - To help the adolescent find alternative models of interpersonal relationship, based on equality and respect, in their daily environment, and the dialogue-based resolution of conflict.

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ACCESS BY THE ADOLESCENT POPULATION TO OUTPATIENT SOCIAL SERVICES THAT PROVIDE CARE INTERVENTION IN SITUATIONS OF SEXIST VIOLENCE

ACCESS ROUTES

As in the chapter on *Referral to Social Services Providing Outpatient Care in Situations of Sexist Violence*[153],we are referring to the following social services:

- Social Services Centres (CSS)
- Care, Recovery and Shelter Service (SARA)
- Men's Care Service for the promotion of non-violent relations (SAH)

Access by the adolescent population to these services is based on two principles:

1. All three services provide outpatient care and, therefore, they have two **access routes**:
   - **Direct access** by citizens.
   - **Referral by other services.**
2. The right of adolescents to access these services directly, without being accompanied by an adult, is recognised by the Law on rights and opportunities during childhood and adolescence, in Article 17[154]:

   In order to seek information, advice, guidance or support, boy, girl and adolescents can go directly to the public authorities responsible for providing care and protecting them, even without the knowledge of their parents, guardians or carers, particularly if communication with them could frustrate the intended purpose. With the same objective, they can also contact the Public Prosecutor, the Ombudsperson or defenders of local citizens' rights.

PRIOR CONSIDERATIONS

- **The social service that will support the adolescent must guarantee immediate access without the need for an appointment, before the adolescent changes their mind.**

  As outlined in the chapter on adolescence[155] when dealing with an adolescent, the factors of ambivalence and insecurity must be taken into account, in addition to the factor of immediacy, as the characteristics defining their reality, behaviour, and the continuity of their decisions and actions. When the adolescent asks for advice and/or help, it needs to be provided immediately. Otherwise, it is likely that they will rethink their decision and not return.

- **The adolescent must be able to access the relevant social service immediately and feel heard. This is an essential factor for the professional supporting them to establish a relationship based on trust and encourage the adolescent to return, if relevant, for the necessary care intervention.**

  Once a relationship based on trust has been established and the adolescent feels heard, understood and helped, it will be possible, in the majority of cases, to arrange interviews (individualised care) and/or include the adolescent in group intervention.

153 See pages 152-159.
154 See the chapter on Legal Framework (pp. 94-109).
155 See the chapter on *Adolescence: A Time of Transformation* (pp. 24-34).

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- **It is necessary to diversify the channels of access, in order to get closer to the reality and the communication means used by adolescents.**

  It is necessary to be able to provide information, advice, and even interviews digitally (by email, Skype, etc.) or by telephone, and not only in person. The objective will be to provide individualised and/or group care in person, but, while this is not possible, all means that facilitate contact with the adolescent will be used.

  Another aspect to consider is that the adolescent may opt for anonymity (contacting the social service in question with a pseudonym, for example) when they contact the service initially. The professional will respond to their request, informing the adolescent that it is difficult to help them appropriately if they do not know who they are. When necessary, it will be suggested that they come to the service in person or arrange to meet in less formal contexts.

- **Guaranteeing that the place in which the adolescent is attended welcomes them in the desired way so that they feel good there.**

  Although the essential element for establishing a relationship based on trust is the interpersonal relationship established by the professional with the adolescent, it is evident that the characteristics of the physical place where they meet in person is a factor that can either facilitate or make it difficult to attain this objective.

  For this reason, it is recommended that, whenever possible, there is a circular table and the space is not 'cold and sterile', but has a warm and welcoming atmosphere. Adapting social services premises does not necessarily involve significant expense. It requires imagining the space from the adolescent's point of view.

In conclusion:

1. Care for the adolescent population requires much more organisational availability and flexibility than care for the population adult.
2. It is necessary to diversify the channels of access in order to get closer to the reality and the communication means used by adolescents.
3. It will not be a requirement for access to the service that the adolescent provides their identification details, nor that they appear in person in order to receive the care needed.
4. The priority is to provide care to the adolescent requesting information, advice and/or care from the service about situations of sexist violence. It is important to establish a relationship based on trust that enables the care to be provided in person whenever possible.

ORGANISATIONAL CRITERIA TO HELP ADOLESCENTS ACCESS THE OUTPATIENT SOCIAL SERVICES PROVIDING CARE IN SITUATIONS OF SEXIST VIOLENCE

A series of organisational criteria that must be guaranteed is presented below. The criteria are a necessary reference for outpatient services providing care intervention in situations of sexist violence (CSS, SARA and SAH). The criteria enable us to evaluate whether the current organisational criteria help the adolescent population access the services, and whether modifications for improvement should be made that are feasible and necessary.

- **Guaranteeing care by telephone and online 24 hours a day, every day of the year with staff qualified in social education and/or social work, who have experience and training on sexist violence and adolescence.**

  In the city of Barcelona, there are different organisational options to guarantee care services 24 hours a day. These include:

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- Equipping outpatient services with the necessary resources.

- And/or complementing the times in which care is provided through Barcelona Social Emergencies Centre (CUESB), prepared and equipped with the appropriate staff, to provide first level care to the adolescent population in situations of sexist violence, and the necessary accompaniment to link the adolescent to the outpatient social service that can continue to provide care in each situation.

- **Providing immediate professional care to the adolescent contacting the CSS, SARA or SAH directly for advice and/or help.**

  - **Immediate care:** regardless of the means used by the adolescent to contact the relevant social service (in person, by telephone or online), the optimal timing for care is within a maximum of 10 minutes.

    If no professionals are available at that time, they will be asked to leave their telephone number and/or email address (or the adolescent's preferred means of contact), so that the professional can contact them as quickly as possible that day.

  - **Care provided by a professional:**

    - The optimal scenario is that the telephone number provided by the adolescent is contacted directly by a professional, and not by administrative or reception staff who work at the service's switchboard. The fewer filters the adolescent encounters before receiving the information, the better the advisory and care service will be.

    - It is preferable for professionals making the first contact with the adolescent to be from social education or social work, as this professional will assume the function of person of reference in this case and will assess whether or not to incorporate other professionals (from the areas of psychology, law or employment).

    - The professionals making the first contact and providing care intervention to the adolescent must be qualified and have ongoing training in sexist violence and knowledge about adolescence and intervention strategies for the adolescent population.

    - Whenever possible, the professional making the first contact with the adolescent should also assume the individualised care intervention.

    - For group care, the adolescent will be guided and encouraged to go to the group that corresponds to their needs, regardless of whether the professionals know the professional of reference who is providing individualised care.

- **It is necessary to be flexible about the place in which the first contact takes place: at school, in the street or an open environment, at the service, etc.**

  When the meeting is in person, the adolescent will be invited for the first time to come to the premises of the service. If the adolescent is reticent, it is also possible to meet in other environments that encourage them to attend and build trust.

These criteria must be applied if the adolescent goes to the CSS, SARA or SAH of their own accord or through referral by another service or professional.

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INFORMATION CAMPAIGN AIMED AT THE ADOLESCENT POPULATION IN THE CITY OF BARCELONA ON HOW AND WHERE TO GO FOR INFORMATION OR CARE IN SITUATIONS OF SEXIST VIOLENCE

For the adolescent population to access the social services that can provide information, advice and care in situations of sexist violence, they need to know where to go and how to get there.

Barcelona City Council should conduct an ongoing information campaign aimed at the adolescent population as a whole.

Requirements of this campaign:

- **Content:**

  It must provide information on two central themes:

  - Elements for the identification of sexist violence:
    - What is sexist violence? Are you a victim of it? Do you think you might be a victim of it? Are any of your male or female friends in this situation?
    - Do you think you might be perpetrating sexist violence? Do you think any of your male or female friends might be? How can you find out?
  - Where to go for information, advice and/or care.

- **It must be universal:**

  In the same way that sexist violence is structural and affects all areas of society, this campaign also needs to be universal and reach the places adolescents go: schools, youth clubs, civic centres, healthcare services, libraries, leisure venues like discotheques, sports centres, public transport, etc.

- **It must be permanent:**

  The structural and historical nature of sexist violence makes it necessary to create ongoing dissemination tools that are always within reach of the adolescent population and all people, professionals and non-professionals, interested in obtaining information and/or advice on situations of sexist violence affecting our target population.

  Therefore, **it must be updated on an ongoing basis** to adapt to changing times

- **It needs to use the language and style used by the adolescent population.**

  The message must be clear and attractive for the adolescent population, which is diverse.

- **It must be participative.**

  The campaign must be participative in its design:

  - The campaign must be created with the direct participation of adolescents.
  - Adolescents with different points of view and 'styles' need to participate, to guarantee that the information reaches this diverse population group as a whole.

- **It must guarantee the inclusion of specific population groups.**

  It is important to take into account sectors of adolescents with specific needs or characteristics (for example, functional diversity, different ethnic origins and/or different cultural perspectives) to ensure that the campaign also reaches them. This involves taking these needs and characteristics into account when:

  - Designing the campaign in terms of format and content.
  - Defining the distribution and dissemination points.

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GROUP INTERVENTION AND INDIVIDUALISED INTERVENTION WITH OUR TARGET POPULATION AND THEIR ENVIRONMENT: PRESCRIBED GUIDELINES AND RECOMMENDATIONS IN THE CONTEXT OF CARE INTERVENTION

This chapter is based on the contribution of the publication *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention with Children and Adolescents in Situations of Sexist Violence by Social Services in the City of Barcelona[156], We have included or modified content that we consider appropriate, to adapt it to the characteristics of our target population.

At the beginning of this chapter, we outlined the steps taken prior to the care phase: an individual interview to explore the request for help and the situation, an initial diagnostic evaluation and guidance defining the suggestions to be made to the adolescent in question or the person in their environment. At the time of providing guidance, the professional evaluates whether or not direct care intervention is required for the adolescent and, if so, of what type: group and/or individual intervention.

Both individualised and group intervention are essential tools for providing care intervention to adolescents. However, group intervention enables objectives to be achieved that are not possible through exclusively individualised intervention. For this reason, whenever possible, **the main tool for intervention will be group work.**

Our perception is that the group tool is underused in the context of social services, and its scope for implementation is not sufficiently well known. Therefore, this section focuses on providing care through group intervention without minimising the importance of individualised intervention with adolescents in our target population.

WHY IS GROUP INTERVENTION NEEDED?

For two reasons, notably:

1. The group is a natural mediator between the person and society. It should be used consciously in professional intervention.
2. The group is a facilitator for personal change.

- **The group is a setting for social interaction** in which the roles, beliefs, connections, social skills and attitudes of the members of the group are visible, both in the personal position each person takes, and in the position the group attributes to others.

  This 'microsociety' is an ideal space for the professional to work with each individual by means of dynamics and relationships established between the members of the group. Through established rules within the group, an alternative relationship model is established, providing strategies to confront difficulties and conflict without violence.

- Neus Roca explains this clearly in the chapter on *Groups as ideal spaces for change* in the publication ***Intervenció groupal en violence sexist*** (Group Intervention on Sexist Violence[157]. Part of the text is reproduced below, although not in the original order:

  Why intervene through groups?: ***We confirm that the group is a setting with a distinctive, unique value.***

  – *Groups are effective in psychological and social intervention because fundamental human processes occur in groups for a person's survival and self-accomplishment.*

156 Collective work (2012). Barcelona City Council and Barcelona Social Services Consortium.

157 Roca, N.; Masip, J. et al. (2011).

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- *Groups […] operate particularly on different areas of the human psyche: on life guidance, the formation of social identity and attitudes, socialisation and learning, differentiation and social integration.*
- *They also have an essential role in the transitions of the life cycle, in stressful situations, of limitation and vulnerability.*
- *In a group context, learning is accelerated for several reasons:*
  - *The decentralisation of that which is individual fosters 'mentalisation' and 'symbolisation' processes (Soledad Calle and Montserrat Pérez- Portabella, 1999), as it transforms acts and emocions into words and gives rise to their expression and analysis.*
  - *Through these verbalisations expressed by peers, closer to the cultural baggage of adolescent participants, an intermediary step is taken to the adapted discourse of professionals. This reinforces the incorporation of increasingly abstract repertoires, whether cognitive or emotional.*
  - *In social care, the group serves as a tool providing professionals with different possibilities (Soledad Calle and Montserrat Pérez-Portabella, 1999): it enables multidisciplinary actions, an initial contact with certain topics that would be difficult to address individually with some people, it enables learning to be recognised as one's own and stereotypes to be questioned. It prevents conflict becoming habitual, by comparing opinions, reflection and dialogue on desires, experiences and concerns, which enable connection with key internal aspects practically unexplored in oneself.*

- Finally, as asserted by Neus Roca (2011): *more people helped in less time is a good argument for suggesting group intervention. Nonetheless, as we have seen, its value is qualitative.*

WHY IS GROUP WORK THE PREFERRED TOOL FOR INTERVENTION WITH ADOLESCENTS?

As outlined in the chapter on *Adolescence: A Time of Transformation*[158], adolescence has always been described as a period of change, a period of reorganising accumulated experiences, of turbulence, uncertainty and discovery. It is a time of movement and attempts to construct a new identity and new knowledge of oneself. It is a period of transformation and transition between childhood and adulthood.

Adolescence is one of the most transcendent moments in life. A series of highly relevant changes in maturity occur in a short space of time. These changes require an appropriate mental reorganisation. Therefore, adolescence is considered to be a time of 'emotional revalidation', where everything that has remained pending in a person's development, must be updated to get through this phase and pass to adulthood[159].

During adolescence, in addition to puberty changes and the changes in cognitive capacities, which occur at this age, there are also new experiences and new social roles. At this crossroads, self-image and self-esteem are of fundamental importance. This time of life is when a great need for independence occurs, with a high level of uncertainty and insecurity.

The justification for providing care to adolescents through group work may be understood from the understanding of adolescence as a natural group phenomenon.

The adolescent reconstructs themselves through identifications that imitate, initially, rather than being true identifications. This explains the tendency to seek signs of social identity (brands of clothes, musical styles, etc.), which give them a sense of collective belonging, as their social individuality is still being defined.

In this need to be 'oneself', the adolescent adopts attitudes opposing others, to conduct a process of individualisation, especially in relation to the adult world. This confrontation is painful, as it represents separation and grief, and it is necessary to seek shelter in peer groups and friendship groups (for this reason, friendship takes on a relevant significance at this time in life), to be able to face life with less fear of loss and subsequent loneliness.

158 Pages 24-34 of this publication.
159 Blajakis, M. I.; López Atienza, J.L. (2002)

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The group supports this need to share the same vital information between all of us.

Within the group, the adolescent can share and dilute the fear and insecurity caused by so many new situations that must be faced.

The group is a transitional space, in the meaning coined by Winnicott, on the path to autonomy and independence.

According to Atienza and Blajakis[160] *the group is the refuge for the adolescent between the family (a synonym with the past, childhood, and what is known) and their social environment (future, projects, the unknown and ambivalence, since it is what they fear and desire at the same time). The group is still a place for play, exploration and investigation into the new forms that the adolescent must practise constantly, in their forward and backward movements between the past and the future.*

In the group, they share experiences by observing the differences between people, and creating something in common. This process of sharing can also foster personal growth and self-esteem.

In the group, by helping others in their peer group, the adolescent develops and gains awareness of their personal value. This was defined by Yalom[161] as altruism, and it is considered a therapeutic factor.

The group activates mental action and the processes of representation that foster learning.

In addition, in situations of sexist violence, the feeling that are accompanied as part of a group can free the adolescent from the feeling of loneliness and help them face up to the guilt that they may feel through opposition with their mother and father (as part of the process of constructing their individuality), or through the situation of violence experienced and its concealment. This alleviates the intensity of the guilt, opening up mental spaces to think as part of a group.

- **What does the group bring to the adolescents in the group[162]?**

1. *The group counteracts the feelings of loneliness. The person sees that they are not 'special', that their problems are not due to any type of personal failure, since other adolescents are experiencing similar experiences with similar emotional reactions.*

2. *For the adolescent, it is easier to share the situation they are experiencing and compare it with others, without it being negative for them, or feeling disloyal to their mother and/or father or* to other people.

3. *The group provides social legitimacy and the recognition of being someone. It reduces the isolation of the person experiencing violence and alleviates loneliness.*

4. *The group strengthens the adolescent so that they can take an active position in social relations with others and with their environment, and also to construct a project for the future.*

5. *Experiences that resonate with others are shared. Adolescents find understanding and exchange different ways of facing difficulties, encouraging one another to try new strategies and make decisions about their own life. Therefore, the adolescents see that, in more or less similar situations, different positions can be taken. They can compare, exchange and experience other strategies, which can be 'healing' and satisfactory, as well as providing protection.*

6. *Practical and instrumental emotional help is given and received, as well as guidance and advice from others who are in similar situations.*

7. *The group enables the adolescent to identify, work on and question the beliefs that give legitimacy and help perpetuate the situation of sexist violence, and which have been taken on by many of the people in the group.*

8. *The group enables adolescents to rethink their lives from other perspectives and see that a better future is possible. It allows them to see that it is possible to have emotional or sexual relationships free from violence.*

160 Blajakis, M. I.; López Atienza, J.L. (2002)
161 Vinogradov, S.; Yalom, I.D. (1996)

162 Adaptation for the adolescent population from the publication *Protocol·lització de la intervenció grupal amb dones que pateixen o han patit violència de gènere*. Several authors (2007). Barcelona City Council.

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- **Can all adolescents experiencing sexist violence, including those suffering from violence and those perpetrating it, benefit from group intervention?**

  There are certain minimum requirements to be able to participate in a group, which depend on:

  - The moment in which the adolescent finds themselves: they must be in a moment of the process that enables them to reflect minimally on themselves in terms of emotional or sexual relationships, their gender identity, etc.
  - The adolescent must meet all the requirements below:
    - Be emotionally prepared with minimum skills for relating to others. This enables the adolescent to benefit from the group and prevents it from being an emotionally destabilising factor. It also means that the group benefits from the adolescent's participation and that they do not have a negative impact on the dynamics of the group.
    - Have a certain level of awareness of the situation of sexist violence experienced or perpetrated.
    - Have a sufficiently developed capacity for empathy.
    - Be willing to initiate a process of change and improvement.
    - Agree to participate and to respect the rules of the group.

TYPES OF GROUP INTERVENTION TO BE FOSTERED OR INCORPORATED INTO THE SOCIAL SERVICES SYSTEM IN THE CITY OF BARCELONA

In this section, we seek to identify relevant types of group intervention in this social services context, which we consider need to be consolidated, enhanced or reincorporated into our public system in the city of Barcelona.

It does not intend to be a closed list of all possible types of group work, but to identify certain types of intervention that have proved especially useful for intervening by social services in the context of sexist violence.

- **Open meeting groups:**

  These are groups for information, awareness raising and detection.

  Open meeting groups do not provide care intervention, but we have decided to include them in this chapter for two reasons:
  - They are useful.
  - One of their requirements is that, in addition to the person conducting the group, there are at least three adolescents clearly committed to the objectives of this space. These adolescents may come from spaces (group and/or individual spaces) where they have previously worked on processes of liberation and recovery from sexist violence experienced or perpetrated. Therefore, for certain adolescents, the fact that they are committed to collaborating with a professional adult and helping other adolescents identify sexist situations and violence, can be therapeutic for them, and should be fostered and incorporated into professional practice in our services.

Open meeting groups	
Definition	Open meeting groups facilitate access to social services providing outpatient care in situations of sexist violence for adolescents seeking advice. Within the safety and the activities of the open meeting group, they can get closer with less fear, helping them detect, by themselves, any possible situations of sexist violence that they may be experiencing or perpetrating, or that may be happening to other people in their environment. The methodology focuses on more lucid, informative content.

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Justification	Adolescence represents a journey in which a group of friends, the social group, begins to stand out as a key element in the differentiation process, providing refuge, social identity and feelings of belonging. The peer group provides social recognition different to the family and a different emotional framework. A significant part of the dependency that was previously within the family structure is transferred to the group. The group is the necessary transition into the external world to achieve individualisation as an adult. As indicated by Shaffer and Galinsky (1974)[163], general characteristics of meeting groups can be highlighted, which, to a certain extent, are shared: • It aims for the participants to find themselves, with others, and with the world of emotional relationships and the feeling of equality. • It is an integrative resource, as group activity includes verbal interaction (on the present and the past), techniques for action, and emotional techniques. The group becomes a framework in which self-expression is permitted. As a result, all that is required is the facilitation of identification processes as a path for subsequent commitment to oneself, to the group and to the service. In this respect, the professional facilitating the group must be accompanied by adolescents who have conducted prior work in other group spaces and can assume a co-facilitating role. Giving continuity and regularity to the space should foster the creation of a group with a minimum number of attendees, in which adolescents assume a significant level of responsibility and protagonism in leading the open meeting group. The idea is to begin with an embryonic group of professionals and a minimum of three adolescents, with the aim of creating a space for awareness raising, and create the essence of the group. (Foulkes)[164] defined the 'essence' of the group as the network of relationships and meanings occurring between people in a specific group. All family, work-related and academic groups, etc. inevitably create a specific network of relationships and meanings. This is not created consciously and voluntarily, but through the connections established between people. These connections contain a symbolic network and form a dynamic unit. The essence of the group is created when empathy unites the different members in virtue of the interests or the objectives of the group. A mutual perspective does not only include the members the group. It also includes the professional and the institution they represent. This phenomenon sometimes occurs consciously. Other times it happens unconsciously and is only recognised through rejection or acceptance. Conscious work by the professional facilitates processes of inclusion into the group and the possibility of listening in a less defensive way.

163 Huici, C. (1985).
164 Folulkes, S.H. (1979).

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Objectives	• To get closer to adolescents in spaces that help them identify abusive relationships. • To provide information and raise awareness. • To create a place of trust where the participants can give their opinions, express what they think or feel and make suggestions. • To foster equality-based gender roles. • To foster values of co-operation and collaboration from a perspective of equality and freedom through seeking agreement, through assertive communication and active listening with others.
Target population	The only criteria for exclusion applies to adolescents displaying disruptive conduct.
Number of people in each group	It will depend on the characteristics of the activity, and vary greatly.
Open / semi-open / closed group[165]	It is an open group.
Number of sessions per edition	It would be once a week throughout the year.
Professionals	**Profile:** professionals in social work and/or social education. They can also be professionals in pedagogy. **Ratio:** it is feasible to conduct group activity with one professional. It is preferable to have two professionals, but this is not essential. If two professionals are leading the group, it is recommended that they are different genders (a woman and a man) whenever possible. **Training and skills:** on sexist violence with a gender perspective, group intervention and intervention with adolescent.

Care groups:

In social services, we distinguish between three types of care group:

- **Socio-educational groups**
- **Psychotherapeutic groups in the social sphere**
- **Socio-educational group activities**

165 **Open**: new participants can join at any time. **Semi-open**: new participants can join during the group's initial phase (usually the first few months), and the group will subsequently be closed. **Closed**: once the group has been created and begun to function, no new participants can join.

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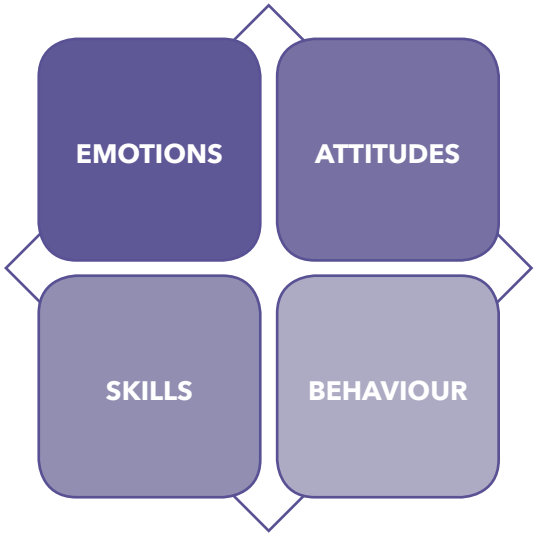
Regardless of the type of group, all group intervention in situations of sexist violence made in the context of social services has therapeutic effects, since its aims include containment, leaving the relationship and improvement, in terms of the damage caused by this violence, as well as contributing to the wellbeing, social inclusion and health of those supported.

Furthermore, all group intervention in situations of sexist violence works on four key aspects:



Each type of group is differentiated by which of these aspects it emphasises and the emotional commitment required from the participants.

Socio-educational groups[166]	
Definition	Socio-educational groups offer the opportunity to be part of an alternative socialisation experience with habits and values based on equality. This type of group allows the people involved to define the rules and activities, meaning that they maintain an active, participative attitude based on their interests. This obliges them to analyse in depth and connect with what they like or what displeases them, what excites and what inhibits them, or what they are good at and what they find difficult. Through verbalisation, they must reach agreements and consensus, which requires them to use empathy and listening. Ultimately, it involves putting into practice their capabilities and social and emotional skills, through interaction with their peers and the adult facilitator regulating the group, and becoming an alternative model. Group work enables emotional concerns and relationship conflict to emerge, so that they can be expressed, put into words, shared, developed and overcome, but it does not attempt to analyse the person's life history in depth. The work is based on centres of interest defined as projects or topics, which are the central theme for the dynamics of the group. Sometimes participants intervene in the choice of a project or topic. Other times, it is defined by the professionals, and people join the group depending on their interests and the difficulties on which they wish to work.

166 The text in italics is taken from or inspired by Córdoba, L. (2011), *Grupo socioeducativo con los hijos e hijas de la violència: acompanyar y elaborar*. It is part of the publication *Intervenció grupal en violència sexista. Experiència, investigación y evaluación*. Barcelona. Ed. Herder.

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Objectives	
	General objectives: • To create a place of trust in which participants can talk about their needs, concerns, worries and anxiety. • To deal with the feelings of guilt generated by situations of sexist violence. • To foster the acquisition of equality-based gender roles. • To foster values of co-operation and collaboration through seeking consensus, through assertive communication and active listening with others. • To develop the positive image of the participants (self-esteem) and their capabilities and skills (social and cognitive skills). • To detect their needs, provide guidance and connect them to the relevant resource network: healthcare, leisure, etc.
	Specific objectives for adolescents who are experiencing sexist violence: • To generate a place of trust in which their needs, concerns and worries about the sexist violence experienced can emerge. • To identify different types of sexist violence and its expression within a relationship and love. • To generate awareness of the problem: to identify the possible effects of sexist violence. • To address feelings of guilt and confusion generated by the fact that they are experiencing, or have experienced, sexist violence. • To raise awareness of the social, cultural and/or family-related factors that promote the violence and connect them with their own histories or their models of relationship. • To foster processes that generate self-esteem and a greater capacity for autonomy. • To provide resources to confront conflict through dialogue and agreement. • To improve communication abilities for relating with others. • To reflect on emotional or sexual relationships and relationships as a couple when violence is experienced within a couple: the cycle of violence and relationships based on dependency.

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	Specific objectives for adolescents perpetrating violence: • To generate a place of trust in which needs, concerns and worries about the sexist violence can emerge. • To generate awareness of the problem: the consequences on themselves, on the other person and on their environment. • To identify the cultural beliefs that give the violence legitimacy, and to connect the adolescent to their histories or their models of relationship. • To assume responsibility for their conduct. • To help the adolescent control and cease the violent conducted by increasing their level of control when they feel the need to act violently. • To identify the emotions associated with violent conduct. • To neutralise the usual mechanisms of denial and minimisation, and the attribution of the violence to an external cause. • To reflect on the different roles of masculinity and femininity, and incorporate equality as key. • To activate processes of empathy. • To promote more flexible roles. • To reflect on emotional or sexual relationships and relationships as a couple: the cycle of violence and relationships of dependency.
Target population	**Inclusion criteria** • Experiencing or having experienced sexist violence/Perpetrating or having perpetrated sexist violence. • Adolescents with a minimum of social skills (for interaction). • Adolescents who agree to participate in the group and commit to respect the rules of attendance and functioning. **Exclusion criteria** • Not being prepared emotionally. • Having significant barriers to relating to others (attitude-based, cognitive, etc.) • Active consumption of harmful substances that could lead to disruptive conduct and significantly harm the dynamics of the group.
Number of people in each group	Minimum: 3 Maximum: 12
Open / semi-open / closed group[167]	These groups are usually semi-open in the first sessions.

167 **Open**: new participants can join at any time. **Semi-open**: new participants can join during the group's initial phase (usually the first few months), and the group will subsequently be closed. **Closed**: once the group has been created and begun to function, no new participants can join.

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Number of sessions per edition	20-30 sessions per edition. As a general rule, a person can participate in a maximum of two editions.
Professionals	**Profile:** professionals in social work and social education. They could also be professionals in pedagogy. The professional or professionals facilitating the group by topic or specific activity can also collaborate with other professionals, such as workshop leaders, etc. **Ratio:** socio-educational groups are viable with a single professional. However, it is recommended that there are two professionals or that the professional has the support of a second person (workshop leader, work placement student, etc.). If there are two people running the group, it is advisable for them to be of different genders (a woman and a man). **Training and skills:** in sexist violence with a gender perspective, on group intervention and intervention with adolescents.
Frequency	They are usually held weekly or fortnightly.
Methodology (suggestions)	The materials used must be adapted to each new group and presented as attractively as possible for adolescents, with their language and iconography (colloquial language, drawings or images in which they identify, etc.). It is necessary to use attractive dynamics through which they can reflect on their experiences. It should be taken into account that overly thought-out or theoretical dynamics do not work, and one of the main strategies is to be totally flexibility in the development and planning of the sessions. Another strategy consists of continuously changing the media used (video, comics, different games, etc.). It is important diversify the media used in order to maintain their attention levels and motivation. New technologies are resources with which adolescents feel identified, and enable them to apply what they have learnt in their daily lives (the use of profiles, photos, social networks, etc.). Audiovisual methods used for working on certain topics must be recent and the adolescents must feel identified. Even if the content is of quality, they will not pay attention if the format is old fashioned. A further suggestion is the organisation of activities that require adolescents to physically move their bodies.

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Suggested content	• Beliefs, values, myths, stereotypes and gender identities. • Romantic love. Indicators of abusive relationships. • The phenomenon of violence. Sexist violence: identification and putting into words what is happening. Limits to the violence. • Self-care and self-esteem. • Emotions: identifying, expressing, regulating. • Assertive communication. • Conflict resolution. This content can be worked on in all three group. The differentiating element is the way in which it is used (methodology) and with which limitations, depending on the objectives sought and the defining characteristics of each type of group. The content to be worked on by adolescents perpetrating violence is outlined in the section *Elements for Intervention with Adolescents Perpetrating Sexist Violence*[168].

Psychotherapeutic groups in the social sphere[169]	
Definition	These groups work on the violent relationship of domination and the emotional suffering caused, or, in the case of adolescents perpetrating violence, on understanding and taking responsibility for their conduct. The groups identify the conditions of the relationship and the trauma caused. They work on the cognitive and emotional sphere from the personal history of each member of the group.
Objectives[170]	**General objectives:** • *To provide a friendly environment based on love, respect and non-violence.* • *To facilitate group processes that enable experiences to be explained, given meaning, and to become aware of them.* • *To learn or foster strategies for self-protection and autonomy.* • *To increase self-esteem, mood and emotional stability.* • To empower the adolescent to identify and put the violence into words, to find strategies to confront the violence, free themselves from it and define a life project free from violence.

168 See pages 194-196.
169 The name of this group aims to differentiate it from clinical psychotherapy groups, which are part of the healthcare system and not social services.
170 The text in italics is taken from or inspired by Plaza, M. and Roche, F. (2011). *Grupo de tratamiento a madres, hijas e hijos de la violencia de género. It is part of the publication Intervención grupal en violencia sexista. Experiencia, investigación y evaluación*. Barcelona. Ed. Herder.

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Specific objectives per adolescents who are experiencing sexist violence:

- *To put the experience into words of violence, and improve their ability to express themselves about the experience.*
- *To work on the aspects and/or symptoms associated with the trauma.*
- *To accompany the adolescents in understanding the situation of violence experienced.*
- *To identify violent conduct and attitudes, and reverse the normalisation of the violence.*
- *To facilitate the expression of emotions derived from conduct and attitudes.*
- *To accompany the different processes of loss and separation in the adolescents.*
- *To work on 'releasing guilt'.*
- *To facilitate the processes of emotional differentiation to promote autonomy.*
- *To foster the learning of communicative styles based on dialogue and active listening.*
- *To learn to relate to others on the basis of equality without the abuse of power.*

Specific objectives for adolescents perpetrating violence:

- To put their practices of violence into words.
- To accompany adolescents in the realistic understanding of the situation of violence used.
- To identify violent conduct and attitudes, and reverse the normalisation of the violence.
- To facilitate the expression of emotions derived from conducts and attitudes.
- To activate processes of empathy.
- To facilitate the identification and change of sexist beliefs.
- To accompany the different processes of loss and separation in adolescents.
- To work on taking responsibility for their actions.
- To provide tools for self-control.
- To foster the learning of communication styles based on dialogue and active listening, as well as working on assertiveness and the ability to resolve conflict in a non-violent manner.
- To learn to relate to others on the basis of equality without the abuse of power

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Target population	**Inclusion criteria** • Experiencing or having experienced sexist violence / Perpetrating or having perpetrated sexist violence. • Having explicitly asked for help. • Being at least minimally aware of the issue and wanting to initiate a process to change their situation. • Adolescents with a minimum of social skills (for interaction). • Being in a personal moment that allows reflection. • Adolescents who agree to participate in the group and commit to respect the rules of attendance and functioning. **Exclusion criteria** • Suffering from a mental disorder that is untreated or has left chronic side effects, which makes their ability to relate in a group difficult. • If it is considered that participating in the group could be a destabilising factor or that the adolescent could negatively affect the dynamics of the group. • Having an addiction or drug addition that has not been treated and may cause disruptive conduct that would negatively affect the dynamics of the group. • Being in a moment of crisis with multiple unresolved basic questions, which are the cause of an emotional block that would make it difficult or impossible to listen and reflect within a peer group context. In these cases, it is necessary to wait until the adolescent has overcome the situation of crisis.
Number of people per group	As a general rule, a minimum of 6 and a maximum of 12.
Open / semi-open / closed group[171]	These groups are usually semi-open in the first sessions, with the possibility of including new members, and closed once a minimum level of cohesion is achieved within the group.
Number of sessions per edition	As a general rule, a minimum of 18 and a maximum of 30.

171 **Open**: new participants can join at any time. **Semi-open**: new participants can join during the group's initial phase (usually the first few months), and the group will subsequently be closed. **Closed**: once the group has been created and begun to function, no new participants can join.

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Professionals	**Ratio:** It is essential to have the participation of two professionals to co-lead the group. **Profile:** The participation of a professional in psychology is essential. The other professional co-leading the group could be a social worker, a social educator or a professional in pedagogy. It is recommended that, when possible, the leaders of the group are of different genders. The professional or professionals facilitating the group by topic or specific activity can also collaborate with other professionals, such as workshop leaders, lawyers, etc. **Training and skills:** • In sexist violence with gender perspective. • In group intervention. • In intervention with adolescents.
Frequency	Weekly or fortnightly. Some groups combine both: the first months are usually weekly and then sessions are held fortnightly.
Suggested content	• Beliefs, values, myths, stereotypes and gender identities. • Romantic love. Indicators of abusive relationships. • The phenomenon of violence. Sexist violence: identification and putting into words what is happening. Limits to the violence. • The consequence of the violence for the person experiencing it and for the person perpetrating it • Self-care and self-esteem. • Emotions: identifying, expressing, regulating. • Assertive communication. • Conflict resolution. This content can be worked on in all three types of group. The differentiating element is the way in which the content is used (methodology) and with which limitations, depending on the objectives sought and the defining characteristics of each type of group. Further information on content for adolescents perpetrating violence is provided in section *Elements for Intervention with Adolescents Perpetrating Sexist Violence*[172].

172 See pages 194-196.

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Socio-educational group activities	
Definition	This type of group work places emphasis on attitudes, skills and behaviours with the values of equality and fair, conflict-free resolution based on dialogue. These group activities are instrumental in attaining the objectives of learning, information and/or awareness amongst adolescents. All group work undertaken by social services in the context of sexist violence, uses group dynamics and processes. However, in this type of intervention, this is not the defining objective, in contrast with the socio-educational groups in which the activities carried out are simply a means for working on group dynamics and processes, and constitute the main objective of intervention.
Objectives	• To provide information, raise awareness and/or facilitate learning on specific topics or skills. • To create a place of trust where the participants can give their opinions, express what they think or feel and make suggestions. • To foster equality-based gender roles. • To foster values of co-operation and collaboration from a perspective of equality and freedom through seeking agreement, assertive communication and active listening with others • To develop the positive image of the participants (self-esteem) and their capacities and skills (social and cognitive skills).
Target population	The essential requirements are as follows: • Experiencing or having experienced sexist violence / Perpetrating or having perpetrated sexist violence. • Adolescents with a minimum of social skills (for interaction). • Adolescents who agree to participate in the group and commit to respect the rules of attendance and functioning. The age, profile, and minimum and maximum number of participants will depend on the characteristics of each specific activity.
Number of people per group	It depends on the characteristics of the activity, and varies greatly.
Open / semi-open / closed group[173]	It depends on the characteristics of the activity, and varies greatly. It can vary from a single session to a maximum of 10.
Number of sessions per edition	It depends on the characteristics of the activity, and varies greatly. It can vary from a single session to a maximum of 10.

173 **Open**: new participants can join at any time. **Semi-open**: new participants can join during the group's initial phase (usually the first few months), and the group will subsequently be closed. **Closed**: once the group has been created and begun to function, no new participants can join.

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Professionals	**Profile:** professionals in social work and/or social education. Also professionals in the field of pedagogy. The professional or professionals facilitating the group by topic or specific activity can also collaborate with other professionals, such as workshop leaders, etc. **Ratio:** Group activity is viable with a single professional. It is recommended that there are two professionals, but it is not essential. If there are two people running the group, it is advisable for them to be of different genders (a woman and a man), whenever possible. **Training and skills:** in sexist violence with gender perspective, in group intervention and in intervention with adolescents
Frequency	Usually weekly or fortnightly. They can also be daily or the frequency may depend on the characteristics of the activity and the context in which it is carried out.

GENERAL CONSIDERATIONS ON GROUP INTERVENTION[174]

- **Functions of the professionals in group intervention**

In accordance with Vinogradovi Yalom (1996)[175], it is essential for the professionals to establish a certain attitude, a therapeutic relationship based on interest, acceptance, sincerity and empathy with the adolescents. The professionals should also take into account the following tasks:

- **Creation and maintenance of the group:** the professional or facilitator of the group is responsible for creating and organising the group, and encouraging the continuance of its members.

- **Development of a shared culture:** Once the group has been formed, the professionals need to create a therapeutic social system, but the members of the group are responsible for offering the different aforementioned therapeutic factors, so that, to a significant extent, the group is the agent for change.

The culture of the group is demonstrated, among other aspects, through the structure of the group obtained after a certain amount of time, the proposed tasks and how the group is organised to conduct the tasks.

174 The text in italics is from the publication: *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona*. Barcelona City Council and Barcelona Social Services Consortium (2012)

175 Vinogradov, S.; Yalom, I.D. (1996)

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Basic functions: There are four basic functions for leading the group correctly and facilitating the emergence of therapeutic aspects:

The professionals leading the group must assume functions 1 and 4 in a balanced way (not too much or too little). In contrast, the greater 2 and 3 are emphasised, the more positive the results will be.

The attitude of professionals in groups of adolescents must be appropriate, in order to create a relaxed environment closer to their natural environment.

Through this space, we should contribute to them experiencing adult figures as flexible, reliable figures. As a result, whenever possible, it is recommended that two professionals intervene of different ages. The younger one will facilitate the adolescents' processes of identification, and the older one will help activate their perspective towards adult figures, and especially, reinforce their connection with the adults who must continue to protect them.

- **The figure of the observer**

This involves observing systematically, in a targeted way, what occurs in each session, with the aim of providing useful elements for subsequent analysis on the dynamics of the group as a whole, and the positions of all people involved (participants and co-leaders).

This vision from a more distant perspective is extremely useful to chose the most appropriate strategies for subsequent sessions.

It is recommended that there is an observer in psychotherapeutic groups, although it is not essential.

It offers the additional advantage of preparing and training the observing professional in how to lead groups in the future.

The professional taking on the role of observer is part of the group intervention project team, but may be a member of another service and/or local area. For example, a professional from a Social Services Centre could take on this role in a psychotherapeutic group carried out in the Care, Recovery and Shelter Service (SARA); or a professional from a Social Services Centre could

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participate as an observer in a working group conducted in another district.

Before the group is created, it is a requirement to inform the participating adolescents of the presence and functions of the person in the role of observer, and that the adolescents agree to this.

- **Professionals from different services co-leading a working group**

This is not new in social services in the city of Barcelona. However, we believe that it is underused, despite offering many advantages, for example:

- *When there are no professionals with prior experience in group work for situations of sexist violence and adolescents, or in certain types of group, it may be useful to create a mixed team with a professional from the service, local area or district, and another from another service, local area or district with experience in the topic and the methodology to be employed.*

- *When using different services enriches the approach, methodology and analysis of what is happening. For example, this could be a group co-led by a professional from the Care Team for Children and Adolescents (EAIA) and another from a social services centre or the Care, Recovery and Shelter Service (SARA).*

- *When the aim is to implement group intervention for sexist violence with adolescents and only one professional is available, it is possible to complement the team with a professional from another service as long as they agree on the project to be carried out.*

It is certain that this type of approach also has a secondary benefit, as it facilitates network-based work between different social services, by providing mutual, direct knowledge based on practice, but also by successfully working together despite the organisational diversity.

- **Gender of the professionals when there are two of them**

As we outlined in the previous section, when two professionals lead the group, it is recommended that they are of different genders, whenever possible. This is an essential requirement for psychotherapeutic groups in the social sphere.

For adolescents who have experienced sexist violence, it is important that the group is led in accordance with a model of interaction based on equality, co-operation and working together, as well as offering alternative models of masculinity and femininity to the violent ones experienced or perpetrated.

- **Group intervention and ICT**

As analysed in previous chapters[176], new technologies are an integral part of the daily life of adolescents. Whatsapp, Facebook, Tuenti, etc., are all means incorporated into their daily lives, and the role that they have, or that we would like them to have, in the context of our group should be evaluated.

This is a topic of particular importance when we refer to group intervention with adolescents. In the context of this publication, we are aware of the need to analyse this topic in greater depth and suggest criteria for using new technologies in group work. However, we require further perspectives on the area of communication.

Therefore, this topic is one of the challenges that should be addressed in the near future.

176 See the chapter on *New Technologies and Sexist Violence Amongst Adolescents* (pp 81-93).

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WHEN IS INDIVIDUALISED CARE REQUIRED?

Prior to care intervention, the situation has been examined, a diagnostic evaluation made, and the guidance and suggestions for the adolescent and/or the people in their immediate environment have been chosen. This process always provides individualised care, regardless of any other means used.

As outlined in previous sections, it is in providing the guidance that the professional assesses whether or not direct care intervention will be provided for the adolescent and, if so, of what type: group and/or individualised.

We consider it relevant to provide individualised care, whether complementary to group intervention or as the only level of intervention, in the following cases:

- When the professional considers that the adolescent does not meet the minimum requirements outlined in the previous section to be able to benefit from participating in a group, and/or their participation may disrupt the group dynamics negatively for the other participants.

- When the adolescent is younger than 14 years of age, and their mother and/or the father directly opposes the direct participation of their daughter or son in a working group. In these cases, attempts will be made to find out the reasons and encourage them to authorise participation subsequently.

- Often adolescents reject the option of participating in group interventions and request individualised care.

  Sometimes, an adolescent may resist participating in a group. The professional should explore this resistance and the reason, in order to make the relevant clarification, address and minimise fear and/or prejudice, and positively, encourage the person to participate in the group.

  In all cases, participation in a group must be voluntary.

- Before joining the group, the adolescents should know what the group is, and its requirements, in order to reinforce and encourage their motivation to participate.

  After the consultation and diagnostic evaluation, the professional who suggests that the adolescent participate in a group, must explain what the group consists of. If the adolescent agrees to participate in the group, it is essential to give them, individually, all the necessary information on the group, before they confirm their willingness and commitment to participate.

  This information will be provided, individually, by the professional who will lead the group, who may or may not be the professional who has been supporting them until now.

- In parallel with the group intervention:

  – The professional may consider that the adolescent requires occasional or regular care on an individual-basis.

    Several situations may justify this decision, including the following:

    ◦ Sometimes the anxiety or symptoms of suffering do not lessen or become more flexible in group participation. Working on these on an individual basis, additionally, may provide the containment required by the adolescent.

    ◦ Other times, it may be necessary to work on a certain aspect that the adolescent finds difficult sharing with the group, either to address it individually or to find the way to consider and share it with the group.

    ◦ When it is possible to contact the family to help them understand the problem and give more support to their daughter or son.

  – If the adolescent requests individualised care, occasionally or regularly, the professional should assess whether the request is justified or whether doing so would minimise the therapeutic effects of group intervention. If considered relevant, individualised care may be provided on a regular, rather than on an occasional, basis. The frequency will usually be less than if they are only receiving this care. Emphasis will always be placed on empowering the adolescent to enable them to obtain the maximum benefit from their participation in the group.

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In all cases, it is necessary to avoid providing individualised care in parallel with group intervention if it will minimise or undo the therapeutic effects of the group. Individualised intervention must be aimed at empowering the adolescent in the context of their difficulties.

- Once the group has finished:
  - If the professional considers that unfinished aspects need to be developed.
  - Some professionals and services make a maximum of three individual consultations to close the care process once the group has finished.

ELEMENTS FOR INTERVENTION WITH ADOLESCENTS PERPETRATING SEXIST VIOLENCE

This section refers to adolescent boys in emotionally or sexually abusive relationships with girls, whether occasional or as a couple, and adolescent girls or boys perpetrating violence against an adolescent of either gender (girl or boy) because they do not behave according to the traditional, standard stereotypes of femininity and masculinity.

The broad objectives of the care intervention with adolescents perpetrating violence are outlined below, as well as content considered relevant. The methodology for intervention does not have specific particularities to that addressed in previous sections of this chapter. However, we are aware of the limitations of the development and in-depth analysis required for intervention with the adolescent perpetrating sexist violence. To address this in greater depth, we would require more experience in intervening in situations of sexist violence affecting the adolescent population. Developing the content of this section is, therefore, a challenge that remains pending for the near future.

Psychosocial intervention with a gender perspective that needs to be carried out with adolescents perpetrating violence must include, at least, the following objectives and content:

Objectives:

- To identify the acts and behaviours of sexist violence.
- To be aware of the consequences of abusive conduct and the damage caused.
- To take responsibility for the actions conducted and the damage caused.
- To identify the consequences of the violence perpetrated on the person perpetrating it.
- To remove the blame from the person to whom the violence is targeted and take action to repair the damage caused.
- To question the values that legitimise the sexist violence perpetrated.
- To incorporate models of interpersonal relationships based on gender equality and respect.

A series of content is presented below to be worked upon in order to attain these objectives. We are aware that it does not include certain key topics, such as removing the blame from the person to whom the violence is targeted and taking action to repair the damage caused.

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Content:

- **Accompaniment in recognising and taking responsibility for violence:**

  This work is one of the main priorities to explore the adolescent's level of recognition of the violence, their awareness of the problem and of the consequences of the violence in the different areas of life (physical, emotional, relationships, etc.) for themselves, the person targeted by the violence, and their immediate environment. This work reconstructs the discourses that justify and excuse their violent action, encouraging them at all times to take responsibility for their actions, rather than fostering guilt, which would immobilise them and create more frustration.

  It is important to help the adolescent differentiate between the different types of violence (physical, psychological, sexual and economic) and understand clearly the usual, most common, forms of violence, which are also more concealed amongst the adolescent population. These include psychological violence and sexual violence. It should always be taken into account that a common means of perpetrating violence by adolescents is through the use of new technologies.

- **Concepts of standard traditional masculinity and femininity:**

  In order to address sexist violence with the adolescent who is perpetrating it, it is important to understand how their masculinity and femininity are defined, and the relationship existing between the sexist model, on which traditional hegemonic masculinity and femininity are based, and the violence[177]. In this respect, the work is based on the following concepts:

  - The socialisation of gender and the internalisation of a traditional, rigid model of masculinity and femininity.

  - Questioning of the traditional hegemonic model and making its consequences visible for boys, girls and their immediate environment.

  - The relationship between masculinity and the use of violence as an element that reinforces masculinity.

  - The joint construction of alternative masculine and feminine identities that are positive, healthy and non-violent.

- **Learning about violence as a strategy to resolve conflict and acquire power and privileges:**

  Working with adolescents on the process by which violence becomes a way of resolving conflict and an aspect that influences their process of constructing their identity. It is important for the adolescent to be aware of the intention and use of violence to obtain or maintain power and privileges from the person targeted by the violence.

  It also involves:

  - Working on empathy in relation to the consequences and damage caused by the violence perpetrated.

  - Identifying and bringing visibility to the consequences of perpetrating violence on the perpetrator of the violence.

  - Analysing their own life history, if the violence has been learned in the context of the family since childhood, and, if this is not the case, in order to understand why violence has been incorporated as a strategy to resole conflict and acquire power and privileges.

  - Motivating and working to incorporate non-violent strategies for resolving conflict and tension through respect and relationships based on equality with peer groups.

177 For further information, see pages 43-47 in the chapter on *Conceptual Framework.*

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- **Emotional work:**

  It is especially important to work with adolescents on managing their emotions and the emotions of others. In this respect, the work will be based on the potential difficulties, in order to identify, understand and express emotions and internal processes. In the case of boys perpetrating sexist violence, in addition, it is necessary to relate the construction of traditional masculinity and the emotional 'punishment' of boys from a young age through the socialisation of gender. This work should cover, in particular, difficulties in expressing emotions and feelings, such as powerlessness, sadness, fear, uncertainty, etc., because they are considered by many to be a symptom of weakness and vulnerability. Men often transform emotions such as fear or sadness into the only socially permitted emotion: anger. Furthermore, this process of repressing the emotional sphere leads to continuous self-control that may generate considerable tension and lead to incidents or explosions of uncontrolled violence.

- **The establishment of the first emotional or sexual relationships:**

  This content is based on work that analyses and reviews the social construct by which the masculine gender must behave and feel in accordance with standard behaviour patterns defining what a man must be, do and expect to be a man, and by which the female gender must behave in accordance with the dominant feminine behaviour patterns. Emotional or sexual relationships in our patriarchal society must necessarily be heterosexual and follow certain sexist patterns of interaction, which, ultimately, foster sexist violence.

- **Different ways of relating to one another:**

  In this aspect, a change of meaning is fostered in the way in which adolescents relate to other people and to themselves. This task affects the following:

  – Improving relations and communication skills.

  – Developing empathy and fostering active listening.

  – Promoting self-care, based on a good relationship with oneself, as the first step in maintaining good relations with others.

  – With the adolescent population, it is necessary to incorporate alternative forms of relationship for the responsible use of new technologies as a central part of their communication style.

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SUMMARY OF KEY IDEAS

- In the context of outpatient social services, we understand care as an intervention phase with the following objectives:
  - To prevent (tertiary prevention once sexist violence exists)
    - The violence becoming habitual.
    - The repetition of violent relationships in the future.
    - The internalisation of models of interpersonal relationship based on the abuse of power, and the submission of one person to another for gender reasons.

  and/or

  - To contain the situation and prevent it worsening.

  and/or

  - To promote changes for improvement to modify the starting situation, and to consolidate the changes for improvement already made.

  Before the care phase, an initial examination and diagnostic evaluation of the situation are undertaken. It is decided which guidance is necessary and which suggestions to make to the adolescent, or to the person in their environment with whom we intervene. Once the care phase begins, the evolution of the situation generates new information that may modify the diagnostic evaluation, guidance and care intervention provided so that all the phases become interrelated and provide continuous feedback.
- **The public social services providing outpatient care** in the city of Barcelona are Social Services Centres (CSS), the Care, Recovery and Shelter Service (SARA) and the Men's Care Service for the promotion of non-violent relations (SAH). Access to these services is by two routes: direct access for citizens or referral by other services.
- **Access and care** provided by these services to adolescents involve a series of considerations based on observing that the adolescent population requires much greater availability and organisational flexibility than the adult population:
  - It is based on the legal mandate that the adolescent has direct access without needing to be accompanied by an adult.
  - It is essential to diversify the access channels to get closer to the reality and the communication means used by adolescents (in person, digitally and by telephone).
  - The social service that provides care to the adolescent must guarantee immediate access without the need to arrange a prior appointment, and before the adolescent has doubts or changes their mind. Consequently, in the CSS, SARA and SAH, a professional must provide care immediately to the adolescent that has contacted the organisation directly, asking for advice or help.
  - The municipal social services system in the city of Barcelona must guarantee care by telephone, as well as online, 24 hours a day, every day of the year, by personnel qualified in social education and/or social work, and with experience and training in sexist violence and adolescence.
  - The adolescent will not be required to provide their identification details to access the service and can go there in person.
  - It is necessary to be flexible about the place in which the first contact is made: whether it is at school, in the street or in an open environment, or by contacting the service itself, etc.

The priority is to provide care to the adolescent requesting information, advice and/or care from the service for situations of sexist violence. It is important to work to establish a relationship and connection of trust so that care can be provided in person wherever possible.

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- **How to intervene with the adolescent:** Intervention takes place in the moment in which guidance is provided, when the professional assesses whether or not direct intervention is needed for the adolescent, and, if so, of what type: group and/or individual care.

  Intervention provided on an individual basis and intervention provided as part of a group are essential tools to provide care for adolescents. However, group intervention makes it possible to attain objectives that are not possible with exclusively individual intervention. For this reason, whenever possible, **the main tool for intervention will be group work.**

- **Group intervention**
  - Is necessary for two reasons:
    - The group is a natural mediator between a person and society, which can and should be used consciously in professional intervention.
    - The group is a facilitator for personal change.
  - Types of group intervention relevant for our target population:
    - **Open meeting groups:** These groups focus on information, awareness raising and detection. Open meeting groups help adolescents begin to seek advice and, within the safety of the group and the group activities, they can approach the issue with less fear. It helps them detect potential situations of sexist violence, by themselves, that they are experiencing or perpetrating, or that may be affecting people in their environment.
    - **Care groups:**
      - Socio-educational groups
      - Psychotherapeutic groups in the social sphere
      - Socio-educational group activities
  - **Socio-educational groups:** These provide training on capacities and social and emotional skills, through interaction with peers facilitated by an adult who regulates the group. It can become an alternative model at the same time, offering the adolescent who is experiencing or perpetrating sexist violence the opportunity to be part of an alternative experience of interacting socially in a context of habits and values based on equality.
  - **Psychotherapeutic groups in the social sphere:** These work on the violent relationship between domination and the emotional suffering caused. Alternatively, in the case of adolescent girls or boys perpetrating violence, it helps them take responsibility and understand their conduct. The groups identify the conditions of the relationship and the trauma caused, and work within the cognitive and emotional sphere based on the personal history of each individual.
  - **Socio-educational group activities:** These group activities are more instrumental, with the objectives of learning, providing information and/or awareness raising. Emphasis is placed on attitudes, skills and conduct with equal values and equitable resolution that is free of conflict and based on dialogue.

- **Intervention with the adolescent perpetrating sexist violence.** The following content is covered:
  - Support in recognising and taking responsibility for the violence
  - Traditional rules and concepts of masculinity and femininity
  - Learning about the use of violence as a strategy to resolve conflict and acquire power and privileges
  - Emotional work
  - The establishment of the first emotional or sexual relationships
  - Alternative ways of relating to others.

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RECOMMENDATIONS TO IMPROVE INTERVENTION IN SITUATIONS OF SEXIST VIOLENCE AFFECTING ADOLESCENTS IN OUR TARGET POPULATION

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ADAPTING THE RELEVANT LEGAL FRAMEWORK TO INCLUDE THE FACT THAT THERE ARE ADOLESCENTS WHO ARE EXPERIENCING OR PERPETRATING SEXIST VIOLENCE, WITHOUT THE MOTHER OR FATHER, OR THE CURRENT PARTNER OF EITHER PARENT, BEING INVOLVED

Reality often evolves faster than a society's legal framework to regulate interaction between people and population groups.

It is necessary for our legal framework to evolve and adapt, in order to respond to a reality that is not new, but which we are now beginning to make visible and identify. We are discovering not only the existence, but also the significant number, of **situations of sexist violence affecting adolescents in which neither the mother or father, or their current or former partners of either parent, are involved.**

In the case of children and adolescents, when our legal framework defines the obligations of public authorities in the struggle to eradicate sexist violence, we are, therefore, not only referring to the children of women experiencing sexist violence, to forced marriages or female genital mutilation. We are also referring to adolescents who are experiencing violence that does not occur in the home.

Another factor that makes it necessary to adapt our legal framework is that we are referring not only to adolescents experiencing sexist violence, but also to adolescents perpetrating it. As we are referring to minors, it is evident that the legal framework must guarantee integrated care, not only for the adolescent experiencing the violence, but also for the adolescent perpetrating it, in order to prevent them from becoming an adult who perpetrates violence.

The relevant legal framework must respond to the following challenges:

1. It must incorporate and regulate this reality, requiring public authorities to guarantee preventative intervention of a universal nature, and integrated care once the sexist violence exists, both for the adolescent experiencing the violence and the adolescent perpetrating it.

2. It must incorporate the fact that sexist violence, fuelled by sexist values in our patriarchal society, occurs in the adolescent population not only towards girls experiencing emotionally or sexually abusive relationships (whether occasional or as a couple). It also occurs towards girls and boys who do not behave in the socially established way that a man must behave to be masculine or a woman must behave to be feminine, or due to any other behaviour or reality for which girls and boys may experience violence for reasons of sex or gender.

3. It must incorporate crimes of sexist violence committed using new technologies (ICT), and define appropriate punishment measures and protection measures for the characteristics of the adolescent population.

4. It must define the protection measures that public authorities are obliged to provide in situations of severe sexist violence, when the measures adopted by the adolescent, by their family and/or by the social services professionals providing outpatient care, are insufficient. It must also define which service must implement them.

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DEVELOPING TOOLS OR PROTOCOLS THAT MAKE IT POSSIBLE TO ASSESS THE RISK OF SEVERE VIOLENT ACTS OCCURING IN THE SHORT TERM IN THE ADOLESCENT POPULATION AND THE SEVERITY OF THE SEXIST VIOLENCE EXPERIENCED

Professionals working with adolescents need to have scientifically validated tools or protocols to:

1. **Assess the risk of severe violence in the short term:**

   As indicated in the chapter on *Requirements for Intervention with Adolescents in Situations of Sexist Violence*[178], the scientifically validated RVD-BCN (Protocol for the risk assessment of violence against women within a couple) exists at present, and is used with the adult population.

   This tool helps professionals, who provide care for women experiencing situations of sexist violence, to assess the risk that severe violent acts could occur in the short term (a maximum of 6 months), by their partner or former partner.

   It is necessary to create and scientifically validate a similar tool, guaranteeing:

   - Its predictive nature (indicatively rather than proof-based) when the person perpetrating the sexist violence is an adolescent.
   - That it can assess the risk of sexist violence in a range of situations, not only in situations of violence within a couple.

2. **Assess the severity of the situation in objective terms:**

   It should be remembered that *the severity of violence is directly related to two factors*[179]*:*

   - *The intensity of the consequences.*
   - *The vulnerability of the person experiencing the violence. As an example, the severity is not the same if someone pushes or hits an adolescent girl who is pregnant, as one who is not pregnant. The incident may be the same, but the level of severity varies.*

   Internationally, different tools exist to assess the severity of violence in interpersonal relationships, and also in relationships as a couple. Based on these tools, a new tool should be created for specific use with:

   - The adolescent population.
   - Girls and boys experiencing any situation of sexist violence affecting our target population, and not only in abusive relationships within a couple.

These two tools or protocols need to meet the following requirements:

- Both the protocol to assess risk, and the protocol to assess the severity of the violence, must be shared between the different services intervening in a specific case (in the area of formal education, healthcare, social services, etc.), so that 'the same information is assessed in the same way'.
- Both protocols must remove professional subjectivity in assessing risk or severity (in accordance with the Protocol in question). At the same time, they must enable us to adapt this assessment to the uniqueness of certain cases.
- They must incorporate re-evaluation as a defining feature.
- They must incorporate an alert function for foreseeable circumstances that may increase the level of risk or severity in the future.

178 See pages 132 and 133.

179 Collective work (2012). *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium.

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DEVELOPING GUIDES FOR DETECTING AND TAKING ACTION IN SITUATIONS OF SEXIST VIOLENCE AFFECTING ADOLESCENTS

In accordance with the recommendations of the publication *Prevenció de relacions abusives de parella. Recomanacions i experiències* (The Prevention of Abusive Relationships Within a Couple. Recommendations and Experiences)[180], it is essential to develop a series of guides containing the indicators that facilitate the detection of situations of sexist violence in the adolescent population, in order to provide a protocol for action.

Content that must be included in these guides:

- **An explanatory model** that makes it possible to contextualise the reason for sexist violence in our society and, particularly, how it impacts the adolescent population in all its diversity in our target population.

- **Warning indicators** that enable the detection of situations of sexist violence.

  These indicators must also include implicit signs that may alert us of the possibility that there is a situation of sexist violence. Often there are no explicit signs enabling us to identify the existence of this type of situation, and adolescents do not usually ask for help or explain what is happening. Implicit signs may be sudden behavioural changes, changes in attitude towards friendships, reduced school performance, evident deterioration in taking care of themselves, etc.

- A **protocol for action** depending on the diversity of situations that can occur. Detection is not useful if there is no subsequent protocol for action.

The target audience for the guides:

We refer to the guides in plural because they should be differentiated according to the **target population**:

- Area of formal education:
  - Guide aimed at adolescent pupils: peer groups.
  - Guide aimed at teaching staff and other staff intervening in education.
  - Guide aimed at mothers and fathers of adolescents.
- Healthcare area:
  - Guide aimed at primary care professionals (Care Programme for Sexual and Reproductive Health (ASSIR), Primary Healthcare Centres (CAP), female and male nurses in the Health and Schools Programme, etc.)
- Social services area:
  - Guide aimed at professionals in social service.
- Community area:
  - Guide aimed at professionals and youth workers in youth clubs, youth centres, youth groups, and organisations in general, aimed at adolescents and young people.

Requirements to guarantee the usefulness of the guides:

- For these guides to be truly effective, adolescents who have been victims of sexist violence need to participate in their development, as well as adolescents not directly affected, but who have known friends experiencing this type of situation.

  On one hand, it is necessary to guarantee the visibility of situations that can go unseen or are attributed to causes not linked to sexist violence. On the other hand, it is necessary to guarantee that the perspective of adolescents is included in the guides.

- These guides must be accompanied by training aimed at professionals in the different services involved, and at mothers and fathers. We consider that this requirement is significant enough to be a specific recommendation.

- Great care must be taken in addressing this topic, to prevent the opposite effect occurring in the adolescent population, whereby more sexist violence is fostered instead of detecting and eradicating it.

  Therefore, the way in which the guide is presented to adolescents is especially important, and that it is created with their participation.

180 Barcelona Circuit against Violence towards Women (2010).

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PROVIDING TRAINING TO PROFESSIONALS IN THE AREAS OF FORMAL EDUCATION, HEALTHCARE AND SOCIAL SERVICES, AND FOR MOTHERS AND FATHERS, TO DETECT AND TAKE ACTION IN THIS TYPE OF SITUATION

It is not sufficient to develop guides for the detection and action in situations of sexist violence affecting adolescents.

These guides must be accompanied by training to help understand what sexist violence is, and how it manifests in the adolescent population. The training needs to help incorporate a gender perspective when observing and interpreting reality. Above all, it needs to help in applying the content of these guides in practice.

This training must be designed and targeted at the following, amongst others:

- Teachers and other adult figures in the area of formal education.
- Healthcare professionals more directly related to adolescents.
- Social services professionals working with adolescents.
- Parents' associations in schools.

This training must include the opportunity to contact social services professionals of reference on this topic, from whom advice can be requested whenever necessary.

INCORPORATING RECOMMENDATIONS FOR THE RESPONSIBLE USE OF NEW TECHNOLOGIES (ICT) AIMED AT THE ADOLESCENT POPULATION AS A WHOLE, IN ORDER TO PREVENT THE USE OF NEW TECHNOLOGIES AS A TOOL FOR SEXIST VIOLENCE

As we have seen in the chapter on *New Technologies and Sexist Violence Amongst Adolescents*[181], adolescents are completely familiar with ICT. They enjoy ICT and, in many cases, have unlimited, exclusive access to them. They use them daily and they use new technologies, especially, as a completely normal communication channel from an early age.

We have also seen that:

- The majority of adolescents are not sufficiently aware of the importance and the need to take certain safety measures to use ICT appropriately, such as being careful with whom they interact on social networks, with whom they share certain personal, intimate content, etc.
- Many adolescents are not aware of the reach, severity and permanence of the damage caused, by acts of sexist violence using ICT, to the adolescent experiencing the violence.

Therefore, it is important to guarantee universal access to a series of recommendations for the responsible use of ICT, in order to prevent violence by means of new technologies, and/or, if it does occur, to detect it in time and know what to do.

It is necessary to ensure the dissemination of these recommendations:

- Amongst the adolescent population as a whole.
- Amongst professionals working or dealing with the adolescent population.
- Amongst the mothers and fathers of adolescents, or significant adults.

181 See pages 81-93.

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- Amongst youth workers, and other professional profiles, working in informal education and leisure activities, in which the adolescent population participates.

To be **effective**, these **recommendations** must:

- Be incorporated, where possible, within the usual dynamic of the activities. This helps adolescents link the information received to practical situations in their lives, and encourages them to incorporate it into their daily behaviour.
- Be based on the advantages provided by ICT in the adolescent's daily life, allowing them to communicate with the people in their environment and stay up-to-date on their interests. It is necessary to express this positively with a message that emphasises the possibilities offered by ICT to foster the respectful, equal use of ICT between people. It is also necessary to indicate the risk of ICT being used as a tool to perpetrate abuse and violence towards people for reasons of sex or gender in this case.

ANALYSING WHETHER THE SOCIAL SERVICES SYSTEM IS ACCESSIBLE TO THE ADOLESCENT REQUESTING HELP OR ADVICE FROM AN OUTPATIENT SERVICE IN THE CITY OF BARCELONA WITHOUT BEING ACCOMAPNIED BY A SIGNIFICANT ADULT

As we have seen throughout this publication, the direct access of adolescents, without being accompanied by an adult, is a right recognised in the Law on the rights and opportunities of childhood and adolescence, in Article 17[182]:

***Boys, girls and adolescents**, seeking information, advice, guidance or assistance, children and adolescents **can go directly to the public authorities** responsible for providing care and protecting them, **even without the knowledge of their parents, carers or guardians**, particularly if communication with them can frustrate the intended purpose. With the same objective, they can also contact the Public Prosecutor, the Ombudsperson or defenders of local citizens' rights.*

However, our working group has the impression that today's functioning of first level outpatient social services is not sufficiently targeted towards the direct access of adolescents needing information, advice and/or care without being accompanied by a significant adult. Is the problem that adolescents do not usually come directly to outpatient social services or are these services not designed and prepared to facilitate their access?

Furthermore, our perception is that today's outpatient social services mainly facilitate access in person and/or by telephone. They are not designed to attend to adolescents making queries or requesting help digitally who, at least initially, may be reticent to ask for help in person.

We, therefore, recommend that it is necessary to analyse and reflect on whether the design and functioning of today's outpatient social services providing care for situations of sexist violence are sufficiently receptive and flexible to guarantee the right of adolescents to access the services directly, as defined by law.

182 See the chapter on Legal Framework (pp. 94-109).

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REFLECTING ON AND DEFINING PROTECTION MEASURES WITHIN THE SOCIAL SERVICES SYSTEM TO ADOPT IN SITUATIONS OF SEXIST VIOLENCE AFFECTING ADOLESCENTS IN OUR TARGET POPULATION

As we have seen in the chapter on *Requirements for Intervention with Adolescents in Situations of Sexist Violence*[183] it is necessary for the social services system to reflect on and define the necessary protection measures for situations of sexist violence. We need to define which of these are the responsibility of public authorities and which care system should provide them.

In the context of our target population (adolescents experiencing situations of sexist violence where violence is not occurring at home), and in accordance with the severity of the situation, the following should be defined:

- Which measures need to be adopted by the adolescent.
- Which measures need to be adopted by the adolescent's mother and/or father and/or carers.
- Which measures need to be adopted by the public authorities with a twofold objective:
  - To facilitate the adolescent's exercise of responsibility for their self-protection, and the family's responsibility to protect the adolescent, if the measures that need to be adopted are beyond their reach, even if they have wish to take them. For example, sometimes it may be necessary for the family to leave the area (change of home, change of work, change of school not only for the adolescent affected, but also for their sisters and brothers, etc.).
  - To provide shelter when necessary. In this case, it is necessary to define whether this protection must be provided:
    - By one of the two existing systems: the protection system for children and adolescents at risk (designed for minors who are experiencing violence in family contexts in which they are subject to abuse) or the system dealing with sexist violence (designed to shelter adult women and their children, who are victims of this violence).
    - Or it may be necessary to design new shelter resources through a combination of the two systems.

When deciding on the necessary protection measures, new technologies (ICT) should always be taken into account, to prevent them being used to perpetrate violence against adolescents, and/or to detect violence.

REFLECTING ON THE ROLE OF CARE TEAMS FOR CHILDREN AND ADOLESCENTS (EAIA) IN SITUATIONS SUBJECT TO INTERVENTION AFFECTING OUR TARGET POPULATION

Care Teams for Children and Adolescents (EAIA) are an administrative service in the Catalan system to protect minors. They are defined as a social service specialised in children and adolescents in situations of severe risk or neglect (LDOIA, art. 103.2). These teams are:

- Interdisciplinary to diagnose and provide care for minors in situations of severe risk and potential neglect, as well as their families.
- Location-based in Barcelona. There are 13 teams, 12 of which are in different districts, while one team is centralised in the city and deals with situations requiring urgent intervention and evaluation, and/or families without a fixed address (with no district).

183 In this chapter, see the section on Protection Measures (pp. 134-138).

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The mandate of the EAIA comes into effect when people responsible for children and adolescents (the mother, father, guardian or carers) do not sufficiently exercise their role of motherhood or fatherhood, putting the integrated development of the child or adolescent at risk and leading to situations of moderate or severe risk.

However, what happens when an adolescent is experiencing situations of severe sexist violence (or is in a situation of severe risk), the mother and father do not perpetrate violence (against one another or towards the adolescent), and they wish to protect their daughter or son but cannot do so?

What is the role of the EAIA in these cases, as a key service in the protection system for children and adolescents?

The fact that, until now, the existence and impact of sexist violence in our target population has not often been evident or detected, means that the EAIA practically do not intervene in this type of situation. This raises a question for us because we believe it important to be able to respond.

For this reason, we suggest to both the Department of Childhood and Families of Barcelona City Council, and the Directorate General for Child and Adolescent Care (DGAIA) of the Generalitat de Catalunya, the need to implement mechanisms to reflect on the definition of the role of the EAIA in this type of situation, in which neither the mother nor father, nor the current partners of either parent, are involved in a situation of sexist violence experienced by their daughter or son.

INCREASING THE NUMBER OF PSYCHOLOGY PROFESSIONALS IN ADVISORY SOCIAL CARE SERVICES

As developed in the chapter on *Intervention and Outpatient Care by Social Services in the City of Barcelona*[184] certain situations require different types of intervention, including psychotherapy in the field of social services.

Social Service Centres detect, explore and provide intervention and care in cases of sexist violence. There are different types of psychotherapeutic intervention purposes in the field of social services that can or must be carried out. This type of intervention requires the participation of a psychology professional, in addition to any other professional profiles intervening.

However, the significant increase in professionals in social work and social education, due to the application of the ratios established in the Catalan Act on Social Services (2007), has not been accompanied by a review of the ratio of psychology professionals providing advisory social care services in basic social services.

For this reason, we make the following recommendations:

1. That Barcelona City Council reviews the current ratio of psychology professionals providing advisory social care services in basic social services.

2. That the need for the legal framework regulating the Catalan Social Services System to define the ratio of these professionals becomes the responsibility of the Generalitat instead of leaving it to the discretion of each local authority.

184 See pages 168-198.

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GUARANTEEING REGULAR NETWORK-BASED WORK THROUGH CIRCUITS AND INTER-INSTITUTIONAL COMMITTEES, IN THE CITY AND DISTRICTS, IN ORDER TO STRUCTURE INTERVENTION IN SITUATIONS OF SEXIST VIOLENCE AFFECTING ADOLESCENTS IN OUR TARGET POPULATION

In this publication, we refer to situations of sexist violence affecting adolescents, in which neither the mother, father, nor the current or former partner of either parent, are involved. We also refer to adolescents who perpetrate sexist violence against other adolescents.

This is a reality that has been well concealed until now. It is necessary to help professionals working and dealing with adolescents to identify this reality, detect it, make the correct assessment and act consequently.

In this context, the present recommendation responds to a twofold need:

- To guarantee that the different institutional services participate in the spaces designed for technical co-ordination, at a city and district level, working to create a shared culture of analysis of the reality and intervention in situations of sexist violence *(Barcelona Circuit against Violence towards Women),* and childhood and adolescence at risk *(Area-based Circuits against Child Abuse in the city of Barcelona).*

- Incorporate the reality of sexist violence affecting our target population into these areas for inter-institutional co-ordination. It is necessary to incorporate the perspective, warning signs and criteria for care, referral and co-ordination, in order to make early detection and intervention effective in these situations within a context of network-based work.

ESTABLISHING CRITERIA TO MAKE INTER-SERVICE NETWORK-BASED WORK EFFECTIVE USING EXISTING EXPERIENCE AND GOOD PRACTICE

Network-based work must be carried out not only in the areas designed for inter-institutional technical co-ordination mentioned in the previous recommendation, but also whenever required by the situation.

As outlined in chapter *Co-ordination Between Services for Network-Based Work*[185], network-based work between services is a legal mandate and needs to be implemented in situations of sexist violence affecting our target population. Despite this need, it should be recognised that there are difficulties in carrying it out. There are also successful experiences to learn from, in order to obtain criteria and conclusions to guarantee effective, and efficient network-based work.

Therefore, we suggest the need to:

- Identify good practice in network-based work from which to learn about individualised, group and community intervention.

- Analyse which elements were successful and which strategies must be used to respond to the difficulties encountered.

- Define when network-based work is relevant using criteria of efficiency, effectiveness and quality care in the short, medium and long term.

- Define a space for technical analysis and the construction, between services, of a shared methodological proposal facilitating effective working practices and the implementation of network-based work, in a context where there is significant pressure to provide help.

185 Pages 159–165.

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- Incorporate the assessment of the different results that enables the methodology of network-based work to be applied, or not, in situations of sexist violence, in which different services intervene. It is important to be able to assess the impact of the results and the process of this methodology on the people who received care, in the situation they were experiencing, and on the services involved; and to compare this with similar situations in which network-based work was not carried out.

SYSTEMTISING AND INSTITUTIONALISING PROFESSIONAL EXPERTISE IN INTERVENTIONS WITH ADOLESCENTS EXPERIENCING SEXIST VIOLENCE AND ADOLESCENTS PERPETRATING IT, IN ORDER TO SHARE USEFUL TOOLS, PROCEDURES AND PROJECTS IN THE CONTEXT OF OUR TARGET POPULATION

Practical experience on intervention with our target population within the area of formal education, healthcare or social services, is scarce and often fragmented, unsystematic and not widely disseminated.

The recognition of this reality leads to the present recommendation that each system of services has and/or uses the available mechanisms to systematise and share their experience. The objective is to create methodological content and a protocol for action that makes it possible to detect and act in these situations in an effective, co-ordinated manner.

In municipal social services in the city of Barcelona, a measure that may help professionals working and dealing with adolescents to identify the existence of sexist violence (to detect violence, make the correct assessments, and act as a consequence) is the context offered by the Knowledge Management Plan of the Area of Quality of Life, Equality and Sports. It may provide municipal social services in the city of Barcelona with different means of providing a system for good practice.

Specifically, this Plan offers different possibilities that are especially useful in the context of intervention in situations of sexist violence affecting our target population, such as: awareness raising workshops, the exchange of experiences and good practice, as well as other areas for exchanging knowledge.

It involves turning experience into knowledge and sharing this knowledge, in order to make progress based on what is already known and has been proven in practice. It involves avoiding errors previously detected by other professionals, and taking advantage of what has proved useful and effective in attaining the proposed objectives.

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BRINGING TO THE ATTENTION OF THE JUDICIARY AND THE PUBLIC PROSECUTOR OUR CONCERN ABOUT THE DIFFERENT TREATMENT GIVEN TO OUR TARGET POPULATION BY THE DIFFERENT RELEVANT JUDICIAL BODIES, AND THE EXISTENCE OF JUDICIAL PROCEDURES LEADING TO SECONDARY VICTIMISATION

As outlined in the chapter on *Legal Framework, in the section on The Judicial Area, Adolescence and Sexist Violence*[186], in judiciary processes affecting our target population, the relevant judiciary bodies may differ depending on several variables. It depends, for example, whether or not the person perpetrating the violence is of legal age, and whether the adolescent experiencing the violence is a girl or boy.

Therefore, the judiciary bodies for a specific case may be:

- The Violence Against Women Courts (VIDO)

or

- The Juvenile Courts

Depending which of them is the relevant judicial body, one legislation or another will be applied (Juvenile Criminal Law or the laws regulating sexist violence). This will have significant consequences not only on the nature of the rulings and judgements (which may be very different depending on the Courts making them), but also on the procedures undertaken.

Consequently, and in accordance with what experience has shown, we make the following recommendations:

- It is necessary to provide training on the gender perspective and sexist violence to the different figures and agents intervening in the framework of the Juvenile Courts.

- It is necessary to provide training on care for adolescents to the different figures and agents intervening in the framework of the Violence Against Women Courts (VIDO).

- We agree with the recommendation made in the judiciary report on *Drets de les dones adolescents davant la violència masclista de parella o altres situacions analogues* (The Rights of Adolescent Women Faced with Sexist Violence in Relationships as a Couple or Similar Situations)[187] which proposes criminal mediation in the juvenile criminal process as outlined in the chapter on *Legal Framework*[188]. It is not provided for in the adult system:

  In cases of sexist violence, it is necessary to apply criminal mediation whilst fully guaranteeing the safety and rights of the adolescent experiencing sexist violence; mediation - like any other restorative process - must be regulated in order to respect two key issues:

  – *That professionals conducting mediation receive specific training on sexist violence.*

  – That social support and care and/or psychological care are provided to the adolescent experiencing violence, *so that they are sufficiently prepared to confront the process with full freedom of choice.*

  Restorative justice is necessary and can be a good system, but with due guarantees. Without the fulfilment of these two requirements, no type of restorative process would be recommended.

- It is necessary to prevent the current disparity between the jurisprudential criteria on different aspects affecting adolescents who are experiencing sexist violence, so that it does not require more from adolescents than from adults. For example:

  – In the definition of 'courtship', adolescents sometimes have difficulty demonstrating the existence of violence by their partner, as the legislator considers that they were not in a formal, lasting relationship, as an adult might be.

  – In the need to prove the situation of dominance of the man over the woman, general criminal criteria do not require this proof, which is usually required in the case of adolescents.

186 See pages 104-106.

187 Report developed by Dones Juristes for the Catalan Institute for Women (ICD) of the Generalitat de Catalunya and published in October 2013.

188 See pages 104-106.

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Furthermore, in the context of this publication, it is relevant to include the recommendation made in the publication *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention with Children and Adolescents in Situations of Sexist Violence by Social Services in the City of Barcelona (2012))[189]:

In accordance with the Catalan Law on the rights and opportunities of childhood and adolescence, child protection includes protection from secondary victimisation. It is necessary to prevent damage to the victim through the criminal proceedings following the crime, which are especially worrying in the case of boys, girls and adolescents who are victims of the original crime against sexual freedom and then have to relive it in the legal proceedings. Progress has certainly been made over recent years to protect the victim by preventing visual contact between the victims and the accused, but this protection is insufficient.

Protection of boys, girls and adolescents must go before the right of the State to punish. Faced with the uncertain outcome of criminal proceedings, protection of any victims who are minors must prevail. It is absolutely intolerable that, even with the logical intention of punishing the guilty party, the boys, girls or adolescent, alleged to be a victim of mistreatment or sexual abuse, is subjected to further trauma.

Therefore, and with full respect for the exclusive authority of the State in matters of criminal proceedings, it is necessary to foster co-ordination between clinical and forensic personnel, and prevent the duplication of examinations and the collection of samples. A single system must be promoted in order to avoid the majority of the effects caused by the initiation of criminal proceedings, with adjudicated facts provided by the child or adolescent in order to prevent subsequent appearances'. (Preamble and Article 87)

Not only do we agree, but also we believe that it is necessary to go beyond this and record those situations involving the secondary victimisation of adolescents experiencing sexist violence. This would bring them to the knowledge of the relevant authorities with the objective of taking them into consideration and adopting, if necessary, the relevant corrective measures.

189 Developed by a working group comprising managers and professionals in the different social services involved, and external experts. The content of this publication was co-ordinated and managed jointly by the Women's Programme Directorate (Barcelona City Council) and the Service for Children and Women (Barcelona Social Services Consortium).

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SEEKING MECHANISMES TO FOSTER AND FACILITATE THE INVOLVEMENT OF CENTRES FOR MENTAL HEALTH IN CHILDREN AND YOUNG PEOPLE (CSMIJ) AND DRUG ADDICTION CARE SERVICES, AIMED AT ADOLESCENTS AND YOUNG PEOPLE IN THE BARCELONA CIRCUIT AGAINST VIOLENCE TOWARDS WOMEN, TO PREVENT THE SECONDARY VICTIMITISATION OF ADOLESCENTS EXPERIENCING SITUATIONS OF SEXIST VIOLENCE

As discussed in the publication *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* (Intervention with Children and Adolescents in Situations of Sexist Violence by Social Services in the City of Barcelona (2012))[190], *the network of mental health services and also drug addiction care services are an important platform for detecting situations of sexist violence. They often provide care for women, children or adolescents who have reactive symptoms to the situations of sexist violence that they are experiencing.*

The ability to make a differential, etiological diagnosis is essential, not only to contextualise the symptoms and decide on the appropriate treatment, but also to prevent the secondary victimisation of people receiving care, and activate the social services that can guarantee protection of the victims, where relevant, and offer in all cases the integrated care required by the relevant legal regulations.

Unfortunately, this practice is not as widely used as it should be. In the specific case of the Mental Health Network, many different practices and models of intervention coexist, despite the existence of an operational document as part of the Healthcare Protocol.

For this reason, we recommend the following:

- Suggesting to the Advisory Committee of the Barcelona Circuit against Violence towards Women that:
  - The publication *Recomanacions per a la intervenció dels serveis de salut mental en situacions de violència masclista* (Recommendations for Intervention by Mental Health Services in Situations of Sexist Violence) is updated and implemented, seeking the involvement of all services in the network.
  - The publication is revised to include our target population.
- Informing the *Barcelona Circuit against Violence towards Women and* Barcelona Healthcare Consortium of the need for professionals from the Centres for Mental Health in Children and Young People (CSMIJ) in the city, Horta-Guinardó Drug Addiction Healthcare Centre (CAS) (a benchmark in the city for adolescents and young people), the Drug Addiction Advisory Service (SOD), and any other service corresponding to the two areas, to participate in the ordinary functioning of area-based circuits and the Advisory Committee at a city level.
- That social services in the *Barcelona Area-Based Circuits against Violence towards Women* encourage the analysis of cases affecting adolescents, in which services from the mental health and addictions network also intervene. The aim would be to facilitate the definition of coherent criteria for network-based work, in accordance with that defined by the World Health Organisation (WHO). The same would need to be done in the context of the *Area-Based Circuits against Child Abuse.*
- Proposing a debate in the mental health network (CSMIJ) on the need for there to be a ethological assessment in cases affecting adolescents in our target population, in order to guide the required intervention, whether or not other services need to be involved, and where relevant, the criteria for co-ordinating with social services in necessary cases.

190 Collective work (2012). *Intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona.* Barcelona City Council and Barcelona Social Services Consortium.

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FOSTERING COMMUNITY INTERVENTION

There are few precedents of community intervention and the provision of care (where a problem exists), which incorporate strategies to influence the collective behaviours that foster, legitimise, encourage or coexist with sexist violence as a normal behaviour. When we refer to spaces, we mean physical spaces and virtual spaces alike.

Community intervention aims to influence any of the following situations directly:

- Groups or communities of people in which the traditional, standard roles of masculinity and femininity are part of the fundamental values, giving identity to the group, and modelling their group behaviours. In these case, the defence or expression of these values may be used to encourage or justify sexist violence between the members of the community and/or with third parties.

  Sometimes, these behaviours and attitudes are visible in public meeting spaces. They can also be detected in virtual spaces.

- Group events that provide or invite people and groups to share interests, ideas and/or values, and identify them as members of a wider group or, even, a community. When these group events use sexism as an identifying value, it is necessary for community intervention to be undertaken, and, necessarily, it must go beyond the specific people who are experiencing and/or perpetrating sexist violence.

- Groups organised in public spaces (urban gangs) that justify and/or use violence as a necessary means to defend or impose their ideas, and where sexism is one of their identifying values.

If we consider sexist violence to be structural, it is necessary for public authorities to intervene, not only through individualised and/or group outpatient care, but also through community intervention.

For this reason, we suggest the need for:

- Existing experiences to be made visible and, at the same time, used as a source of learning for future initiatives. This involves, on one hand, identifying aspects that could be extrapolated to other contexts and situations and, on the other hand, learning from mistakes, in order to avoid them in the future, and/or transform them into areas of opportunity.

- Reality to be analysed based on existing experience:

  – Defining which types of group situation are susceptible to community intervention.

  – Defining and/or guiding the community intervention that needs to be carried out.

  – Establishing which agents should foster intervention and which should participate.

- It to be guaranteed that all community intervention conducted by, or with the participation of, the public social services in the city of Barcelona is co-ordinated by the *Schools Network for Equality and Non-Discrimination* Prevention Programme so that the two actions are complementary and coherent.

- It to be guaranteed that the process of both analysis and intervention includes the participation of the different systems of services directly involved, and at least social services, formal and informal education, and healthcare, which comprise the first level of care for citizens. Community intervention necessarily involves network-based work applied with a community dimension.

- The media within reach (local or district radio stations, local press or television channels, etc.) to be used as the ideal strategic means to foster models of interpersonal relationship that are equal in terms of sex and gender.

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INCORPORATING INFORMAL EDUCATION AND LEISURE

Although this publication has had to limit its contributions to the areas of formal education, healthcare and social services, there are other areas with proximity to adolescents, in non-standard contexts, which facilitate the prevention, detection of the sexist violence and encourage adolescents experiencing or perpetrating violence to ask for help.

One of these areas is informal education and leisure, consisting of many services and initiatives, both private (organised by non-profit organisations or companies) and public. Different municipals services are aimed at the adolescent population. These include professionals in the world of socio-cultural activities, social education and psychology, which are a reference point for adolescents interacting these spaces. All are spaces where adolescents can formulate and express their worries, discomfort, desires, etc., based on the connection established with the professional accompanying them.

In this context, we make the following recommendations:

- To bring to these professionals and services all the criteria and tools in this publication, which could be of use in the areas of informal education and leisure, as well as informing them of the defined intervention protocols and circuits.

  The Adolescence and Youth Programme Directorate of Barcelona City Council could become an effective channel for this task through the centralised services, the network of youth facilities, the Network of Information Points, which bring professionals together at the same table from the different districts and services.

- To foster meeting spaces between representative agents in the areas of informal education and leisure, in order to assess whether the existing contributions have the elements, criteria, tools and procedures required to detect and address situations of sexist violence affecting adolescents in their specific area, or whether, in contrast, these need to be enhanced or new ones created.

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ABBREVIATIONS

Abbreviation	Definition
AFA	Families' Association
ANAR	Foundation for Boys, Girls and Adolescents at Risk
ASPB	Barcelona Public Health Agency
ASSIR	Care Programme for Sexual and Reproductive Health
CA	Shelter Centre
CAD	Shelter Accommodation of Barcelona Social Services Consortium (Sexist Violence Service)
CAP	Primary Healthcare Centre
CAS	Drug Addiction Healthcare Centres
CEB	Barcelona Education Consortium
CMAU-VM	Municipal Centre for Urgent Shelter for Sexist Violence (Barcelona City Council service for sexist violence)
CRAE	Residential Centre for Educational Action (Protection Service for Children and Adolescents at Risk)
CSMIJ	Centre for Mental Health in Children and Young People
CSS	Social Services Centre
CSSBCN	Barcelona Social Services Consortium
CUESB	Barcelona Social Emergencies Centre
DGAIA	Directorate General for Child and Adolescent Care
DGJ	Directorate General of Youth

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Abbreviation	Definition
EAD	Women's Care Team (Barcelona City Council specific service for sexist violence)[191]
EAIA	Care Team for Children and Adolescents
EAP	Psychopedagogical Counselling Team (Teaching)
ESO	Obligatory Secondary Education
GEAV	Group of Advanced Studies on Violence of the University of Barcelona
ICD	Catalan Institute for Women
IMSS	Barcelona City Council Municipal Social Services Institute
INS	Secondary Education Institutes
LGTB, Col·lectiu	Lesbian, Gay, Bisexual and Transgender
LGTBI Col·lectiu	Lesbian, Gay, Bisexual, Transgender and Intersexual
LO	Organic Law (Spain)
OMS	World Health Organisation
ONU	United Nations
PAD	Shelter accommodation of Barcelona Social Services Consortium (Sexist Violence Service)
RVD-BCN	Risk Assessment Guide for Violence Against Women – Barcelona (Protocol to assess the risk of violence against a woman by her partner or former partner)
SAH	Men's Care Service (SAH) for the promotion of non-violent relations (Barcelona City Council specific service for sexist violence)

191 This service existed until 31 December 2013, when it became the present Care, Recovery and Shelter Service (SARA9, along with the Children's Care Service (SAN). This publication contains data from the EAD Annual Report 2013.

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Abbreviation	Definition
SAN	Boys and Girls's Care Service (Barcelona City Council specific service for sexist violence)[192]
SARA	Care, Recovery and Shelter Service (Barcelona City Council specific service for sexist violence)
SOD	Drug Addiction Advisory Service
TIC	Information and Communication Technologies
UB	University of Barcelona
VIDO	Violence Against Women Courts (Central Administration)

192 This service existed until 31 December 2013, when it became the Women's Care Team (EAD), as part of the present Care, Recovery and Shelter Service (SARA). The Co-ordinator and two professionals from the SAN team were involved in the initial phase of our working group.

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EXAMPLES OF SITUATIONS OF SEXIST VIOLENCE IN ACCORDANCE WITH THE FORM OF VIOLENCE AND ITS SCOPE

Youth Protocol for Addressing Sexist Violence (2013)

Directorate General of Youth

Catalan Ministry of Social Welfare and Family
Generalitat de Catalunya

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EXAMPLES OF SITUATIONS OF SEXIST VIOLENCE IN ACCORDANCE WITH ITS FORM

Examples of situations of sexist violence are presented below. They help identify and recognise the different forms in which abuse and sexist violence affecting adolescents may occur.

These situations should not be considered a checklist of forms of violence, but rather a series of indicators that can help guide the active detection of these types of situation.

Examples of situations of abuse and sexist violence in accordance with the form of violence[193]

Physical violence

- Punching or kicking them.
- Squeezing, twisting or punching them hard.
- Pushing or shaking them.
- Cornering them against the wall and screaming at them.
- Immobilising them against the wall, furniture or on the ground.
- Getting closer in an intimidating way, accusing them by shaking their finger in their face.
- Making her body dirty.
- Tripping them up with their foot and making them fall over.
- Tearing her clothes.
- Pursuing or harassing constantly.
- Waking them up constantly to prevent them sleeping.
- Dragging them along the ground, throwing them down the stairs
- Throwing them from the car.
- Abandoning them in unknown places.
- Pulling her hair or dragging her by the hair.
- Locking them in the bathroom or bedroom, leaving them in the dark.
- Throwing them out of the house forcefully.
- Maintaining any physical contact that is undesired for she.
- Locking them in the house.
- Throwing toxic substances, food or liquids at their body or face.
- Burning them with fuel or hot objects.
- Attempting to strangle or suffocate them.
- Holding their face down against their plate of food.
- Obliging them to take medicine, medicaments, psychiatric drugs, alcohol, drugs, etc.
- Forcing her to eat or swallow food, rubbish, paper or anything else.

193 CARMONA, Ll. [et al.], 2000.

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- Cutting or injuring her or, piercing her with knives or other objects.
- Throwing objects against her body or hitting her with them.
- Hitting or kicking her in the stomach when she's pregnant.
- Injuring her genitals or breasts.
- Smashing her head against the wall or ground.
- Terrorising her with weapons or objects.
- Torturing her physically: tying or chaining her up, burning her with cigarettes, holding her head under water, etc.

Psychological violence

- Insulting her, calling her degrading nicknames or adjectives.
- Criticising and finding defects in everything she says or does.
- Obliging her do things under threat.
- Screaming at her and giving her orders.
- Humiliating her, laughing at her or making hurtful jokes.
- Humiliating or shaming her in front of others.
- Blaming her for everything that happens, including absurd things.
- Obviously mistrusting everything she does and says.
- Always ridiculing her tastes, opinions or feelings.
- Demanding that she guesses his thoughts, desires or needs.
- Being cynical, arrogant and insolent.
- Obliging her to listen to him for hours.
- Looking messy, badly dressed or dirty to annoy her.
- Making her feel stupid, useful, weak, ignorant or incompetent.
- Scorning her for being a woman.
- Accusing her of betraying him and disloyalty if she explains and reports what is happening.
- Making her obey through the use of gestures, looks and signs made with the head or by sounds.
- Ignoring her, not replying, not speaking to her, treating her as though she does not exist.
- Looking at her scornfully, with sarcasm and ridicule.
- Making her constantly busy, not letting her have time for herself.
- Confuse her with contradictory arguments.
- Putting her down by reminding her of events from the past.
- Continually displaying jealousy and suspicion.
- Distort words or events against her.
- Interrupting her when she speaks.
- Not allowing her to discuss problems. Never talking to her.

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- Always wanting to be right, always wanting to have the last word
- Refusing to accompany her to do things that she requests or needs.
- Not fulfilling promises or agreements.
- Making comments on her appearance or physical. features
- Constantly switching between love and hate.
- Controlling her movements throughout the day, by mobile phone.
- Accessing her email, mobile phone, personal and social networks and not respecting her privacy.
- Not giving her the messages she has received.
- Telephoning her at all times of night if they have separated.
- Not ever giving explanations on what he will do or when, and demanding that she is always there when he gest back.
- Giving her signs that he is with other women, knowing that it hurts her.
- Constantly accusing her of infidelity.
- Demanding submission and obedience.
- Demanding constant attention and competing for the time she spends with her family and other people in her life.
- If they live together, demanding that she has the role of wife and mother imposed by him.
- Threatening her (with death, to take away the children, throw her out, etc.).
- Inducing her to suicide
- Threatening to commit suicide to control her.
- Torturing her by showing how he punishes or mistreats the children.
- Creating a climate of terror that paralyses her.

Sexual violence

- Demanding sexual relations without caring about her desires.
- Convincing the girl to have sexual relations without a condom.
- Forcing her to do things against her will, by insisting that she must trust and prove her love to him.
- Not accepting no.
- Touching her without consent.
- Not respecting or satisfying her sexual tastes.
- Raping her.
- Harming her by introducing objects into the vagina or anus.
- Forcing her to have anal sex.
- Forcing her to watch and copy pornography.
- Insisting on sexual relations with her when dirty or smelly.
- Giving her infections or sexually transmitted diseases intentionally.
- Taking revenge if they do not have sexual relations.
- Treating her as a body without feelings.

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- Speak to her in an insulting way during sexual relations.
- Ask for sexual relations in places and at times that are inappropriate for her.
- Using sex to demean her or provoke arguments.
- Compare her with other women to hurt her.
- Not seducing her and not waiting for her to experience pleasure.
- Obliging her to have sexual relations in front of other people.
- Taking photos of her without her consent.
- Obliging her to dress in a way that excites him.
- Obliging her to make gestures or adopt attitudes that humiliate her or make her feel uncomfortable.
- Accusing her of frigidity or nymphomania depending on the circumstances.
- Obliging her to have sexual relations when she is depressed, tired or ill, straight after giving birth or having an abortion, after violence, after he experiences social or professional success, etc.
- Using her to express sexual hostility after professional or family disappointment.
- Use weapons to force her to have sexual relations.

Economic violence
(it tends to occur more in situations of financial dependency or when there are joint accounts.

- Continually checking her purse or wallet.
- Continually declaring that everything is his.
- Taking her credit card and banking documents.
- Selling her personal belongings without her consent.
- Spending her money or the family money on himself.
- Obliging her to get into debt with her family, friends or neighbours.
- Obliging her to apply for loans or bank
- Obliging her to work more or do what he wants so that he can keep the money.
- Leaving her in charge of managing expenditure whilst keeping what he earns.
- Obliging her to give him the money she earns.
- Illegally taking goods inherited by her.
- Obliging her to sell her belongings and keeping the money himself.
- Hiding the global assets of the family unit.
- Gambling with shared money.
- Never spending money on outings or family holidays.
- Using savings for his benefit that had been put aside for holidays, medical treatment, home improvements, etc.
- Spending large amounts of money unnecessarily and not allowing her to spend small amounts for essentials.
- Hiding his earnings or investments if they have shared accounts.

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- Lying about his finances.
- Giving money to the children but not to his wife.
- Doing the shopping for her because she has no cash.
- Denying her money for medicine or medical appointments.
- Continually objecting to how she uses money.
- Not allowing her to manage the home.
- Not paying child allowance in the case of separation or divorce.

Social violence[194]

- Not allowing the girl/wife to accompany him to social events.
- Forcefully insisting on the presence of the girl/wife in social events.
- Humiliating her in public, criticising her, making her feel small or acting as though she is not there.
- Boycotting birthdays, parties, Christmas get-togethers and family gatherings.
- Being distrustful, intolerant or unpleasant with her friends or work colleagues.
- Openly expressing interest in other women in front of her in order to hurt her.
- Not allowing her to work or study.
- Obliging her to dress in a certain way to please him.
- Obliging her or not allowing her to apply make-up.
- Forbidding her to be in contact with neighbours, friends or family.
- Insulting her friends.
- Changing his attitude when they are alone and when they are in public with others, being friendly with her in public.
- Creating 'drama' or showing her up in public.
- Treating her friends or family badly.
- Controlling her friendships on social networks, by not allowing her to speak to certain people, asking about new friendships through questions, such as "Who is this that you're talking to so much?", "Did I see on Facebook that they were saying…to you?", "Who is on this photo?", "Why don't you answer me on the chat?".
- Having access to her personal profile passwords on social networks or insisting on having them.
- Calling her constantly on her mobile phone to find out where is is, what she is doing and who she is with.
- Getting angry if she does not answer her mobile phone or reply to his messages.
- Not allowing her to practise her religion.
- Causing her to be fired at work.
- Obliging her to vote for his political party.
- Disregarding her or mocking her opinions.
- Preventing her from enjoying any situation.
- Not letting her go to family parties.

194 The section 'I. Concept, forms and areas of sexist violence' includes the definition of social violence under the concept de psychological violence with the aim of respecting the categorisation established in Law 5/2008. The original source of this table (CARMONA, 2000), refers to these two forms of violence separately.

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- Treating her like a maid or not sharing tasks with her when others are invited.
- Acting like the victim in public, and declaring that she mistreats him.
- Reporting her to the police or seeking allies against her.
- If they are separated, waiting for her outside work, telephoning her, following her in the street, watching where she goes and with whom.
- Suddenly appearing in places where she goes normally (houses of friends, family or her workplace) to bother her.
- Not taking responsibility for the children.
- Failing to comply with parenting arrangements.

Environmental violence[195]

- Breaking or throwing objects.
- Hitting doors or things when they argue.
- Breaking her personal objects or tearing her clothes.
- Breaking doors and windows, tearing curtains, stretching towels, throwing everything on the ground and moving furniture.
- Damaging plants, books, photographs, letters, documents, archives or any of the belongs she is emotionally attached to.
- Damaging her car.
- Filling the house with rubbish from the street.
- Dirtying and messing up what she has just tidied up, scattering rubbish everywhere.
- Invading her space at home with material or things that she does not like or terrorise her.
- Going through her drawers or belongings.
- Hiding or breaking elements that she needs to work or study, or of the children.
- Opening her letters or listening to her telephone messages.
- Speaking badly of her or spreading intimate information about her.
- Having the volume of the radio or television very high to disturb her when she is ill, studying, sleeping or putting the children to bed.
- Not letting her watch her favourite programmes.
- Ringing the doorbell or appearing at all times of day, without a reason, to make her feel controlled.
- Disconnecting the telephone when he goes out so that she cannot talk to anyone.
- Disconnecting or breaking the radio or television so that she cannot use them when he is not there.
- Showing her flammable products and threatening to burn the house down at any moment.
- Killing or harming her pets.
- Driving fast, threatening to allow the care to fall from a great height with her inside.
- Eating food that is for her or the children, if they have any.
- If they are separated, trying to get into her house by force.

195 The section 'I. Concept, forms and areas of sexist violence' includes the definition of *environmental violence under the concept de psychological violence* with the aim of respecting the categorisation established in Law 5/2008. Nonetheless, the original source of this table (CARMONA, 2000), refers to these two forms of violence separately.

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EXAMPLES AND INDICATORS OF SUSPECTED SEXIST VIOLENCE IN ACCORDANCE WITH THE AREA

Examples of situations of sexist violence in different areas are presented below. They help identify and recognise this type of situation.

1. Sexist violence in the workplace

Sexist violence in the workplace is displayed through **sexual** harassment and **gender-based** harassment. These behaviours in the workplace go against the dignity of girl and create an environment that is intimidating, hostile, degrading and offensive.

Especially frequent, severe situations of harassment affect young women due to pregnancy, motherhood, youth or inexperience. Therefore, the examples of sexual harassment and gender-based harassment in the workplace are presented below to help young women identify these forms of violence.

In the case of gender-based harassment, the conduct must be repetitive and insistent.

Examples of sexual harassment conduct and situations in the workplace

- Adopting discriminatory conduct because the other person is a women.
- Addressing someone offensively.
- Ridiculing and underestimating the capabilities, skills and intellectual potential of women.
- Using sexist humour.
- Underestimating work carried out by women.
- Ridiculing those who take on tasks traditionally carried out by the other sex (for example, male nurses).
- Ignoring contributions, comments or actions by the other person (excluding, not taking seriously).
- Assigning a woman a position of responsibility that is inferior to their capabilities or professional category.
- Assigning a woman tasks that do not make sense or are impossible to achieve (irrational timeframes).
- Sabotaging their work or deliberately preventing them having access to the appropriate means to conduct the work (information, documents, equipment).
- Arbitrarily denying woman what she has a right to.

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Examples of sexual harassment conduct and situations in the workplace[196]

Verbal

- Making obscene sexual comments.
- Making offensive sexual jokes.
- Addressing the woman in a degrading or obscene manner.
- Spreading rumours about the person's sexual life.
- Asking about or explaining fantasies or sexual preferences.
- Making rude comments about the person's body or physical appearance.
- Talking about one's own sexual skills and capabilities.
- Persistently inviting the woman to participate in social activities. outside work, even if she have made clear that she are inappropriate and she do not wish to join in.
- Pressuring the other person into committing to dates or sexual encounters.
- Asking for sexual favours.

Non verbal

- Making lascivious glances at the body.
- Making obscene gestures.
- Sending images, cartoons, drawings, photographs or Internet images with sexually explicit content.
- Sending letters, notes or emails with offensive sexual content.

Physical

- Getting close physically too often.
- Cornering; deliberately seeking to be alone with the person unnecessarily.
- Establishing deliberate, unwanted physical (pinching or touching, giving the other person unwanted massages).
- Intentionally or 'accidentally' touching sexual parts of the body.

196 Catalan Ministry of Employment, 2011.

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2. Sexist violence at home

The following list of indicators could raise suspicion of sexist violence at home, affecting girls or boys. The identification of any of these aspects should raise alarm and it is necessary to analyse whether or not the person is in an environment in which abuse is occurring.

Indicators of suspected sexist violence in the family environment affecting young people[197]

- Having problems socialising, feeling isolation, insecurity, aggression and having limited social skills.
- Displaying sadness, low self-esteem, anxiety, sudden changes in mood, difficulties in expressing oneself or managing emotions.
- Generating non-specific fears about death, losing a parent, etc.
- Having problems learning, concentrating and paying attention.
- Displaying violent conduct, running away, delinquency.
- Suffering from depression, thoughts of suicide, posttraumatic stress disorder, insomnia.
- Substance abuse.
- Having attitudes that support violence.
- Relating with their partner with violent conduct.

197 ORJUELA, L. and HORNO, P. (coord.), 2008.

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3. Sexist violence in a community context: female genital mutilation

The following list of indicators could raise suspicion of an incident or situation of female genital mutilation. The identification of any of these aspects should raise alarm and the situation analysed. For further information, consult the *Protocol d'actuacions per prevenir the mutilació genital feminine* (Action Protocol for Preventing Female Genital Mutilation, Catalan Immigration Secretary, 2007).

Indicators of suspicion for female genital mutilation (FGM) having occurred (MGF)[198]

After a recent trip or holiday to the country of origin, the following situations could raise suspicion of FGM having taken place:

- Sadness and lack of interest.
- Changes in character.
- Walking with the legs together or wide apart.
- Refusal to be seated.
- Cutaneus-mucous paleness.
- Symptoms of subacute anaemia.
- Not doing physical exercise or not wanting to participate in active games.
- Making certain comments to school friends.

198 Catalan Immigration Secretary, 2007.

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