



RECOVERY OF WOMEN IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE

Description and instrumentation

FOR PART I RESEARCH, PUBLIC POLICIES AND SOCIAL SERVICES

Barcelona City Council

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Gender, groups and psychosocial change

**Member of the consolidated
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PSICOSAO

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* Any references made to the organizational structure of the Barcelona City Council contained within this publication refer to structure in 2013.



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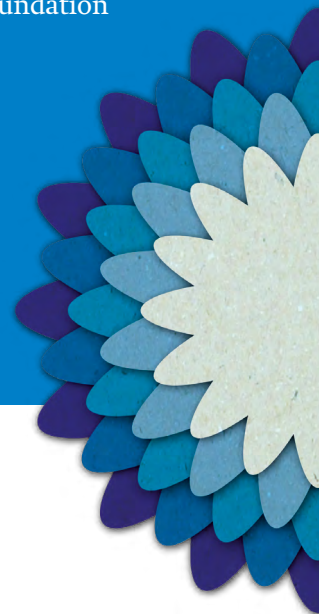


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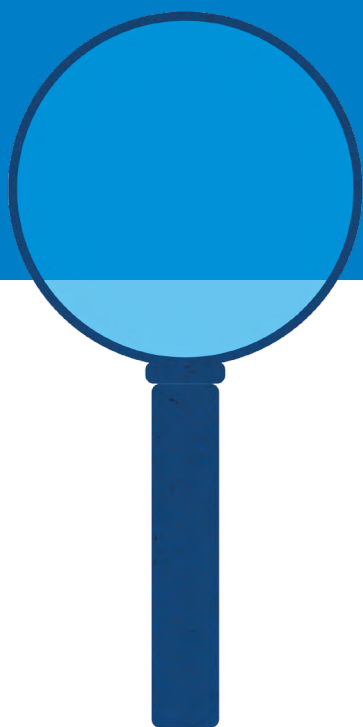
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PART I

RESEARCH, PUBLIC POLICIES AND SOCIAL SERVICES

Authors: Carmina Català Galofré
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1. THE APPLIED RESEARCH IN THE SOCIAL SERVICES CONTEXT

The social services context: a multidisciplinary network

The area of work of the social services covers a wide range of topics that affect people, families and collectives. We consider a person to be as a subject living and relating within a community, in a territorial context with some determined urban and socioeconomic characteristics, who is developed and structured as a person linked to a family with determined relationship patterns.

Therefore, the variety of topics covered by social intervention ranges from community action to labor market integration, socio-educational accompaniment and training, socio-sanitary care and support, and psycho-social care, etc. The working methodologies may be individual, family, group or collectives.

This complexity in the context of social intervention and the convincing of the need to face the difficulties and needs of people in an integrated manner assume an approach that is always multi-disciplinary, and for the most part interdisciplinary.

In this context, the projects that are set into motion and the methodologies applied are developed using diverse professional disciplines: social education, social work, psychology, pedagogy and other sciences, (whether applied or not). Social education and social work are applied sciences, but are based on pedagogy, sociology or psychology, etc.

In this preamble, we would like to highlight that the treatment in the context of the social services is necessarily multi-disciplinary and therefore **the knowledge is always multi-disciplinary.**

The professional collective applies working methodologies which are the product of the body of knowledge of their profession learned in academic contexts, such as the ongoing study and training and moreover, through the contrasted experience of the work teams, which are often interdisciplinary. We also confirm that the social work context has increasingly more areas for reflection of the practice that allows the production of knowledge.

These areas of reflection of the practice are necessary to think about what we are doing and to learn from what we do. Thinking about our practice is a good place to start in order to review the theory and continue learning; spaces for the analysis of cases, supervised sessions, improvement groups, sharing experiences, etc., bring us closer to the possibility of continual improvement.

However, in order to continue advancing we need to be interconnected and widen the networks of knowledge to the exterior, where professional and academic forums are an absolute necessity for mutual feedback.

These general premises are current systematized and set out in the **Area of Quality of Life, Sports and Equality Knowledge Management System** (hereinafter "AQVIE") in which we are working with the ultimate aim to:

Supply the professional collective and services with productive knowledge for the performance of their task, to promote the efficiency, continual improvement and quality of the projects and services.



The knowledge management plan revolves around three main focal points:

1. **Provide visibility and share acquired knowledge**, highlighting the human capital, experience and accumulated knowledge of the professionals of the Area of Quality of Life, Sports and Equality, through:

- The Bank of Experiences and Good Practices.
- The Knowledge Portal (the professional's portal).
- Spaces such as "Share experiences" to understand what we do in the organization.

2. **Interconnect knowledge to generate new knowledge through internal collaborative work**. The generation of collaborative work spaces and methodologies that permit the sharing of knowledge in person and virtually, with the objective of generating learning, products and innovative services, new solutions and being more efficient and effective in everyday work by making the most of the knowledge of the professional of the organization. Some of these spaces are:

- Spaces for case analysis/spaces for ethical reflection.
- Improvement groups: focus groups, communities of practice, etc.
- Sharing experiences.

3. **Generate connections with the external knowledge networks**, regardless of whether these are with other administrations, entities, experts and professionals from other fields and subjects, as well as professional, academic and university forums. This is performed with the objective of discovering unknown practices, incorporating innovative tendencies, contrasting, systematizing or evaluating our usual work processes and at the same time, exporting and making our knowledge available. In this sense, the following are essential, such as:

- A stable collaboration project with the universities; applied research and joint projects.
- Participation in forums and professional workshops.
- Publications.

Applied research: a network of knowledge between universities and social services

All the professionals within the area of social care know that in spite of correctly working from a technical perspective, this does not necessarily mean having the tools to systematize the analysis and check the improvement of the **situation**, in other words, to evaluate the results and know the level of effectiveness, and at times, of the efficiency of the methodologies applied in our interventions.

Research provides us with this level of systematization, of method, of objectivity and external experience necessary to help us think about our practice and reinforce it, technically and conceptually. Therefore, we have the conviction that in the area of social intervention, the university is a necessary collaborator.

Furthermore, the university cannot maintain its academic process and investigations distanced from daily practices. We need to feed off the application of the hypotheses in real practical situations. Thus, this collaboration is a great opportunity for the university to bring the academic world closer to

the different social realities, thereby ensuring a certain level of feedback that keeps teaching alive.

Research and practice must coexist in a symbiotic relationship in which the first is an integral part of the second. The learning of competencies and reflection on the practice can constitute the base for the performance of the research. The research could produce new knowledge and stimulate new and renewed practices.

The synergy between research and practice gives meaning to the social interventions from the different disciplines.

The combined thinking and reflection between the professionals from the university and the social services could result in producing knowledge that stimulates the two paths and generates a network of knowledge essential for mutual growth. There-

fore, it is not about social services requesting the universities to perform the research, but rather working together in a learning process that generates a shared product.

Reflecting on the experience and theories and thought, designing hypotheses and putting a methodology into practice, conceiving an analysis module, analyzing the results and extracting conclusions are common knowledge.

If we begin with these premises, the stable collaboration project with the universities has two complementary aims:

- Initiating a line of work to give dynamism to projects of common interest carried out by people in receipt of postgraduate and masters scholarships with the encouragement and tutorship of the two institutions. Bringing mutual knowledge closer together, raising students and scholarship holders awareness of the reality.
- Promoting applied research in collaboration with the universities, headed by the different departments of the AQVIE, in areas of strategic interest for the Barcelona City Council.

The applied research in the context of social services: effects, objectives and minimum requirements

Applied research is fully justifiable because compared practice, based on the analysis and systematization, will provide us with the feedback necessary to improve the response to the public in terms of quality and efficiency.

In addition, when beginning applied research with social services professionals, regardless of the object of the work and the purpose, there are always different **beneficial effects** in the context of social intervention, all of which complement one another, such as:

- Systematic description of a working method.
- Production of explicative knowledge of the working method.
- Promotion of technical knowledge, which could lead to an improvement of the technical level or changes.
- Systematization of technical instruments, assessment scales, etc.
- Promotion of creativity.
- Encouragement of the involvement of the professionals in the services.
- Maximization of professional experience.
- Increased and enhanced prestige of the professional and academic status of professionals working in social services (presentations, publications, etc).

- Increased prestige of the organization.
- Etcetera.

Nevertheless, we could list some of the **specific objectives** that may motivate the commencement of applied research:

- Performance of a diagnostic of the persons, groups or communities.
- Evaluation of needs or resources.
- Validation or evaluation of a type of social intervention, methodology or model.
- Proposals for improvement.
- Homogenization of interventions.
- Demonstration of efficiency and effectiveness.
- Investigation of a problem or a new or emerging area of interest.
- Consideration of new issues or new needs, exploring new problems, etc.
- Analysis of the impact of a determined subject, whether this is a resource, a type of intervention or an organizational change.
- Etcetera.

After reviewing the applied research that is currently underway, we can allow ourselves to indicate



what the minimum requirements that need to be taken into account are and carefully monitored so that the research is successfully concluded within the context of the social services.

- **Motivation:** it must be a subject or problem of social importance, there must be concern for the subject or a need to innovate to find a response to a determined situation.
- **Viability:** it must be possible in terms of the time the professionals can dedicate to it, considering they are often occupied providing care to the public or dealing with the tasks of the service itself. It is important to bear in mind, on the one hand, the duration of the research so that it is within reach of the team involved, and on the other, the human and economic resources available.
- **Ethics:** considering that the object of the work is people, an ethical approach does not permit the performance of contrast or impact studies in which a subject does not receive a resource which theoretically he could receive.
- **The involvement and support of the organization:** this is an essential condition for the research to be successful, both in the development and the application of the conclusions.
- **A formal agreement between the university and the administration:** to grant it the maximum formality and clarity, the collaborative works with the university must be agreed and drafted within the framework of a collaborative agreement or other pact. It is important that the more structural elements, such as the object of the research, the phases, the deadlines, the economic relationship –if there is one–, the responsibilities and functions, the intellectual property rights, etc., form part of this written document.
- **Academic and professional discipline:** it is necessary to define the discipline or disciplines from which to perform the research. Given that, as previously mentioned, the social consideration is mainly multidisciplinary or interdisciplinary, it is an additional complexity that must be agreed upon with the academic world and which grants its own characteristics to the research. For example, the need to contrast results with other disciplines during the process.
- **The theory or the paradigm:** this is the lens through which the results will be interpreted, and which must be coherent with the intervention model. In this chapter we can also include the analysis model of the results.
- **Coherence of design:** it is necessary to dedicate a good part of the first phase of any research to its planning and design. This design must be simple and clear so that it may be shared and be a point of reference during the whole process. If well designed, the research flows, although obstacles or incidents may arise that need to be resolved.
- **The research team** must be clearly formed and differentiated into at least two levels:
 - A steering committee formed by the city council and the university, which defines the direction of the research, performs monitoring, makes decisions on any changes in direction that may arise, and performs the follow-up of the analysis, the conclusions, the publication and the practical implementation.
 - The field team, with an internal organization depending on each stage, and the scope of the research (commissions per topic, areas, etc.).
- **Methodology and rigor:** here it is the university which has the experience and the possibility to use the appropriate methodology according to the typology of the research. It is necessary for the methodology to be defined and accepted by everyone from the beginning.
- **The communication plan:** in order to generate useful and applied knowledge, it is necessary to provide visibility to the results. It is therefore necessary to agree the method of presentation and publication, and then design a communication plan, firstly within the organization, and then outside, in a second phase.
- **The transfer and feedback of the results in the practice:** in terms of administration, being able to predict short- or medium-term research is vital in order to assume the application of the conclusions in the practice as per the initial design. Independently to the application of the results, socialization of the knowledge obtained must be guaranteed.

Not everything is science, but it is all knowledge

Finally, we do not want to conclude this chapter without previously putting the scientific method into perspective, such as it is. Lately, we have become excessively used to hearing that only interventions in which the results are based on evidence are valid.

As people working with other people and human groups, we know that we are dealing with complexity and that this cannot be based on evidence. With people, we can never guarantee that the result will be the same if we apply the same method. There are always multiple unforeseeable variables that influence the processes involving people (professionals, persons and families who are users). Although we are supporters of methodological rigor, it is difficult for us to make a cause-effect deduction.

Therefore, we have to be prudent, and it is through applied research that we can say that our work improves, accompanies or has some effects that appear positive, but they always depend on many factors, the majority of which are out of our hands.

However, studying the transformation processes of the human collective provides us with knowledge, given that we as professionals and as an organization form part of this process, and this drives us towards continuous improvement.

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See acknowledgements on page 4



2. APPLIED RESEARCH IN THE FIELD OF CARE IN SITUATIONS OF MALE CHAUVINIST VIOLENCE WITHIN THE CONTEXT OF THE PUBLIC SOCIAL SERVICES

2.1 APPLIED RESEARCH: A REQUIREMENT IN CONTINUOUS IMPROVEMENT PROCESSES

In 2005, the Women's Program Administration initiated a process of continuous improvement in the care it provides to women, children and adolescents suffering or who have suffered situations of male chauvinist violence. This process is based upon several areas of focus, two of which are considered essential:

- The protocolization of the intervention based upon technical experience.
- Applied research.

The protocolization of the intervention based upon technical experience

This involves using professional experience to identify the good practices to transform them into knowledge that can be socialized, shared and applied by the group of social services involved in the detection and care of women, children and adolescents living in situations of male chauvinist violence, regardless of whether the services are private or publicly owned and whatever the organizational affiliation.

The protocolization process initiated in 2005 has been specified into a series of documents, the majority of which have been published and can be consulted on the Women's website of the Barcelona City Council (bcn.cat/dona) The documents drawn up so far are the following:

- *Protocolization of the individualized intervention with women suffering or who have suffered a situation of gender based violence.* (Published in 2007 in Catalan and, as of 2014, also available in Spanish in digital format.)
- *Protocolization of group intervention with women who suffer or have suffered a situation of gender based violence.* (Published in 2007 in Catalan.)
- *Guidelines for exploration and intervention with children of women attended due to gender based violence.* (Published in 2007 in Catalan.)
- *Guidelines for intervention with women suffering, or suspected of suffering some form of mental disorder.* (Internal document from 2007 in Catalan.)
- *Intervention with children and adolescents in situations of male chauvinist violence from the public system of*

social services of the city of Barcelona. (Published in 2012 in Catalan and Spanish.)¹

Currently in process, they are working to define:

- *The intervention with adolescents who are experiencing or inflicting abusive affective sexual relations or other manifestations of male chauvinist violence by the public social services of the city of Barcelona which provide walk-in care for treatment in situations of male chauvinist violence.*² In this case it means defining the intervention aimed at 12 to 17 year olds who are the object of violence in which neither the mother or father are involved, nor the current partner of one or the other and the intervention with adolescents perpetrating such violence. Due to be presented in November 2014.
- *Intervention with male aggressors.* This work is being carried out within the context of the *Barcelona Circle combating violence against women*³ under the direction and coordination of the Women's Program Administration. Its presentation is planned for the first half of 2014.

1 This work is coordinated and directed by the experts from the Women's Program Administration of the Barcelona City Council and the Children and Women's Service of the Consortium of Social Services of Barcelona.

2 As with the previous, this work is coordinated and directed by the experts from the Women's Program Administration of the Barcelona City Council and the Children and Women's Service of the Consortium of Social Services of Barcelona.

3 This circle was founded in 2001, initiated by the Barcelona City Council and the Barcelona Health Consortium, with the decided purpose of promoting the coordination and cooperation between the different institutions involved and in the fight to eradicate male chauvinist violence in Barcelona, as a necessary condition to be able to offer quality care to women who are living in situations of violence, and also to their children, and whilst taking into account the preventive aspect.

The work group which is defining *The intervention with male aggressors* is made up of professionals and senior members from the different services belonging to social services, justice, police forces and health.

All the protocolization documents have been drafted by the workgroups participating in them, and at the very least with professionals and senior members from the different involved public social services, as well as one or two external experts to ensure the incorporation of the contributions into the international arena, useful in our context and to avoid performing an analysis that is excessively centered on our organization.

All these documents at the very least define:

- The conceptual and legal framework from which it originates.
- The intervention methodology that each document develops according to its objectives.

Applied research

This is research that is useful for action.

As it can:

1. Provide elements for understanding a phenomenon or determined problem in order to focus on what we must look at when exploring, which are the key elements for a good diagnostic evaluation and how to more effectively direct the intervention.
2. Provide elements of knowledge and understanding about the evolution of the profiles and needs of the user population and the requirements for the services in a constantly evolving society.
3. Scientifically validate new tools and methodologies for diagnostic exploration, intervention or evaluation (for both processes and results).
4. Identify which practices are most effective and efficient in achieving determined objectives.
5. Evaluate the results obtained in relation to the initial situation and the durability of the improvements obtained.

At the Women's Program Administration, we understand applied research as a basic tool in any services system which has criteria relating to quality, efficacy and efficiency incorporated into its practice.

It is for this reason that since 2005, it has been obligatory for the different services adhered to our Administration to participate in the performance of a variety of applied research projects, previously selected from among various areas of interest, for the improvement of the intervention in situations of male chauvinist violence within a social services context.

Since then, in addition to the research object of this publication, the following research has been carried out:

- **Scientific validation process of the RVD-BCN Protocol for the evaluation of intimate partner violence against women⁴.**

The RVD-BCN (Risk of Violence against Women - Barcelona) has been drafted within the context of the *Barcelona Circle combating violence against women⁵*. The objective of this protocol is to provide the professionals attending women living in situations of male chauvinist violence committed by their partner or ex-partner with a tool that helps evaluate the risk of the occurrence of serious violent acts in the short term, six months at most.

The RVD-BCN was subjected to a scientific validation process that began in February 2010 and ended in June 2011, and in which professionals and services from all the areas involved participated, justice, health, social services and the police force (*Mossos d'Esquadra* and *Guardia Urbana*). This process has been directed by the Group for Advanced Studies in Violence (GEAV) at University of Barcelona and has been financed in equal parts by the Barcelona City Council, the Barcelona Health Consortium and the Catalan Women's Institute. The Women's Program Administration of the Barcelona City Council took responsibility for the coordination of the whole process and of the Interinstitutional Technical Commission that performed the monitoring.

- **The process of the recovery of women suffering intimate partner violence: description and instrumentation.**

The research began towards the end of 2008 and terminated in May 2012. The presentation of the results obtained is the purpose of this publication.

⁴ This documentation can be viewed on the Barcelona City Council Women's website (bcn.cat/dona).

⁵ See footnote number 3.



There are currently two other research projects underway:

- **The impact of male chauvinist violence and the recovery processes in children, adolescents, mothers and mother-children relationships.** The direction of the research is managed by the University of Girona through the ERIDIQV research group adhered to the Research Institute for the Quality of Life. This research began in 2012 with a foreseen duration until 2015, its publication and dissemination of results is planned for the first half of 2016.
- **Research to evaluate the effectiveness of the psycho-social treatment of men who perpetrate violence against their partner and are users of the Support Service to Men for the promotion of non-violent relationships (SAH).** The administration of the research is assumed by the *Gender, groups and change* line of research of the consolidated research group PsicoSAO of the University of Barcelona. This research began in 2013 with a planned duration of until 2017.

2.2 THE PUBLIC SOCIAL SERVICES UNIT OF THE CITY OF BARCELONA WHICH PROVIDES CARE IN SITUATIONS OF MALE CHAUVINIST VIOLENCE

The city of Barcelona has a public care unit with elements that are common to the other municipalities and areas of Catalonia, and specific elements which differentiate it from the others. Below follows a list of the aspects which, regardless of whether they are common or specific, I consider to offer useful elements for reflection.

This public unit is defined based on the premise that male chauvinist violence is structural in nature and therefore it is necessary to intervene at all angles, in terms of both care as well as prevention.

Structural nature of male perpetrated violence

It is recognized by the United Nations General Assembly in the Declaration on the Elimination of Violence Against Women ⁶(1993) as:

Recognizing that violence against women 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.

⁶ Resolution of the General Assembly 48/104 of 20 December 1993.

In the *In-depth study on all forms of violence against women* presented at the United Nations General Assembly in 2006 in a report by the Secretary-General, a section is dedicated to the "General context and structural causes of violence against women"⁷. Among other things, it states the following:

Violence against women is both universal and particular. It is universal in that there is no region of 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, the roles of gender –the socially constructed roles of women and men– have been hierarchically ordered, in such a manner that men exercise power over women. Masculine dominance and feminine subordination have both an ideological and material basis. Patriarchy has shielded itself in social and cultural forms and is institutionalized in local and global economies. It has also become deep-rooted in formal ideologies and in public discourse.

The different faces of male chauvinist violence.

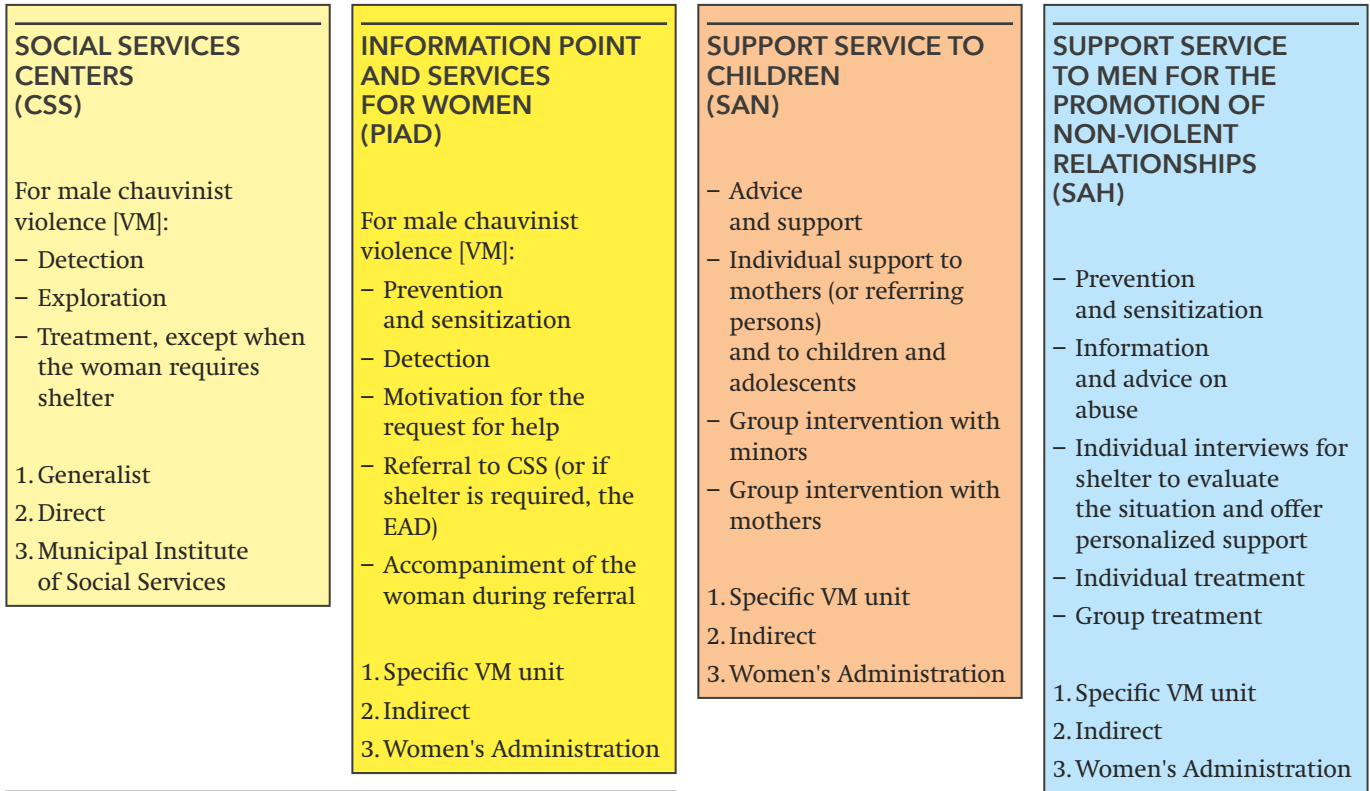
- **Who receives male chauvinist violence:** women, children and adolescents living in situations of male chauvinist violence.
- **Who is the perpetrator:** within the confines of Catalan law on the right of women for the eradication of male chauvinist violence, the profile of the perpetrator can vary, but most typically it is the male partner or ex-partner. This can also be the father of the children or adolescents or not, or may have assumed a parental role, or not.
- **The social context in which it arises**
 - On the one hand, there is a society that is sensitized against male chauvinist violence in which there are more citizens, both men and women, and entities adopting active attitudes against violence.
 - Whereas the survival of a sexism that is transforming and adopting increasingly more subtle forms that hide microviolence has been shown to exist at all levels of society.

⁷ The general context and structural causes of violence against women. Report by the Secretary-General of the United Nations, p.32-38.



The public unit of the city of Barcelona

THE PUBLIC SOCIAL SERVICES THAT INTERVENES IN SITUATIONS



1. TYPE OF SERVICE

Generalist: : attends to all members of the public and all types of issues

Specific VM unit: only attends to situations of VM (walk-in and emergency shelter)

Specialized VM unit: long-term resource for shelter due to VM

2. MANAGEMENT TYPE

Direct: service run by municipal city officials

Indirect: outsourced service

Social Services Consortium: financed by Women's Administration

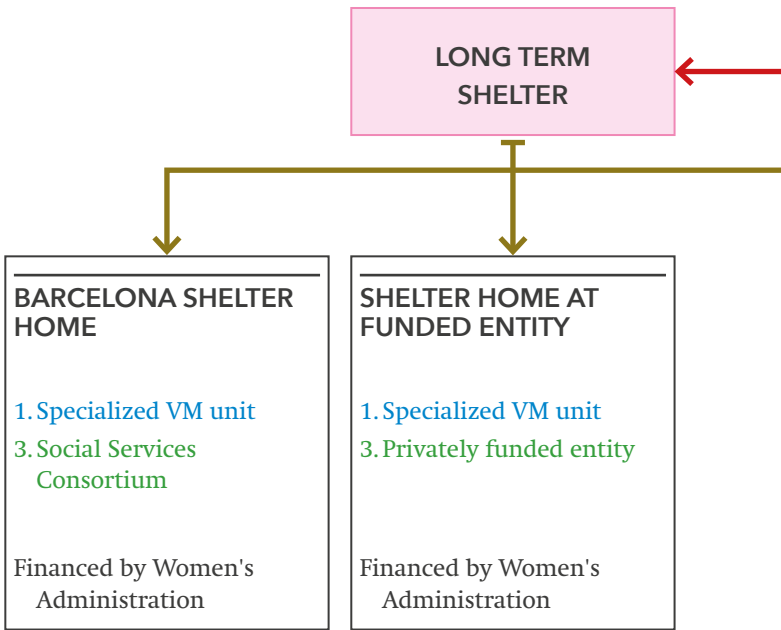
3. DEPENDENCY

Institute of Social Services
Women's Administration

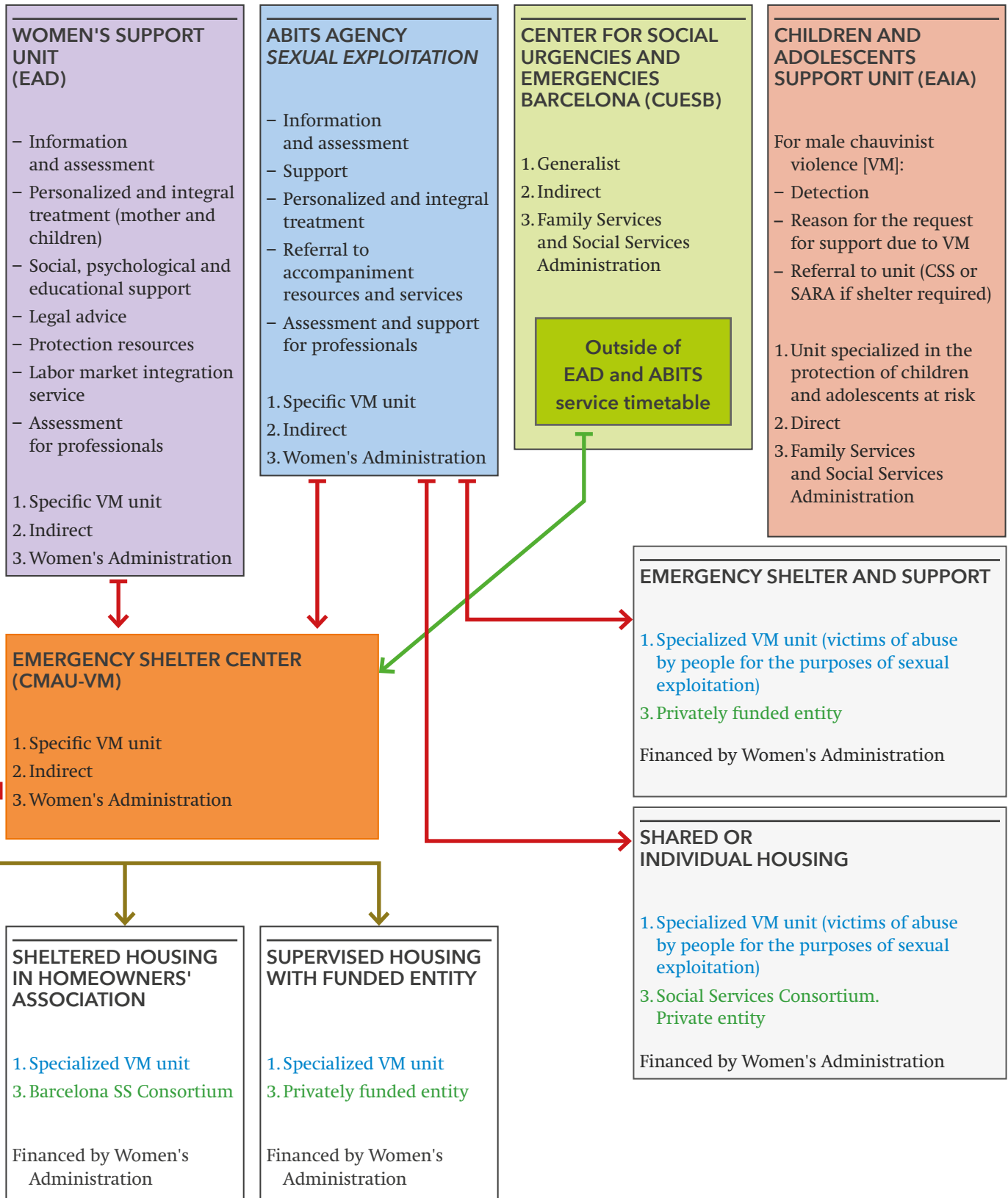
Social Services Consortium: financed by Women's Administration

Funded private entities: financed by Women's Administration

Family Services and Social Services Administration



OF MALE CHAUVINIST VIOLENCE IN THE CITY OF BARCELONA



The criteria to access the unit's services

- Live in the city of Barcelona.⁸
- Suffer, or have suffered from male chauvinist violence.

They provide support to women and children and/or adolescents that meet both requirements regardless of whether:

- They are registered as residents or not. The real status presides over that of the administrative status.
- Their legal status is regularized or not when dealing with foreign women.
- They have reported the situation of violence suffered or not.
- They are living with the aggressor or have separated from them.
- And without discrimination based on physical or mental health, disability, legal status, sexual orientation or origins.

With regards access to the public resources for shelter, whether emergency or long-term:

- The access criteria are the same but with one exception: in the case of a mental disorder or addiction, it is necessary that the person follow a course of treatment provided by the corresponding services of the health network. And this must be offset.
- Male children of up to 18 years of age may be admitted, and in certain cases, those which are of legal age provided that the corresponding technical criteria are met and depending on the characteristics of each individual case.

Description of the social services that form the public unit of the city of Barcelona.

All social services have the responsibility to detect situations of male chauvinist violence and are able to do so.

Below follows a description of the services that have a specific responsibility in this area of intervention and which form the public intervention unit of the city of Barcelona.

• The social services centers (general basic social services)

These assume the role for detection, exploration, evaluation and treatment of the women, children and adolescents that enter the Social Services Center (CSS) whether as an emergency or otherwise, with a request that may be specific or not to male chauvinist violence, provided that it is not necessary to activate alternative resources for protection, emergency shelter or long-term shelter. In this case, they should refer the woman and children to the Women's Support Unit (EAD) of the Barcelona City Council.

The social services centers (CSS) are the responsible service for the case when it is for women suffering from violence and are attended by this service, provided no long-term shelter resources are required. With regards emergency shelter, the responsible service becomes the Women's Support Unit (EAD), but the CSS does not close the file as it will be pending the evaluation and orientation resulting from the initial emergency exploration. When the CSS is the responsible service, it shall activate the specific resources for violence in each case, except those relating to shelter (non contributory job seekers allowance, mobile hotline, notification to the prosecution service, etc.).

The *responsible service* is understood to be the one responsible for the main intervention with the woman suffering from violence and with her children. The responsible service is not responsible for the interventions carried out by other intervening services, as it has no hierarchical relationship or formal authority with them.

⁸ The Information Point and Services for Women (PIAD) and the Social and Educational Support Service of the ABITS Agency also provide support to women outside of Barcelona.

Functions of the service responsible for the case are:

- Find a means of cooperation between all the services involved to try and share a global vision of what is occurring and what is being done, and try and obtain coherence in the actions performed and avoid secondary victimization.
- Ensure that the agreements established with the other services are in writing and that the other service signs the text and that it has a copy.

• Information Points and Services for Women (PIAD)

In situations of male chauvinist violence, these assume the role of detection; when necessary, they help the woman become aware of her situation, they encourage her to seek help, refer her to the social services center in her area and accompany her during the referral process. Only in the case that they consider that the women and her children need shelter resources, they refer them directly to the Women's Support Unit (EAD) and inform the social services center for that area of the referral.

The detection function of these two basic municipal social services (CSS and PIAD) is a key factor if we take into account the dimensions of male chauvinist violence in Catalonia and that only a small part of this reaches our support unit. Most women experience situations of male chauvinist violence turning to these services do so for other reasons that may or may not be related.

In order to facilitate the detection of these situations when they are not evident, a series of alert indicators are created in relation to the body, mind and environment which can be consulted on the website previously mentioned in the document *Protocolization of the individualized intervention with women who suffering or have suffered a situation of male chauvinist violence*⁹.

• Women's Support Unit (EAD)

It is a service which is equivalent to the CIE (Specialized Intervention Center) in other regions of Catalonia, but with some differences, as they also deal with emergencies. The responsible professional in the majority of cases is part of the social work area, and is the point of access to the public unit

for emergency and long-term shelter of the City of Barcelona, as well as those of private entities of the city or province.

The EAD is a municipal walk-in service which attends specifically to women and their children who are victims of male chauvinist violence. It provides an integral and multidisciplinary support area –social, psychological, educational, legal and labor market integration– to the women (both as women and as mothers), and their children, of the city of Barcelona, and who are victims or have been victims of male chauvinist violence, in order for them to go through their recovery processes whether they require shelter resources or not.

One important role over the last three years has been its reinforcement of the support and assessment to the other social services (CSS, Children And Adolescents Support Unit, etc.), and other systems of the services (health, education, etc.). This support and assessment can provide, with regard to concrete cases, group intervention projects or by topics such as the clarification of criteria, procedures and resources.

The EAD is the lead service of the case:

- Whenever it is necessary to activate long-term shelter.

In these cases, the Women's Support Unit can activate the pertinent generalist services or perform a follow-up thereof (Minimum Integration Income-RMI-, Housing access program, single application for resources for the elderly, etc.), in addition to those that are specific to male chauvinist violence (Non Contributory Job Seekers Allowance-RAI-, hotline for abused women, etc.).

- In the cases in which no social services center is involved and that the main issue is the violence suffered.

In these cases, the intervention of the Women's Support Unit is of a specific nature in the aspects directly related to the violence suffered. When social intervention is also required in other aspects, the Women's Support Unit makes a partial referral of the case to the corresponding social services center.

9 Barcelona City Council. 2007



• **Municipal Emergency Shelter Center for Victims of Male Chauvinist Violence (CMAU-VM)**

On 8 March, 2011, Barcelona City Council opened the Municipal Emergency Shelter Center for Victims of Male Chauvinist Violence (CMAU-VM), which receives all the referred women and their children who require emergency shelter, unless the area of risk of the woman coincides with the location of the CMAU-VM. This center is an emergency residential service which has as some of its objectives, the following:

- Provide a safe area for respite, emotional containment and support where the woman can reflect on her situation and on the different possible alternatives, and be able to make the necessary decisions for her future.
- Help the woman appropriately explain the situation to any children she may have, about why they are there and how this decision affects them.
- Ensure coverage of the basic needs for housing, support and health of the woman and her children.
- Provide the woman and her children educational and psychological support for the duration of the emergency shelter complementary to the social and legal support provided during this period by the Women's Support Unit (EAD)
- Complement the exploration carried out by the Women's Support Unit (EAD) to perform a joint initial evaluation of the situation to allow the professionals to make the appropriate decisions with regards the proposals they can offer the woman and the intervention that must be implemented in accordance with the willingness expressed by the woman.

The communication between the EAD and the CMAU-VM must ensure the existence of a single exploration and intervention plan, with agreed objectives and strategies and differentiated responsibilities in accordance with the competences of each service.

• **Long term sheltered housing.**

The city has a public house and several flats used for shelter purposes and are managed by the Social Services Consortium of Barcelona. In all cases, the women and children or adolescents access-

ing these resources will have previously passed through the CMAU-VM. With regards the sheltered housing (flats), some women will have begun a stay at long term sheltered housing at the shelter home and then moved on to one of the flats, or will have accessed it directly from the CMAU-VM depending on the assessment of their level of independence in this phase of the recovery process.

In all cases a logic of a single plan of action per family unit is followed, one agreed among the professionals from the EAD and the shelter resource involved, with agreed objectives, strategies and prognosis and differentiated responsibilities.

This methodology of the services communicating and working as a network within the same unit is similarly applied when the woman, and her children, are sheltered at privately owned resources, in which the EAD is the referring service and responsible for the case. It aims to ensure fair treatment for all, regardless of whether the resource in which they are sheltered is publicly or privately owned.

• **Support service to children who have suffered gender-based violence (SAN)**

This is a municipal walk-in service of a nature providing specific support to children from families with problems of male chauvinist violence. Its aim is to help identify and interiorize and alternative and positive parenting model to allow new forms of relationship to be built and thereby prevent the repetitive cycle of violence.

This is a family service, an exploration of the suitability of the resource is performed and once the commencement of the activity is agreed, the children or adolescents are placed into groups of similar ages and the mothers of responsible adults are placed into support groups to work on maternal parenting skills and relationship models. Similarly, individual tutorial monitoring and single family work sessions are held, where appropriate. In order for the children or adolescents to form part of the groups, this is conditional on the mother, or responsible adult, agreeing to join the group work sessions.

• **Social and Educational Support Service of the ABITS Agency**

This is a specific service of the Barcelona City Council made available to women making a living from prostitution or are victims of sexual ex-

ploitation, especially those who offer and sell their services in the street.

This is a multidisciplinary service formed by professionals from the areas of social education, social work, psychology and health. The service provides:

- Information and assessment.
- Accompaniment of women to the services and resources, as appropriate.
- Confidential, personalized and integral treatment.
- Psychological support.
- Referral to public, private and state funded resources and services according to needs and accompaniment if required.
- Assessment and support to professionals from other services for cases where there is a situation of sex work or sexual exploitation, or it is suspected that these situations exist.
- Social educational intervention in police operations in relation to people engaged in prostitution or are victims of sexual exploitation.

The work is carried out at different levels of intervention and always from the perspective of gender, and looking to empower women as the builders of their life plans:

- Detection and intervention in the street, direct contact, daily patrols of the streets in the morning, afternoon and at night.
- Office based, in-depth intervention, with individualized work plan.
- Support in police operations.

The Agency also provides specific resources for victims of sexual exploitation, provided that it is male chauvinist violence as defined in Law 5/2008 of the Parliament of Catalonia. This refers to resources relating to shelter, assessment and legal representation, and training for labor market integration.

• Support Service to Men for the Promotion of Non-Violent Relationships (SAH)

This is a municipal walk-in service that provides information, assessment and treatment aimed at men wanting to change their model of masculinity, and distance themselves from violent outbursts.

This service intervenes on two angles:

- Supporting men who are batterers. This is a service that aims to eliminate or reduce abuse to obtain equal gender relations within the couple. Psychotherapeutic group and individualized support are provided to obtain more respectful and equal partner and family relationships. The men that participate do so on a voluntary basis and not in fulfillment of any legal measure.
- Prevention, through the involvement of the men of the city of Barcelona in gender equity. This refers to the "Cambiémoslo" [Let's change it] project, which aims to involve men in the transformation of the existing inequalities between men and women and make gender equity a concern that it is also a male responsibility.

• Children and Adolescents Support Teams (EAIA)

These teams provide a municipal service specializing in giving support to children and adolescents in a situation of or at risk of abandonment, as well as providing assistance to their families. As demonstrated by the Study on the abuse of children in Catalonia, prepared by the Generalitat of Catalonia, and published in 2000, the existence of male chauvinist violence in the cases involving the EAIA is very high, which makes it a service that has very significant potential for detecting such cases.



Changes affecting the unit from January 2014

The Women's Support Unit (EAD) and the Support Service to Children (SAN) become the Care, Recovery and Shelter Service (SARA), which unifies all the experience of these two services and incorporates two important new elements:

- Expand the profile of the people attended providing:
 - Integral care also to those close to the family environment setting of these women, children or adolescents requesting or requiring care, due to the impact that this violence has had upon them, despite not living in or being registered in the city of Barcelona.
 - Advice for those that request it and live in Barcelona, or when, if they live in other towns, they make a query or request advice in relation to women, children and adolescents who are victims of male chauvinist violence who do live in the municipality of Barcelona.
 - Care for children aged 12 to 17 suffering from any of the situations detailed below in which neither the mother, father or the current partner of either are involved.
 - Affective sexual abusive relationships, whether sporadic or with a partner.
 - Situations of male chauvinist violence as a result of not behaving in accordance with the dominant traditional stereotypes of masculinity and femininity. This also includes situations of *bullying* which are sexist in origin (homophobia, misogyny, lesbophobia or any other heterosexual behavior that is different to the "norm", provided that this is the reason for the violence suffered).
 - Situations of male chauvinist violence (sexual harassment, aggression and/or others) committed by third parties (known or unknown) which is not inflicted against the mother, guardian or carer of the adolescent.
- This guarantees the full implementation of the *Model for the intervention with children and adolescents in situations of male chauvinist violence from the public system of social services of the city of Barcelona*, created by a work group formed of professionals and senior members from all the different involved social services, and which has been jointly-led by the Women's Program Administration of the Barcelona City Council and the Barcelona Social Services Consortium. This model became a Government Measure which was presented during the plenary session of 26 April 2013, and which defines the measures that must ensure the implementation of this model by all the directly involved social services.

2.3 WOMEN'S SUPPORT UNIT (EAD)

As defined in the above chapter, this is a municipal walk-in service run by the city which provides specific care to women and their children, who suffer from male chauvinist violence. It provides an integral and multidisciplinary support area – social, psychological, educational, legal and labor market integration– to the women (both as women and as mothers), and their children who are victims or have been victims of male chauvinist violence, in order for them to go through their recovery processes whether they require shelter resources or not.

The Women's Support Unit (EAD) provides assistance to an average of around 1,200 women every year. This makes it a privileged observatory of the city which makes it possible to selectively investigate further the aspects of male chauvinist violence and intervention from the context of the social services in order to improve the level of understanding of this phenomenon and the efficiency of the intervention.

The management of this municipally run service is guaranteed by means of the contracting of an entity or company awarded the contract through a public tender process. One of the obligations stipulated in the technical conditions is the participation in applied research previously defined by the Women's Program Administration of the Barcelona City Council.

In this case, the applied research is focused on *The process of the recovery of women suffering intimate partner violence* and was formalized by means of an agreement between the Barcelona City Council, the University of Barcelona and the Health and Community Foundation (as the managing body of the EAD).



2.4 THE RESEARCH APPLIED TO THE RECOVERY PROCESS OF WOMEN LIVING IN SITUATIONS OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE

This investigation forms part of a continual improvement process which has its origins in the inventory for the evaluation of the recovery process of women suffering intimate partner violence (by the health services) created by Neus Roca Cortés and Juana Espín from the University of Barcelona, and by Montserrat Paino Lafuente, Laura Córdoba del Águila and Matilde Albarracín Soto, from the basic social services of the District of Nou Barris¹⁰.

It began in November 2008 and finished in June 2012 with the institutional presentation of the results.

• Research objectives:

- Describe the recovery process of the women at the different stages.
- Provide reliability and validate recovery measuring instruments that include the psychological, health and labor market insertion factors.
- Use of these instruments for the diagnosis of the women, for the evaluation of the intervention and for the research into the basic factors and processes of recovery.

• Role of the Women's Support Unit in the research:

- Provide access to the files and useful information to design the research.
- Offer their experience in the creation phase of the theoretical framework and in the preparation of the empirical work.
- Provide access to the women who would form part of the sample: information, motivation and consent.
- Offer an opinion on the instruments prepared by the University of Barcelona research team, on the preparation criteria of the sample and on the access procedures.
- Participate in part of the fieldwork by carrying out questionnaires provided by the research team with specific women.

• Evaluation of the experience by the Women's Support Team:

Incorporating the applied research in the area of the social services is still a new idea. Therefore, we wanted to gather the opinions expressed by the service:

Benefits:

- It has provided a learning opportunity and a better understanding of the recovery process of the woman.
- It allows the availability of a set of instruments to measure the recovery process which will be incorporated into the file and into the daily practice of the service and which will no doubt improve the efficiency of any intervention.
- The research has resulted in public and institutional recognition for the service and for the group of professionals participating in it, as well as improving their professional CV.

Difficulties:

- The social services system is geared towards action and is yet to incorporate applied research and evaluation as a key element of the professional practice and ordinary running of the services. The EAD is not an exception.

This fact, together with the lack of previous experiences and the duration of the research (almost four years), has made it difficult for the professionals to be able to anticipate what benefits may be obtained, so much so that the research at times has been more of a burden than an opportunity and a benefit.

- Combining the research during the phases which required more dedication by the EAD regarding the workloads and the institutional requirements to comply with the quality criteria for the care (no waiting list for entry, etc.), has not always been easy.

¹⁰ Group work and sexist violence. Research-action of a women's psycho-social support group. Barcelona Social Observatory. Barcelona City Council, 2007.

Balance:

Totally satisfactory, but not until the research ended and the presentation of the results performed was it possible to make this positive evaluation, one shared by the whole team.

2.5 RECOMMENDATIONS FOR FUTURE RESEARCH APPLIED TO THE CONTEXT OF THE SOCIAL SERVICES

Based on the experience, we propose a series of recommendations to facilitate the performance of applied research within the context of social services:

- It is necessary for the central administration or department to which the service is adhered to, in addition to defining the order, assume the institutional leadership and monitoring of the status of the research with a frequency that we recommend be monthly, or quarterly at most, with the participation of the other agents involved (scientific administration and care services).
- Ensure scientific administration by agents with experience in the area of the research.
- It is necessary that every participating service appoints a person responsible for the internal monitoring of the research, with the authority to implement corrective measures when necessary.
- It is necessary to explain to all professional persons involved what the research consists of, what their role or task is, and to provide partial feedback to transmit the progress achieved and remind them of what the final objective is.

Before making the institutional presentation of the results, once the research is complete, there should be a prior presentation before all the participating professionals.

- It is appropriate that there is institutional recognition of the administration and the professionals involved given that they have participated in the creation of new useful knowledge for the whole organization. The measures for recognition should be many and varied. Some are detailed below:
 - In the act of institutional presentation of the results of the research, there should be an explicit and public recognition of all the participating professionals.
 - Present each participating professional with a personalized accreditation.
 - Incorporate the participation in the research as a merit in the processes of horizontal mobility, internal promotions and similar.
- Publish and disseminate, inside and outside of the organization, the results of the research using a language which although being technical, is of an informative nature which facilitates its implementation. Where possible, the publication shall be in Catalan and Spanish to facilitate its dissemination and spread the exchange of knowledge beyond our country. The publication shall specify the institutional and intellectual authorship detailing each and every one of the authors or collaborators that made the research possible.





PART II

THE RECOVERY OF WOMEN IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE

Description and instrumentation

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3. INTRODUCTION

Objectives and justification

Through this research we move the focus from the violence on to the recovery of the freedom of these women. The freedom and recovery from the situations of intimate partner violence is a positive and empowering aspect of male chauvinist violence against women; it is a recognition of the strength and authority of the women survivors and of their spaces of resistance against patriarchal violence.

Research into violence against women is mostly focused on the identification of the forms and the strategies for the perpetration of this violence and on the impact on their health and on human rights, whereas the systematization of the knowledge on the recovery processes of women in a situation of violence is relatively scarce. We know about the damage that intimate partner violence causes, we know that this is a consequence and not a cause of the violence, we know how women become trapped in a situation of violence, but what do we know of the liberation from this violence affected relationship?

The main objectives of this study are to expand and systematize the knowledge of the liberation and recovery of the women who are in a situation of heterosexual intimate partner violence and offer instruments for its comprehension and evaluation.

The first specific objective is to understand the diachronic process of liberation and recovery from the experience and voice of the women who have suffered situations of intimate partner violence and have been able to escape from them, recover their health and have rebuilt their lives in freedom and have a future life project. The challenge is to refine the models of the existing phases, and at the same time confront them with the experience of women from our surroundings to be able to have a systematic and critical collection of knowledge that provides a holistic and gradual understanding of the dynamics of these long processes.

The second objective is to provide valid and accurate instruments for the systematic evaluation of the liberation and recovery of the women who are in a situation of male chauvinist intimate partner violence.

With this work, we aim to answer, from a psychosocial, genetic and gender perspective, the questions posed in the professional forums of interventions and research that have guided this applied research. *When can we say that a woman has recovered?* When she is separated? When she is separated and independent despite being the object of violence? And if she is separated but is still tied to the abusing partner? How do we define "tied"? How do we tackle all the possible causes? Both in the research and among the care professionals there has been a development of strategies, protocols and support resources, *but up to what point can we say that we have helped these women?* Is it possible to go beyond the evaluative reports with counts of people attended and socio-demographic descriptions? Can we consider these interventions effective if they have still not separated? Despite not separating, can we specify how much they have progressed?. Or do they still suffer the negative effects? Do they once again find themselves in a situation of male chauvinist intimate partner violence?

Results

We define and discuss the concept of "recovery", and we expand on it with the concept of "liberation", always from a gender, psychosocial and process perspective. We understand recovery from the situation of intimate partner violence in the most widest sense used so far until now, as a process in which two phenomena occur: liberation and recovery.

We present *an integral model of the resistance, liberation and recovery phases of the process*. A more systematic understanding of these dynamics, which can last many years, is useful when they provide qualitative knowledge and an ordering of the criteria when approaching male chauvinist violence at the levels of detection, care and prevention, as



well as in the research into factors that influence the permanence or the separation of the survivors.

We present *an evaluation model for the liberation and recovery* of the women in a situation of male chauvinist intimate partner violence. We present a battery of evaluation instruments for the liberation and recovery of a women in a situation of male chauvinist intimate partner violence, empirically contrasted, which incorporate the multidimensionality and genesis of the phenomenon. A battery of instruments which will permit a more precise diagnosis of the degree of recovery, the refining of the interventions by adjusting them to each woman and each moment, and the investigation of their efficiency. Instruments that cover the different dimensions and expressions that the liberation and recovery from a situation of intimate partner violence can adopt throughout the long duration of this process.

The *multi-dimensionality* of this phenomenon brings into play many and different types of services for an extensive casuistry of survivors. The integral model of phases and the evaluation model and instruments provide diverse and specific criteria with the objective of being used in professional evaluations to improve the different functions of each type of service. Both the models and the instruments make specific contributions to move forward in the applied research in approaching male chauvinist violence.

The results that we present contribute to increasing the knowledge about the recovery of the women in a situation of violence and to improving the quality of the care. Therefore we accept the challenges produced by the 2008 Law on the right of women to eradicate male chauvinist violence passed by the Catalan Parliament and the appraisal report on the application of the integral Law against gender based violence, drafted by Amnesty International, of the same year.

With this research, we aim to provide systematized knowledge, conceptual instruments for the purposes for diagnostics and evaluations which are both qualitative and measuring instruments. We hope they can be used in the tasks of intervention, evaluation, research and in the same public policies. Ultimately, they will be useful in making the exercise of our freedom and our rights possible and contribute to eradicating patriarchal violence from our lives, the lives of women and also of men.

Framework

The Women's Program Administration of the Barcelona City Council, after consulting various research lines selected our proposal and has placed us in charge of the development of the project. We would like to thank them for the trust they have placed in us. For us it has been a task completed with understanding, dedication and joy. We would also like to recognize Gemma Altell i Albajes from the Health and Community Foundation who, as the social managing entity of the Municipal Service for Women's Support, has facilitated and evaluated the research at all times. We would like to thank the Women's Support Unit (EAD, currently SARA), for their useful and precise contributions and because they have made us feel very comfortable among their work, spaces, roles, meeting and users. We would also like to thank Margarida Saiz Lloret from the Barcelona City Council, for following the research and the exhaustive revision of the final manuscript.

Finally, it should be noted that this task has been a challenge which has made the creation of an alliance possible for applied research among public institutions, the Barcelona City Council, and the University of Barcelona, the Women's Program Administration and the "Gender, groups and psychosocial change" line of research of the research group PsicoSAO of the Social Psychological Department. Without a doubt, this has been a beneficial process and dare we say it, beneficial for both parties.

This partnership has brought together *two worlds* with their own agendas: public care, services and policy on the one side and scientific and academic research on the other. Worlds and agendas that have their own dynamics, values and also stereotypes. This challenge, from our point of view, has been an experience which, from the agreements of the objectives and the processing of the results, from the mutual listening, respect and evaluation, from the tasks corresponding to some and to others, has generated pertinent and relevant contributions which by any other means would have been much more difficult to obtain. Therefore, this initial experience in the area of social welfare to create operational alliances which already exist in other sectors such as health and industry, and which will ultimately be of benefit to the purposes that bring us together, to achieve a society that is more equal, fair and free.

4. LIBERATION AND RECOVERY

4.1 MALE CHAUVINIST INTIMATE PARTNER VIOLENCE

We understand Male Chauvinist Intimate Partner Violence as a violation of the basic rights of women and a violation of the exercise of feminine freedom and authority. It is one of the virulent reflections of the social inequality based on sex. This is the direct physical, sexual, psychological or economic violence, to name a few of its manifestations, perpetrated in affective intimate relationships, in what is paradoxically called "love". Intimate partner violence is the constant aggressive and intentional behavior that causes harm, which aims to control and submit the affective partner and maintain this position of dominance over the abused person (Neus Roca Cortés, 2011).

Violence against women is defined in the Declaration on the Elimination of Violence against Women by the General Assembly of the United Nations of 20 December 1993 in Article 1 in the following terms: For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (UN, 1993, p. 2¹¹). This definition is an authoritative reference widely used in laws, reports and research in the majority of countries and areas of research and intervention.

This direct and explicit violence against women arises in a patriarchal society comprising inequalities based on gender, prejudices and sexist discrimination which place women in a situation that is undervalued and subordinate compared to the dominant, privileged and overvalued men. Structural violence, symbolic violence and direct violence are three manifestations of patriarchal dominance (Neus Roca Cortés, 2011). Structural violence acts against the material conditions of women, rooted in the social customs or laws. Symbolic violence is mainly perpetrated through the differential and asymmetrical socialization of the women, which naturalizes the asymmetries and punishes any transgressions. And the direct violence is that which occurs in interpersonal relationships.

The feminist social theories analyze the structural and systemic character of these forms of violence where they specify that the patriarchal social system requires the use of force to maintain and re-

produce itself, and it is exercised in an invisible and subtle manner, very often naturalizing it and directly hiding it (Kate Millett, 1969; Susan Brownmiller, 1981).

Intimate partner violence is an example of this. This is male chauvinist violence perpetrated within intimate affective relationships, supposedly based on one of the most humanly constructive acts such as love, when in reality they are destructive relationships, thereby creating a paradox of very special consequences (Neus Roca Cortés, 2011).

In Spain, is usually appoint this kind of Male Chauvinist Intimate Partner Violence as "Male Chauvinist" in specialized contexts, in general contexts and in the media also. There are also a Catalan law (5/2008) titled The Right of Women To Eradicate The Male Chauvinist (machista) Violence. So, is commonly used "male chauvinist violence" (*violencia machista*) as much as "gender violence" also (The organic law from 2004 is title "Law against gender violence"). The objective of the first acceptance, "male chauvinist violence", is make socially visible (and not hide) the nature of this violence that comes from an oppressive sex/gender system where the male social category is the oppressor agent. In Spain, and in spanish and catalan languages, this careful appraisal has been a consequence of the social legitimation process of violence against women as a social and public problem lived in this last twenty years (Neus Roca Cortés, 2013).

The visibility and social rejection of this violence, arising from the feminist movement and continued by many other women and male feminists from a wide variety of social backgrounds, has resulted in it becoming unlawful and has broken down the impunity which it enjoyed, converting it into a problem to which societies and states must

11 The translation from English to Spanish, published by the UN itself, it translates *gender-based violence* as *violencia basada en la pertenencia al sexo femenino*. It also translates *violence against women* as *violencia contra la mujer*. The rest of the definition in English and in Spanish, is the same as that made by the authors



give a response (Ana de Miguel, 2003; Neus Roca Cortés, 2013).

We understand violence, abuse and coercion as "any conscious and intentional hostile behavior, which, by act or omission, causes physical, psychological, legal, economic, social, moral or sexual harm to the abused person, thereby threatening their freedom and right to develop as a person" (Leonor Cantera, 2005).

We understand that intimate partner violence between two adults has three key points; intention, persistence and vulnerability. And this will allow us to differentiate it from aggression. The difference between aggression and violence lies in that the first is a defensive reaction towards an aggression or towards fear when receiving it, whereas violence is subtle or evident aggression, either weak or strong, and with the intention of

dominating the abused person and therefore aims to obtain and maintain their submission (Neus Roca Cortés, 2011).

Whereas in affective interpersonal relationships, as with other forms of violence, they take advantage of the vulnerabilities of the other or provoke them to gain a dominant position either through aggression or through a relationship of "love". The list of vulnerabilities of the human being, whether men or women, is endless. And it is couple relationships, as well as intimate relationships, where these vulnerabilities are displayed in a most open and trusting manner, it is the place where all the points of support upon which the survival and the dignity of people rest become known.

It is the liberation and recovery from this type of intimate partner violence against women which we tackle in this research.

4.2 PSYCHOSOCIAL GENDER AND PROCESS APPROACH

We propose an approach focused on the recovery of the survivors of intimate partner violence, which incorporates the complexity, multidimensionality and temporal nature of the phenomenon in a situation of affective and male chauvinist intimate partner violence and of the liberation of the women survivors. With development challenges from a gender perspective, a psychosocial rather than clinical approach and a genetic epistemological perspective of the process is used.

The recovery of women survivors from intimate partner violence from the gender perspective is a process whose main actor is the woman.

We understand the perspective of gender as a theoretical perspective of the analysis of the social reality¹² which, in an explicit manner, takes into account the asymmetric social structure and the social and interpersonal relationships of power based on gender. Thus, in the case of intimate partner violence, this means an using an approach that avoids patriarch bias, without indirect hiding of the violence, a perspective that lends visibility the experience of the women from freedom, authority and equality of human rights. The perspective of gender requires that the status of the victims associated to the passivity and the deprivation does not result in a paternal or nullifying analysis when

we do not listen to their ideas and we use our own, whether they are prejudiced or not, or scientific or not, to describe their experience. We consider women in a situation of violence survivors and not victims when we look towards the agency of the woman to see and name her active initiative and conscious of seeking a satisfactory relationship, of resisting violence and also becoming free from it, even when not successful.

The psychosocial approach has two aspects: One relates to an analysis of a more psychosocial rather than psychological nature, in other words, an analysis of the persons, individual beings, which takes into consideration the social interaction, the influence of the cultural socialization and of the social position the person holds, as well as the influence of the personality or the individual biography. The other aspect of this psychosocial approach is the one that takes into account the influence of the material conditions on the life of the persons. In our case, the socio-material conditions of the life of adult women in a society such as ours which, for

¹² Since the 1970s, this theoretical-philosophical and social approach has developed the so-called *Women's Studies*, and has been applied in different areas of the human, social and experimental sciences (Neus Roca Cortés and Maribel Cárdenas Jiménez, 2012). This is currently recognized in academic settings and in international organisms.

example, causes that the fact of being a women is a risk of poverty factor (Red Cross, 2007). Therefore, we look at the recovery of women in a situation of violence, not only from a health perspective but also from one of social inclusion.

The third approach, the genetic perspective, means understanding that the temporal development of

an phenomenon generates knowledge that is valid for understanding it. This process perspective is essential in this case due to the long duration of the phenomenon object of the study, and it will be especially useful both in the comprehensive description of the recovery as well as in the operational breakdown of the quantitative assessment.

4.3. DEFINITIONS

When attempting to define the recovery of the woman suffering or who has suffered intimate partner violence, there is a constant flow of questions and discussions in the professional forums for experts in direct care. They tell of endless cases which highlight the two fundamental characteristics of the recovery of women in a situation of male chauvinist intimate partner violence: the multiple dimensions of the phenomenon (emotional, behavioral, social, economic, legal. etc.) and the different forms it adopts throughout the long duration of the complete liberation from the violence as well as the subsequent rebuilding of the person's life.

We accept the challenge of defining the recovery with the verbal precision required by the objective of the evaluation and, at the same time, incorporate the multidimensionality and temporality of the liberation phenomenon of the women survivors in a situation of affective and male chauvinist intimate partner violence. We propose and detail the concept of "recovery" by breaking it down into two different terms, "Liberation" and recovery", and into two definitions.

We understand recovery from the situation of intimate partner violence in a wider sense, as a process in which two phenomena occur. Firstly, the liberation from a situation of violent subordination in the sense of restoring freedom as a fundamental condition of existence, of restoring control over one's life without receiving any type of violence, in this case, from the partner. And secondly, recovery in an existential sense of reestablishing the project of life with health, economic independence and social inclusion. The concrete definition is the following:

The psychosocial liberation and recovery of women in a situation of male chauvinist intimate partner violence is a final stage in which the woman receives no violence of any type in the relationship with the partner, neither from those close to him, nor from other people close to the woman; and in which the survivor rebuilds her personal, social and family life with control over her own life, economic independence and social inclusion, enjoying a good state of physical and mental health and at the same time is capable of detecting new situations of violence should they reappear.

This is an integral definition which covers the different dimensions, of both the phenomenon of the violence as well as its consequences. It is a definition that is inclusive of the preceding criteria¹³ used both in the research as well as in the intervention: separation from the abusive relationship, elimination of the symptoms of post-traumatic stress and other symptoms of psychological suffering. However, it also encompasses the psychosocial and gender aspects involved in the experience of

¹³ Deborah K. Anderson and Daniel G. Saunders, 2003; Ola W. Barnett, 2000; Enrique Echeburúa, Paz del Corral and Pedro J. Amor, 2002; Patricia Villavicencio and Julia Sebastián, 1999, et al.



the women relating to the social conditions and quality of life which may be expected in the general adult female population.

It is not enough to allude to health and social inclusion to indicate recovery from the areas damaged. Economic independence, which may be implicit in social inclusion, or the idea of controlling one's life, which may be implicit in the concept of rebuilding one's life, need to become visible. We have explicitly expressed both ideas because the conditions of the socio-economic inequality of women and the differential mandates of gender upon their social roles may convert a social position of subordination into one of normality. Obviously, this subordinate position is not freedom, and furthermore, it creates unfavorable conditions for the liberation from the coercion and the violence.

Similarly, the detection of new situations of violence constitutes an important requirement of the recovery process, so much so it is an indicator of the difficult and exceptional situation suffered. The awareness and learning of this detection is a need repeatedly expressed by women survivors of violence when considering a new intimate relationship. And one also repeatedly expressed by care professionals as a requirement for complete recovery.

The key criterion of the definition is not the separation but rather not suffering from violence. In this definition, a sequential limit could be drawn in which the liberation would be exclusively related to the separation, for the most part prior to the recovery. However, separation does not usually put an immediate end to the violence nor does the rebuilding of the life begin exclusively after the separation. Violence continues after the separation, but it takes different forms and intensities; sometimes there are voluntary or involuntary returns, whereas the rebuilding of one's life begins before separation. As we can see, the definition is not based on a time limit although one is assumed, given that total liberation from the violence is necessary for a complete recovery.

We use the two terms "liberation" and "recovery" to refer to what until now has been understood more generically as recovery. Through the use of both terms, we make reference to the oppressive nature of the violence received, alluding to the existential, social and ethical character of the violence - not just in relation to health - we allude to the active agency of the survivors who manage to overcome the situation and at the same time we mention the necessary restoration of the basic conditions of life of the person who has suffered this violation of their basic rights.

4.4 RESEARCH METHODS

The empirical research has followed scientific methods. Firstly, the conceptual background of the research and the care professionals has been reviewed. The revision has nourished the definitions and the conceptual debate, the accumulated baggage of knowledge of the recovery phases, the operational evaluation model and also its instruments. The background analysis has also made it possible to recognize the contributions that this applied research makes to the knowledge, intervention and the labor of the research.

Procedure for the description

Based on the background research, we have created an initial model of the phases as a result of the synthesis of the background models, and we have empirically contrasted this with retrospective interviews with a sample of 14 women who have recovered from a situation of intimate partner violence, the socio-demographic characteristics of which reflect the diversity of the population of women in situations of intimate partner violence according to the population studies (Women's In-

stitute Macro Survey, 2006) All of them were attended by the Women's Support Unit (now SARA, Care, Recovery and Shelter Service), the municipal unit providing care for women in a situation of violence run by the Barcelona City Council.

The majority of women in the sample are aged between 28 and 48, the remaining two 54 and 78. The majority also have dependent children, with an upbringing age of between 2 and 14 years; two of them have children who have left home and two do not have children. All are separated from

the abusing partner, the majority for at least four years, they live independently as single families, alone, or in a shared flat with other women with their children, with extended family or with new partners. Of the 14 women, 28.5% are from EU or non EU countries and the rest, 10 women, are from national citizens, four of which had emigrated from various part of Spain to the city. Their levels of education are diverse: university (22%), high school (50%), basic (28%). They entered the support service when they were still receiving violence and more than half were living with the abusive partner.

The analysis of the content has been performed based on the categories of the initial model of phases and the transcripts of the interviews carried out using a protocol of socio-demographic information and of the violence received. The analysis was performed by two female and investigators and one male investigator in two rounds for the same case. The collective discussion of the classifications of the cases resulted in the new integral model of the phases which we shall present further on. This model has been complemented with information provided by professionals for children living in a situation of male chauvinist intimate partner violence.

Instrumentation procedure

For the objective of the instrumentation of the evaluation of the recovery, we have proceeded with the creation of the conceptual construct of evaluation and its justification. Then, we reviewed the instruments to evaluate each one of the dimensions and sub-dimensions of the liberation and recovery. Some instruments were selected from among those that already exist according to the criteria of validity, reliability, duration and pertinence. Others have been expressly created, as they did not exist.

All the existing adapted instruments as well as the new have been empirically contrasted with a sample of women in a situation of violence. This was a sample of 120 women who had been abused by their partner for an average of 13 years, aged between 18 and 74, with an average age of 42.5 years; 68% were Spanish and the remainder were distributed as follows: 23% from Latin American countries, 3% from the Maghreb and other African countries and 6% from the rest of Europe. With reference to the Spanish women, half were born in Catalonia and the other half immigrated, either

themselves, or their families of origin, from other parts of Spain. 52% work outside of the home, 30% are unemployed (but only half receive state benefits) and 5% are on the sick; of the remainder, 5% are dedicated to family/domestic tasks and 8% are in other situations. 57% of the women live completely separated from their partners and 30% live separately but maintain different types of relationships with the ex-partner.

With regards the time of duration of the abuse in the history of violence suffered with the partner, the majority of women state that the abuse began at the beginning of the relationship as a couple (41%), during courtship (11%) or when beginning to live together (20%). In the majority of cases, the last episode of violence suffered occurred at the moment of definitive separation (37%) or when announcing the intention to separate (17%). The average number of years living in a situation of violence is 12.5, with a large upwards or downwards variation of 11.5 years.

The most frequent form of abuse suffered by the women was psychological, at 83%, followed by physical, at 53%, and then economic abuse (45%), sexual (19%) and others (13%). With regard the abusive partner, the average age is 46 years (with a upwards or downwards of variation 11.7 years). 69.5% are Spanish, 15.5% Latin American, 11% from the Maghreb and African, and 4% from the rest of Europe.

In order to prove the structural validity of the scales in the populations of women in a situation of violence, an exploratory factorial analysis was performed on the instruments of the Likert scale. A validation of the content and an evaluation of the sensibility to diversity has been performed on the other records. In the newly created questionnaire on psychosocial separation, two conceptual validity tests have been developed, one by experts and an initial survey to the recipients of the scale, in order to carry out a factorial analysis later on, in this case, by sub-dimensions due to the size of the sample.

All the tests have been worked on to reduce the final volume of items. Therefore, the scales, indexes and records we present are the result of this conceptual, empirical and psychometric contrast. The reduction of items does not subtract from the validity of the tests, but rather searches for indicators that further distinguish the diversity of the phenomenon, to increase the capacity to identify the differences in the evaluations that must be performed during the long recovery time.



PART III

FROM VIOLENCE TO RECOVERY

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5. INTEGRAL MODEL OF THE PHASES OF LIBERATION AND RECOVERY

5.1 CHARACTERISTICS

Integral model

The integral model of the phases of liberation and recovery of a woman in a situation of male chauvinist intimate partner violence from a gender perspective is a trial of comprehension of the psychosocial dynamic of the survivor during the time between the joining with the male partner perpetrator of the violence until the liberation from this violence and the rebuilding of one's life in freedom.

We are calling it "integral" because it is built upon previous knowledge, it has a holistic vision of the phenomenon and because it includes the phases prior to the actual separation. In this chapter we describe the complete sequence and identify the key elements constituting each period with a synthesis prepared from the results of the empirical work of the research¹⁴ and the background research and psychosocial care (Karen Landerburger, 1989; Lenore Walker, 1996; Judith Wuest and Marilyn Merrit-Gray, 1999, 2007; Jody Brown, 1997; Jessica G. Burke, Julie A. Denison, Andrea C. Gielen, Karen A. McDonnell, Patricia O'Campo, 2004).

The description is centered on the reactions and stances of the women survivors with regard the paradox implicit in this intimate partner violence, and which is defined in a mix of contrasts: affection and pain, trust and continued aggression, personal growth and alienation, amorous desire, affective refuge and in turn, a relationship of dominance.

A paradoxical couple relationship (and/or family) because it contains the construction of a life project in common and, at the same time, its destruction.

Approach

The phases have been described from a holistic and dynamic perspective and from the subjective meaning of the surviving women. We have focused our microscope on the person, the woman, who has an active role in the situation, vitally evaluating and reacting to it, in the sense of once again obtaining a relationship which had been satisfactory and then later on, to rid herself of the destructive relationship. We are therefore before someone who is more a survivor than a victim, but this does not mean that we are forgetting what is harmful: the physical malaise, the psychological exhaustion, the permanent fear, the psychosocial vulnerability that the violence seeks and obtains, and the relational position of submission and coercion in which the abused person finds herself.

The integral model of liberation and recovery phases that we present incorporate the gender perspective that makes the voice and the experience of the women visible, and which avoids the victimist attributions against survivors but without remaining blind to the oppression or the pain. Similarly, the model uses verbal terms coherent with this perspective when it dominates the phases and its constituent elements.

Our perspective is not that of the behavior of the aggressor but that of the experiences of the woman, and therefore we explain her reactions and do not describe the violence that she receives, which we take as a given and known. The violence of the abusive partner is present in all the phases and takes on different forms according to the social circumstances, mentality and personality of the perpetrator as well as the circumstances of the relationship (Marie-France Hirigoyen, 2006; Michel Johnson, 2006; Miguel Lorente, 2006). The forms that intimate partner violence can take adapt to the circumstances, characteristics and reactions of the other member of the couple.

¹⁴ The research method used in this part is explained in chapter 4.4.



Conception of intimate partner violence

As we were saying above, we understand intimate partner violence as a paradoxical situation in which the affected woman battles between love and destruction, between active construction and violent subordination.

For the survivors, it is a fight between the excitement of a relationship or a life project and affective violence (compared to the aggressions or deprivation of freedom perpetrated by persons unknown to the woman).

In this form of intimate partner violence, in which instead of receiving love, and from where they used to receive it, now they receive wounds, pain and subjugation, with just the smallest amount of affection and rest. This paradox generates confusion and alienation.

The process of liberation is, for the survivors, an internal fight between two opposing and contradictory forces. On the one hand, the choice of this person for an intimate relationship as a couple, of finding a companion for one's life project, a relationship in which one expects to be treated with respect and equality or even a relationship in which it is expected that each one will fulfill their side of the contract; a life project that often includes forming a family. And on the other, the opposing force: the initial love that has become suffering, competition, continual and exhausting effort when trying to maintain the illusion of the life that once was; there is also alienation, fear, humiliation, subjugation, and even slavery, using the words of some of the survivors. Ultimately, first there is dissatisfaction, and then destruction.

Facing this affective violence means both rejecting the same violence and accepting the failure and the personal losses planned and obtained in the relationship.

And it is in this paradoxical situation where the individual conditions, the vital circumstances appertaining to living, and a society that facilitates the process of liberation or reinforces the impunity of the violence. Furthermore, this internal fight of the woman in a situation of male chauvinist intimate partner violence is made complicated by the patriarchal social mandates and gender socialization which in a manner which is more subtle or more coarse, favor the subjugation of women, hide this male chauvinist violence and cover up the responsibility of the perpetrator.

Time is necessary in order to address this situation, time in which the violence continues to manifest itself and increase, plus the time during which the survivors develop responses for their own integral and dignified survival. Strategies that will also be conditioned by directly hostile patriarchal communities or by consenting patriarchal societies in which violence against women has become delegitimized by becoming a social problem which requires addressing (Neus Roca Cortés, 2013). This process, in the case of the women interviewed, has taken between five years for the youngest and fifty, from the moment of establishing the relationship with this partner perpetrator of the violence to rebuilding their life.



Phases

We present a *sequence-type* in the sense of the expected path of the vital, psychological and social processes through which the majority of women liberating themselves from this violence will travel.

Each phase is explained based on the elements detected as substantial and differential for this period.

The phases are *sequential*, they happen one after the other, you need to go through one to reach the next, but the constituent *elements* of each phase are *parallel and interconnected*, they happen at the same time. In spite of the sequentiality of the phases, the direction is not unique, it progresses, but there are also *setbacks*. We have observed women who are stuck in a phase or have taken a step back, thereby adding more years to the situation of violence.

The phases described are useful for understanding, but they are also *permeable*, given that when we use the sequence type to understand or diagnose the history of the woman, we observe that in certain cases some of the constituent elements of each phase may be present in other phases and we shall explain these.

We have conceptualized criteria that distinguish some phases from others and some elements from other similar ones explained in other phases. These *distinctive criteria* will allow us to detect, when trying to understand a particular case based on the sequence-type, which elements are out of place, test explanations or predictions and decide on content and intervention types.

The phases described are useful for distinguishing *differential intervention strategies*.



5.2 SEQUENCE

The integral model of liberation and recovery phases for women living in a situation of male chauvinist intimate partner violence contains the following phases (and elements included in each phase). The interrelationship of these elements configures the dynamic of the woman in each phase. See following table.

INTEGRAL MODEL OF THE PHASES OF LIBERATION AND RECOVERY OF A WOMAN IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE Neus Roca Cortés (2016. Original version in Catalan 2013)	
Phase I Connection	<ul style="list-style-type: none"> - Desire for a couple relationship - Recognizes undesirable behavior - Focused on the relationship
Phase II Resistance	<ul style="list-style-type: none"> - Responsibility and guilt for the violence - Minimization, justification and concealment of the violence - Makes an effort for the relationship and hopes for change - Reducing the impact of the abuse - Finding refuge in one's own positive spaces - Dissatisfaction, confusion and psychophysical malaise
Phase III Conflict and ambivalence	<ul style="list-style-type: none"> - Conflict expressed as a complaint and need for change. - Search for internal alternatives and external support to stop the violence
Phase IV Questioning	<ul style="list-style-type: none"> - Association of the general psychophysical malaise to the continuous aggression - Internal identification as violence and its questioning - External identification of the violence through listening - Empowerment with trial separations - Reevaluation of the relationship: the possibility of separation
Phase V Confrontation and break-up	<ul style="list-style-type: none"> - Empowered confrontation of the abuse and the abuser - Reevaluation of the relationship: rejection and confrontation - Search for external support to separate - Active preparation for autonomous survival and legal concerns
Phase VI Remain free	<ul style="list-style-type: none"> - Fighting for survival, safety and to remain free - Reevaluation of the relationship: reaffirmation of the changes - Caring for social relationships and health
Phase VII Rebuilding a future in freedom	<ul style="list-style-type: none"> - The search for new meanings in the relationship experienced and a new sense of one's self - Take care of health and the relationship with the children and with the rest of the family - New life and future projects - New beliefs regarding violence, partner and family relationships

Phase I corresponds to the *beginning of the relationship*, phases II and III belong to the situation of finding one's self trapped in a situation of violence, phases IV and V to the separation, to the *liberation* and finally, phases VI and VII to *the recovery and rebuilding* of a new life in freedom.

In the description of the process of liberation and recovery of the women in a situation of violence that we perform in this research, strictly speaking, we should begin from phase IV, Questioning, but we will consider the process from the beginning.

We begin the model from the establishment of the relationship because the understanding of the dynamics of the liberation from intimate partner violence lose meaning and complexity if we do not know the preceding dynamic. Another reason is that recently, women in a situation of violence have arrived at the different services in earlier stages than those that arrived a few years ago, and they are increasingly younger. These women may or may not have internally identified the complex-

ity of this violence, but this is externally expressed earlier than in other periods, sometimes through one's own initiative, other times as a result of external detection, whether by close friends, family members or professionals. Therefore, there are more possibilities of the women arriving at the services at the peak of a situation of violence. This is the moment in which the interventions of the professionals must be more specific.

Similarly, we have included the previous phases to favor the empowerment of the women, through the recognition of their agency, of their initiative. This is achieved by breaking down the stereotype of passivity and incapacity which is often associated to the victims and women victims, when observed from a patriarchal, not critical viewpoint.

The description of the phases is illustrated with fragments of dialogue from the interviews carried out during the research. Through these audio excerpts we can hear the voice of the women who give testimony to the elements of each phase.

5.3 CONNECTIONS, RESISTANCE AND AMBIVALENCE

Phase I - Connection

The woman begins the relationship with the period of courtship in which signs of dominance or violence appear. Although they are aware of the undesirable behavior, the positive aspects are more relevant than the negative.

The components of this phase, simultaneous and interrelated, are the following: desire for a loving relationship, recognition of undesirable behavior, and finding one's self focused on the relationship. Here we see each one of the elements of this phase.

• Desire for a couple relationship

The woman manifests the desire for a relationship and creates a connection with the person who becomes her partner and with whom she will live or who will become her husband. It can be a romantic connection or an explicit contractual connection, as in the case by case of arranged marriages, or implicit, due to the circumstances of the woman. In any event, the woman commits to and places expectations or life projects in this relationship. In a relationship of mutual seduction of this kind, the best aspects of both are displayed.



¹⁵*Vivianne, 40 years old*

I: When does the relationship acquire most commitment?

¹⁶**W:** I think it was perhaps six months after meeting him, because you always need to get to know yourself. I was very much in love, almost until the end, even though he abused me. He was an interesting person, very intelligent and I saw him as a person who know everything, he helped me in everything.

I: Idealized

W: A bit yes, and he was also different to the other men I had known who were worse but in the end I married him, which was worse. He was very much in love with me, nice.

I: Was he attentive?

W: Yes, flowers and things like that. He bought me a ring for my birthday and we weren't even living together at that time. I think we moved in together after a year and then the problems began, but that was the time of getting to know each other, dates, dining out, meeting friends in common, going for walks in the forest. We went on holiday together, we liked the same things.

Salma, 29 years old

I: How did you meet? How did the relationship with your "ex" begin?

W: He is my cousin. He is family, from [country of origin]...

I: Were you okay with this, or not, or didn't you mind?

W: Everyone's traditions [are] different, we Muslims must not go out with a boy before getting married, or you have to get married and get married with papers.

I: It's not like here where up to a certain point they go and live together and that's all.

W: No, we cannot, let's see... His brother came, he wanted this girl, and he spoke to my family; my mother, better a cousin because I already know him, better than other boys I do not know.

15 To ensure anonymity and confidentiality, various measures have been taken: the names of the women are fictitious, there are no names of cities, towns or countries, just a generic sociological or geographical description, children's names or gender have been changed if not relevant to the content, there are no names of other people, just the relationship with the interviewee (brother, sister-in-law, father-in-law, etc.). The necessary has been maintained for the comprehension and illustration of the element or phase being explained.

16 The **I** means 'interviewer', and the **W** is the woman's response. In the excerpts from the dialogues with the interviewed women, we have included the colloquial register that the women used with regard vocabulary and syntax. To improve the understanding of the original speech, only in the most difficult cases have we complemented it with words in square brackets [].

• **Recognizes undesirable behavior**

At this initial stage of the relationship, the woman recognizes behavior in him which is undesirable or strange. This undesirable behavior is varied and usually isolated: control, jealousy, possession, irritation and anger, isolation, disdain, rejection of her proposals, he is only concerned about his own needs; coercion when dressing with regard going out or friendships or, more openly, aggression through the occasional slap, physical threat or aggression towards objects or other people, etc.

At the beginning, relationships still have many components that are amorous, seductive and attractive in nature. Women do not identify these forms of behavior as indicators of possible future violence when reaching their peak, but they find them uncomfortable, unsatisfactory, strange and even undesirable. These forms of behavior are not considered as a reason to break up the relationship. In the case of having reproached them or being cross, the cycle of regret is quick, and the seductive and attractive behavior are still strong, which is why the regret is more credible.

Survivors, when talking about the person with whom they were involved, state that this person declared and showed his love for them and that they were in love with this person. Never did they imagine the possibility of what would happen afterwards: continual control, coercion, aggression, humiliation, in other words, violence.

Attributions to this anxiety or unease are made which lead women to play down this behavior as a warning sign of violence.

These attributions are the same those that patriarchal socialization naturalizes as behavior typical of patriarchal masculinity or of romantic love, which they say is usually blind. Or they are naturalized through psychologization. "he's got a lot of character", "he has outbursts, then nothing", etc. Or the aggressive or coercive behavior is attributed to adverse circumstances. This social attribution of cause are the path to concealment and, additionally, release him from any responsibility of his coercive or aggressive behavior.

When these forms of undesirable behavior are interpreted as signs of love, we understand that they are not uncomfortable, but they are considered positive as if they were demonstrations of love. In this case, and this early in the relationship, they are not even recognized as undesirable or uncomfortable behavior.

Cristina, 41 years old

W: Then, we began going out as a group, with a group of friends. And, well, he was the typical guy, really open, very, very nice; but there was also this other extreme side to him, when he got angry he would react aggressively, you know? When he got angry, he would punch letterboxes or when he got angry he would punch bins or would react very... I always said that he went from 0 to sixty in seconds, you know? I witnessed all this as a young girl, a teenager, as part of the group, you know? Then he had a girlfriend and then after that girlfriend we began to go out, him and me. And I honestly attributed these types of reactions to a lack of maturity. Well, he lacked maturity and this would sort itself out over time, right?

I: And you identified this as violence or were you just saying...?

W: I, ... yes, I saw them as reactions that were uncontrolled, but I attributed them to the fact that he came from a family in which there was not much understanding between the parents and both him and his sister, ummm sometimes he would argue verbally, he could really hurt when he was angry. So obviously, I saw all this going on, well in the case of him with his family, but I interpreted that in his case he was a victim of what was happening in his home. And with that I sort of adopted the role of mother, right?

I: In order to understand him...

W: In order to understand him, to help him, etc., you know?

Salma, 29 years old

I: ... and when did things start not to go well?

W: I think at around 6 months, when I saw that things were not how I think they were, I realized that I was married with a guy and his sister, because they both ran things there, he's in charge and she...

I: He's in charge and she controls you and she's watching you to make sure you do what you are supposed to do.

W: Yes. Shall we do this? No we don't like it. Shall we buy this? No we don't like it. (imitating her sister-in-law). What's more, the ex-husband had a [small business] and he was the boss, the woman, when she was married, had to live in his house.

• Focused on the relationship

The woman finds herself among the positive aspects of the relationship, which are still present, and the dissatisfaction and unease caused by the undesirable behavior.

In light of this imbalance, even though they get angry and temporarily split up, the positive aspects about him and the relationship prevail, which are still very much present in these initial moments and therefore they decide to continue.

The woman finds herself between this strangeness, unease or unpleasantness and her desires, circumstances and expectations. The woman wants a relationship that is one of companionship, loving, sexual and as a couple (or family) which forms part of her life project; sometimes it might be the only life project she has, or is the most important one. But there is also the pressure of the more or less vulnerable circumstances in which she finds herself (for example: migration, "advanced" age, scarce or non-existent economic income, low social status in the cases of high social status obtained through the partner, etc.), the social pressure of the environment, (of the family of origin, work) or the social expectation of the same survival or of the type of life she wants to lead. Included among these contrary forces is the circle of violence: his demands for forgiveness, the attempts to change and the persistence in the seductive courtship.

The *final balance* of this evaluation at a time in which the courtship and seduction phase of the relationship has many positive aspects is that she decides to focus on the relationship. The woman hopes that this behavior and the dissatisfaction are temporary, sporadic. She sets the uneasiness aside in favor of the positive aspects, to give the relationship a chance, to keep the excitement alive and to give in to the pressure of the circumstances.



Gabriela, 29 years old

W: ... Well, I thought he was the [father] of my child, the only one I had; that I was going to be the mother of his child, I was crying and he was also crying, "Why aren't we together?" and stuff like that and well, anyway we get back together after fifteen days and [he] says: "Okay, come back" [he had thrown her out of the house where they were living which was rented by him] and I was like "Okay, I will give you another chance".

Purificación, 32 years old

W: After seven months. When we were living together, one day, in my house with this friend and his girlfriend, well, I don't know why, I don't remember why we were arguing, and he began to get really agitated and started shouting and shouting, and I also remember that he began to say that ... He also... I remember that it was something silly, it wasn't anything important. But he began to get angry and say to me that..... that he was going to hit me.

I: Threatening you.

W: Yes, threatening me. "Because if you..." I don't really remember what it was... "because if you do whatever it was, I'm going to hit you". That day was the first time ... I stood up to him and I said:, "Come on then, hit me". I said: "Shame on you for even thinking about touching me". In that moment, I don't even know how I reacted like that because after saying that, I gathered up my things and left my house. I got my jacket and I left and when I got to the street I began to let it all out, I couldn't breathe, my chest really hurt and then his friends came looking for me and they found me in the street and took me home.

I: Did you think that this threat could have been...?

W: No, no, I had never ever seen him like that, it was the first time. I thought, well, it was just a mad outburst and would never happen again. It was just that once and I said, well, let's see. I was very nervous and I don't know, one day I mentioned it but he never touched me. Then, when my friends took me home, they told me "He's not there, he's gone, he's gone." And when I got to my house, he was there. So I locked myself in my room. My friend stayed with me until I fell asleep. I fell asleep and the next day in the morning when I woke up, he was in the bed. Then he told me not to be afraid, he apologized, said he didn't mean to hit me, that he was nervous and that his friend had also said something, don't know what about, that they had gotten a bit angry, and well, he apologized and whatever. And never again, very good. So nothing.

I: Were you living together when this happened?

W: Yes, we were living together.

I: It was around the seven month mark or a bit later?

W: No, a bit later. I also suppose that as... I began to..... it was when it began, no, that was before.... and...we were getting ready for the wedding. I suppose that some-

times, well, the tension, the wedding nerves, we had lots of expenses and well, you know.

I: Did you try...

W: Besides they are things that... besides, never before... besides, he was a very courteous person, very friendly, very polite with everyone and if you asked anyone in the street they would never believe it, nobody is capable of believing what happened. Because everyone (coughs)... to everyone who knew him, he was...

I: That he abused you?

W: Wonderful. Nothing... later we got married and after getting married I fell ill. I had an emergency operation and after the operation I became pregnant and had a girl, which I supposedly couldn't have. I got pregnant and had a girl.

Phase II - Resistance

In this phase, the undesirable behavior(s) of control, coercion or sporadic aggression increase and become violence whilst the woman resists the abuse, tries to control the situation and the confusion increases. This aggression is continuous, with the intention of obtaining and maintaining a position of dominance over the partner, or the woman in this case. The cycles of aggression, apologies and promises to change increase. The woman finds herself in the complex situation of affective and male chauvinist intimate partner violence.

The components of this phase, *simultaneous and interrelated* are the following: responsibility and guilt for the violence; minimization, justification and concealment of the violence; putting effort into the relationship and hoping for change; reducing the impact of the abuse; finding refuge in one's own positive spaces; dissatisfaction and psychophysical malaise. Here we look at each one of the elements

• Responsibility and guilt for the violence

The woman feels responsible for his violent behavior and feels guilty for this violence. She believes she can do better, but does not know how to, that due to her character, whether because of her insecurities, her way of behaving or her confidence, he see himself obliged to behave in that manner. Maybe it is also because of her family or her friendships.

They are psychological manipulations typical of violent persons. The accusations of the violent person are multiple which blame the women for the coercions, disrespect, intimidation; ultimately all forms of violence. Or holds her responsible for the dissatisfaction felt in the relationship. The victimizer blames the woman for the aggressions to which he subjects her.

The partner perpetrating the violence will choose the most effective strategies of culpability, depending on the manner of thinking and feeling of the woman, and her circumstances of vulnerability.

Sometimes it is not only the guilt or not so much the guilt but the "responsibility", as they believe that they should or can do something so that he is not so violent, or they even want to help him. They recognize the aggressive behavior as a result of an addiction or adversity of which he is the victim, and out of a sense of loyalty or care they feel a responsibility to help him.

These accusations of guilt are fairly effective given that they are favored by a patriarchal mandate that attributes the responsibility, guarantee and ability for the harmony of couple relationships to the woman (and of the family); to which should be added a romantic conception of love that subordinates her happiness to his and to a good couple relationship (masculine). These social and individual beliefs are held by the abuser, the woman herself, or the family and/or the social group she belongs to. In some cases, these are beliefs explicitly argued by the abuser or by the family to maintain the couple relationship, or that of the family, even at the expense of the health and liberty of the woman and children.

As we will see further on, they also realize that it is not their behavior that causes this violence, but being trapped in this violent relationship and the patriarchal mandates place the woman in a situation of guilt and submission.

Magda, 46 years old

I: What explanation can you give to all this?

W: There were times that I told myself that it was the illness, there were times that I was even looking for information about the psychosis and things like that, I mean; when a person has a mental disorder, how do these people react? I was looking for books that spoke about aggressiveness, in other words; I was looking for a way to help him.

W: It's not that I felt guilty, but of course, when he'd tell me that if I shouted he would do something, if I didn't do whatever, he would do something, and I would say to myself: "I haven't done anything".

I: Right.



W: Right? Okay, but at the same time I was agreeing with him, I'd say, yes, it's true, it's my fault, sorry, etc., it was me who ended up apologizing.

Vivianne, 40 years old

I: Did he make you feel you were to blame?

W: Yes. He spoke in such an involved manner, that I was half crazed, that I wanted things from him that were not normal, and that period even more so when we went [came] to live in Spain and almost towards the end I believed that I was to blame and I looked upon him as a saint.

I: What explanation did you have for all this?

W: I thought I had a problem. That I was the one who was unstable and was too emotional, I even went to see a psychotherapist because he said I needed one and I questioned everything. I was even on the sick because I was working in a company at the time and when all this started, I lost who I was, lost weight, I changed my clothes because I always dyed my hair and he didn't like it, not even make-up, I changed everything. My friends now tell me that I was not a happy, enthusiastic person, because he wouldn't let me and the relationship with my parents got worse because I blamed my mother that she had been very demanding of us and that's why I was so insecure and he would tell me that as well.

• Minimization, justification and concealment of the violence

The woman *undervalues* or *minimizes* the intensity and severity of the situation or his behavior. They undervalue the importance of the violence in many ways: reducing the frequency and intensity ("it only happens now and again"; they attribute him with kindness and lack of capability at the same time ("he's a good man but can't control himself, he's got a lot of character"); or they justify it by attributing his violent behavior to circumstances such as addictions (drugs, alcohol), to the friendships associated to their consumption, to the inability to control his jealousy or impulsive character in spite of being a good man, to the economic or employment difficulties or to a background of violent tendencies. The woman conceals and does not mention the abuse by her partner, nor the situation of dissatisfaction and suffering inflicted by her partner to anyone. She feels humiliated, ashamed. Sometimes, this concealment (and its revelation) is selective: family members, friendships, neighbors health professionals, the police, etc.

This concealment, minimization or justification can occur separately, especially when there are serious episodes of violence which for survival reasons lead the women to seek neighbors, the police or the hospitals for assistance. Even so, they continue minimizing or justifying the violence in which they find themselves.

Luisa, 78 years old

I: Weren't you beginning to have friends or meet people?

W: No, no, I was ashamed of what was happening to me, I wasn't in the mood for anything, I have never really been much of a person for living it up.

I: No, for example, a neighbor you get on well with or go to the community center, a day center for pensioners?

W: No, no, no, because I understood that all those people would be happy and cheerful, and that just made me feel out of sorts.

I: Right, was it painful?

W: Yes, it made me feel sadder and it came to the point that I preferred to ... [be alone]

Gabriela, 29 years old

I: Did you have feelings of guilt in the sense of "Is it me causing all this?"

W: No, because I knew that when he wasn't drinking, he wasn't the same; I mean, when he wasn't drinking he wasn't the same person. That's what the expert told me: you will see him differently, but it is the same man; in other words, now you realize that he is the same, but in that moment you see him differently, which is not the same as when he was drunk. When he was drunk, in other words, you say "why do you have to come out and say everything now?" He treated me like crap!

W: There were so many things I had to put up with, things that have no place in a marriage, not even in the slightest... Of course I was really, how can I put it? Stressed, or overwhelmed even, I didn't know what to do. And they would ask: what's wrong with your husband? And I'd say: Nothing's wrong... obviously I thought that no-one was going to understand anything.

• Putting effort into the relationship and hoping for change

It is a relationship in which our displays of affection and desire live together with continual aggressive behavior. But the woman, with growing fear and uncertainty, makes an effort to maintain the relationship and a have good relationship; she adapts to the guidelines of the relationship marked by him or puts strategies and proposals that she thinks will improve the relationship into place. She continues to believe in a relationship that is constructive, satisfactory and loving.

Vivianne, 40 years old

I: When things began to get worse, what did you expect would happen?

W: That something would change. I believed that we would get through it, that he was going to understand me, that it was going to change. Maybe I'm romantic at heart and an idealist, believing that we could work it out and get out of the situation.

I: What did you do to resolve it?

W: I tried talking to him, being more affectionate, tried doing the things we both liked.

Olena, 37 years old

I: ... it's not working, it's not working, what did he say to you?

W: What more do you want, if you are not happy, then it is your fault.

I: Okay, so did you feel guilty?

W: No, I didn't feel guilty, it was more like "But why am I to blame?, you know. Let's try and do things better.

I: And did you?

W: Well I tried, if this had been the problem I tried to do it better, to see if things worked.

I: And did it work?

W: It was the same, the same, the same, until you get so tired that you don't care.

Neus, 45 years old

W: He was also very verbose and knew how to attack me, he knew how to hit my weak spot and verbally beat me when I was down. I wasn't capable of defending myself, I couldn't find the words... and if I ever defended myself, he would also insult me and he knew how to get the better of me. But I would normally be like this [speechless], and

I would run away, out of his house or wherever I was, because I needed to get away. And I went somewhere to cry where my mother wouldn't see me because I didn't want her to see me. Then, after two to three days, four, or a week, or a month, depending on how he felt, he would call me again as if nothing had happened, with no apology or anything.

I: And what happened then?

W: Like a fool I would go back, I went back because I thought... I believed him again. Maybe I would ask him about it and he would laugh it off, he didn't give it any importance. And I believed he was going to change and then I would go back, and after a while he would have another go at me and it was getting worse. Yes, yes, he treated me very badly, very badly.

Also among these efforts are the sacrifices as a result of his demands, which if they reduce the impact of the abuse, the woman will also expect them to cause positive changes in him. These will be seen in the following component. Similarly, the efforts and the expectation for change are also reflected in phase II, following, titled Conflict and ambivalence, in which the woman seeks alternatives to improve the relationship or accepts the proposals for change that he proposes, with the expectation that he will change or give the relationship a chance, but openly through having expressed her complaint or dissatisfaction.

• Reducing the impact of the abuse

The woman reduces the impact of the abuse by using strategies of protection, reasoning and counter-attack in order to survive psychologically and physically, if necessary. This is not about reducing the importance of the violence, or minimizing it, but rather decreasing the consequences of the abuse and, if possible, their intensity.

Through personal sacrifices as a strategy for survival, she manages to calm the abuser and as a result reduce the violent episodes. Therefore, she sacrifices important aspects of herself, of her identity, her self-image, and her social relationships in order to address the intermittent and relentless abuse. She also agrees to the irrational demands of the partner: appearance, leisure, and at times sexual, etc. The woman observes her behavior, with actions that consciously avoid what she knows will intensify the abuse.

The outcome of this is that progressive alienation and dissatisfaction of the woman are added to the initial confusion.



Sometimes, the strategy consists of counter-attacking the abuser, physically or verbally, by throwing things, or throwing herself at him, insulting him, physically and psychologically assaulting him. By doing so the abuse halts momentarily, but it can also increase. Experience in care has shown that these counter-attacks are sporadic.

The woman learns to be constantly alert, but at the cost of the exhaustion she will feel afterwards. Much later on she will realize that she has only succeeded in reducing the violence, not eradicating it.

Isabel, 42 years old

I: What happened?

W: Well, he'd suddenly arrive home and he wouldn't talk to me and I wouldn't know why, he would just stop talking: I'd ask, "What's wrong?", and no answer, and "What's wrong?", and no answer, and "What's wrong?", and it was never nothing, you know?. Until he got over it and began talking to you, you know?

I: And when he began talking to you it was as if nothing had happened or did he give an explanation or...?

W: No, basically, he didn't give me explanations, I'd apologize, I don't know why: "I'm sorry if anything bothered you, I'm sorry..." Basically quite often you would make up in bed, you'd stop being angry, you'd have sex with him and you knew that... that it would pass, and... pathetic but true, you know? how life... You learn how to use tools, don't you?

W: And well, nothing. Then I got pregnant, didn't I? And so, you are on this wheel, you see that the same thing is happening as what happened some time ago, you know? But, well, you are on the wheel, right? I've got married, he'll get over it, you know what he is like, you know full well who you have married... and well, you convince yourself that, well, he is like that, don't you. And you change, you have to change, and you are the one that stops dressing up, you are the one that stops calling your friends to meet up... and without realizing it, you withdraw into yourself, you know? You dedicate yourself to your child, to him, you know?

Luisa, 78 years old

I: Did he often get angry?

W: Only if you opposed him, if you said nothing, he wouldn't get angry, but if you opposed him and stirred things up then he would get angry. But well, as I ...

I: And how did you take all this?

W: Well, I took it patiently, that it was what God wanted, and that he could sod off. I did it so that the boy wouldn't have any problems because he was working with him, or afterwards so that he wouldn't suffer.

...

I: ... Did he ever threaten you with a knife?

W: Not that I recall.

I: No, but threaten you?

W: Well, hitting me and slapping me yes, but no, not in that sense...he hit me two or three times, I knew how to defend myself. I didn't just stand there, no, once I gave him a such a wallop. Not with my hand, with a broom or whatever I had in my hand at the time, I gave him a wallop "Take that, who do you think you are? Did you think you were always going to get your own way?".

• Finding refuge in one's own positive spaces

Amidst this abuse, the woman resists by seeking spaces of comfort and committing herself to them, even though they may be minimal, spaces where she doesn't feel pressured, where she can develop her abilities, where she is valued, finds affection, etc. (with the children, at work, in recreational or social participation activities, in household tasks, etc.). These spaces of comfort, which she preserves, are a refuge and the takes shelter in them, she protects herself, keeps up her strength, conserves her abilities and esteem.

Maite, 54 years old

W: I couldn't take it anymore, I would get home... I was lucky in that I enjoyed my job, I am happy in my work...I get on well with my colleagues...I would get home and when I got home I would feel so sad, and cry... and I saw... I always needed to be surrounded by friends and new friends that we had managed to make and who were neighbors, and we would see each other. The first thing I would do when arriving home or at the chalet would be call: "Okay, you are here, okay". Or call from home: "Are you going away this weekend?" Because spending the weekend with him, here or there, was just awful. Going to work was preferable.

Neus, 45 years old

W: ... for me, one of his moods was very threatening because it meant that he wouldn't speak to me for two

weeks, or a month, and for me that was a very severe punishment. Complete inequality.

W: But saying that, I think I have been myself for the most part. Maybe it is true that I hid, maybe I met my female friends to have a drink or a male friend. Sometimes I would meet for dinner just because I wanted to, but just dinner, nothing more. A friend, friendships, nothing more, I didn't tell him anything and that's all. I got on with my life as if we were not living together, I just got on with it. I didn't explain myself to him and that's all.

Olena, 37 years old

I: Here [in Spain], worse?

W: Of course, because there [in her country of origin] I was abused by one or the other [her mother-in-law]. If I felt unwell I would go to my parents' house, let's just say that things did not escalate to the same level as here, because even though my family did not know anything, just the presence of my family.... Then I saw a solution, but well, at least [here in Spain] they would find work for me, because everything was also dependent on them.

I: And you insisted that they find you work?

W: I insisted through gestures, because if you asked, they didn't give you anything, so.... [I insisted] by getting up late, I found myself a television, put it in my room and would spend the whole night watching movies and sleep during the day. My mother-in-law fell ill, because she started work [early]

I: Did you learn Spanish by listening to the television?

W: In reality that is how I learned Spanish, then they gave me a job because it annoyed them that I would sleep until two in the afternoon.

I: And what job did they give you?

W: Cleaning, well it was something because I didn't have anything and I had no expectation of anything, because I was totally lost here. Cleaning houses one by one is how I earned my residency, because they also know what I earned, they knew what I gave them. When they told me no, that you have to give more, I would speak to them very rudely, in such a way that they stopped asking and I went and they said to me "she tells us that she is stealing from the lady of the house"...

So, I took my daughter to pre-school and went to the park, there was a temping agency in front which was for cleaning banks, so I began cleaning banks.

I: Did you find it yourself or them [partner and mother-in-law]?

W: No, just me, because when I was looking after my girl, I left her at pre-school, she's come out to play in the park, I would talk with the people, with one, then another, and I gradually found out about the town hall, went there to get information, how to do this, how to do that....

• Dissatisfaction, confusion and psychophysical malaise

What was anxiety and unease in the previous phase, is now dissatisfaction, confusion and psychophysical exhaustion. She feels unwell and confused by his behavior. What was general or sporadic, is now constant, it is *increasing* and transforming into a persistent feeling of malaise. She clearly feels this way, and gradually starts mentioning it and, then, she will begin expressing her dissatisfaction to her partner.

The dissatisfaction about the relationship increasing during this phase, in the same manner as the abuse increases and persists. The dissatisfaction manifests itself in the accumulated malaise and symptoms begin to show in the woman. The woman is afraid, feels humiliation and shame and begins to feel tired. This malaise *takes the form* of insufficiency, isolation, sadness, confusion (sometimes dissociation). Diverse symptoms typical of post traumatic stress syndrome also appear (insomnia, lack of concentration, recurring psychosomatic disorders, etc.) such as lesions and physical diseases deriving from the physical and sexual violence (reduced sensorial faculties, locomotion, venereal diseases, unwanted abortions, etc.). There is the loss of the social network as a result of what she is suffering, economic and patrimonial impoverishment as a result of the economic violence.

These states and symptoms progressively increase in quantity and intensity. At times when there is a reduction in the violence (times of new seduction and promises of change, or physical absences of the aggressor) the woman rests, the symptoms or their intensity decrease, but the return of the violence is accompanied with a progressive increase in this feeling of malaise.

This malaise, throughout this phase and the next *will become very intense*, often reaching total exhaustion after the repeated cycles of greater or lesser violence, and will not disappear until sometime after the end of the violence.



Vivianne, 40 years old

W: My health was bad, I was often ill. It was the first [time] I took anti-depressants and I was sleeping badly. I had an accident when I was 18 and all those injuries started hurting again. My defenses were low and my spirits were really low.

I: How long were you on anti-depressants?

W: For a year, I think, in [country of origin].

Salma, 29 years old

I: Because you expected something else, you expected something else out of life, something a bit more free?

W: Free, free, no, because when a woman marries, not free from the man, because when the man says she has to do it, but he never advised me, not ever.

I: You are not comfortable with the situation.

W: I can't, it's okay for one day, one week, but for years, I can't...

I: Inside of you, what makes you say "I can't"?

W: I can't stop, the whole week is like a farce.

Phase III - Conflict and ambivalence

The violence continues but the experiences of the woman are changing and one of the motors of recovery is beginning to wake up. The malaise continues to increase, she expresses this dissatisfaction to the partner but also the need to improve the relationship, to change his behavior, which will progressively become a demand.

This phase consists of two simultaneous and interrelated elements: the conflict expressed as a complaint and the need for change and the search for internal or external assistance in halting the violence. Here we look at each one of them.

- **Conflict expressed as a complaint and need for change.**

The dissatisfaction and the increased general malaise lead her to distance herself from his behavior even though this has not yet been identified as violence.

The dissatisfaction reaches the conflict which does not translate into a silent effort to change one's self to improve the relationship, but rather into complaining to him about his behavior or how bad the relationship is and asking for a change in the situation.

This last aspect is the distinctive element of this category. She needs a change in his behavior, to improve the relationship, and she says so.

If the complaint is not accompanied with a request for him to change, to make a positive change in the relationship, then it is only considered as the dissatisfaction referred to in the previous phase and consists of tolerating the situations and adding resistance. These requests will start becoming a demand.

The woman clearly recognizes the poor couple relationship but not as violence. The violence in the relationship is qualified by the woman using linguistic euphemisms: relationship difficulties, incompatibilities, going through a rough patch, couple's crisis, adverse family background (lack of parental attention, sometimes they hit him or he witnessed it at home, etc.), jealousy, addictions (drugs, alcohol), etc. These are usually words that have nothing to do with the word violence or abuse, although she may even at times say: "He mistreats me". In other words, she qualifies it as a bad relationship but does not call it "violence", as a conscious choice made by him, nor do they attribute the indignity or life-threatening nature to him, whether psychological and/or physical, which this will probably become.

The women continue to give explanations for the situation by making excuses for the dominant violent behavior and/or feeling that they have a part in or are partly responsible for the couple's bad relationship and of the dissatisfaction. They continue to minimize the violence with justifications that reduce the responsibility of the aggressor's behavior. Other times they value this with resignation

("it's my bad luck"), or as "normal" in the case of having experienced this in her family of origin or in his family ("I hope I know how to take it as well as his mother does with his father").

Sometimes they identify his behavior as the problem but her explanations or the valuation she makes of the interaction of the couple still keeps her in the relationship. They do not consider it as a problem for the both of them, but they want to give it a chance, they hope he will change and/or believe they must help him.

They do not feel guilty but continue to feel *involved* for a variety of reasons: out of loyalty, compassion, the existential necessity to love and be loved, for refuge and recognition; to maintain their life project of having a family, because of patriarchal beliefs about a united family and her role as wife and mother, out of fear of an uncertain future alone, quite often without socio-economic resources, and upbringing (even though they come from economically well off levels), because of social position, because of fear of the pressure of the family community, etc.

At this time, the woman insists on the complaint and the request for change *but it is not expressed firmly*, as she is still of a mind to *continue with him*, in spite of the violent confrontations typical of more advanced phases. For example, in the next phase, relating to *Questioning*, the woman continues to be dissatisfied but questions both the violence and the relationship, she is starting to think about separation; or in the phase following *Confrontation and break-up*, in which the criticism of the violence translates into action, placing limits on the abuse.

Maite, 54 years old

W: *I found myself being pressured that he wanted to restrict me even further; the subject of friends was horrible. Yes, he insulted my friends, he would say all sorts of things to me. When I began to hint that the relationship was not going well, that we would see the doctor, I called him and I went for a time, not for me to visit, but...*

Magda, 46 years old

W: *There were times when I said that it was the illness, there were times that I was even looking for information on how to be able to help him.*

W: *He drank a lot and it was during that period that I gave him an ultimatum, a year before we got married, I suppose that perhaps I didn't get pregnant because as he drank so much, maybe the sperm wasn't very strong and when you stop drinking, they say they become stronger. Anyway, a year before I got pregnant I accompanied him to... because he got really drunk one day and I said to him: either the drink, or me. And well, he said me.*

W: *I accompanied him to the doctor, which back then was the psychiatrist, the one that got you off the drink and he gave him some pills. He had to take from one to three every day, but he didn't tell him that he had to keep on drinking, so, that day, coming out of the doctor's, he said, "Right, one last beer!". The next day the withdrawal symptoms kicked in and they had to take him to the hospital, where they send the alcoholics, where he stayed for a week whilst he finished detoxifying. That's when they told him that the doctor should have told him not to stop drinking all of a sudden because the pills were for that, to help him stop drinking, so that he would find it repulsive, but they hadn't told him.*

W: *He stopped drinking for nearly four years, but began [drinking again].*

• Search for internal alternatives or external support to stop the violence

The conflicted woman, in this phase is searching for alternatives that stop the violence, that improve the relationship and her life.

The alternatives sought do not involve separation, but an improvement of the situation, to improve the couple relationship or simply to stop the violence. Often they are internal alternatives within the couple, or they search for external help.

Sometimes they seek help for both as a couple or for him (which frequently occurs in the cases of addiction). They go on holidays, have more children, they seek external help from friendships, health professionals or family. The friendships that provide support but which also insinuate or propose that the couple separate are left aside at this time.

The woman is fairly tired and dissatisfied, she wants and demands a change to the bad situation, *but does not consider separation an improvement*. There is still the hope that *the situation or the man will change*. She has the hope, to a greater or lesser degree, that there may be a possibility of maintain-



ing a relationship with the same person, in which she does not receive violence and which can be a *positive* relationship, as it was in the beginning. She thinks she can maintain, or wants to maintain that partner and family project which she began, with more or less initiative, one which without a doubt she affectively connected herself to and in which she has placed positive affects, hopes, self-fulfillment.

When among these alternatives that of *asking for help* is included, these open her *partner* situation (not that of violence) to the exterior, but this sharing of feelings however does not mean an identification of the violence as such, neither internally nor externally through listening, which is different to what we see further on. They may turn to friends or family members. They may turn to medical professionals, psychologists, social workers, lawyers or marriage counselors, or their priest. Some of these alternatives result in police involvement, sometimes even a complaint may be filed as a means of warning or punishing the aggressor to change his behavior or reduce the violence. But she is not looking to separate from him, she is not looking to end the relationship with him, but to eradicate the violence in him, her life and that of her family (her children).

Olena, 37 years old

I: Then the other child comes along because you want one or because...

W: ...because they said they were going to solve the problems, "You know what your problem is? You've been without a child for too long and a child unifies a family". Well, let's try.

I: Did you not want to at that time? Do you consider that you loved him, in spite of everything?

W: No, maybe I loved him because of the circumstances [the circumstances I found myself in], you know that sometimes, especially when you are pregnant, you feel a bit "what if he leaves me, where do I go?". moments like that from time to time, let's say I loved him out of necessity.

Lourdes, 38 years old

W: I told him that I was going to back to my home town, that I couldn't stand him anymore and when I went, all he did was ring me: "Forgive me, I'm going to change, I can't live without you". He would call me every day, every day, every day, and I went back and I told him "I'll come back and we will talk". He picked me up with a bouquet

of roses and something else, and [he said] "let's go on holiday, let's see if we can work this out". And we went with another couple. And well, you think to yourself, let's give it a chance, we've been together a long time, maybe he's changed, and all that. From there on it was the period that I told you was good, it was then that we planned the wedding and everything....

W: ... So, then there was a time during which we were really good, and we said okay, I wanted to get married, I was like 30 years old or so, I wanted to have a child and I thought it better to get married if I wanted to have a child, moreover, it was a time when we were good.

...

W: ... I got married and six months after getting married I told him that we were going to separate, which is when he began calling me, crying, and whatever, bla bla bla, and then I had my little girl the following year.

The effectiveness of externally sharing feelings is varied. Some of these external sharings of feelings will be obstacles, as they justify the aggressor, minimize the violence or reinforce the position of subordination of the woman by considering the intimate partner violence as normal, by obliging her to remain connected to this partner, whatever the cost that the woman and the children have to pay, or simply by inhibiting her, or making her see that everything is okay.

Gabriela, 29 years old

W: Yes because I... for him, when we got married, living with a partner was that: the arguments, the differences, the insults... No! No! it can't be like that, I had to... well, talk to my mother and she said: at the beginning it may be the economic problems that have changed his mood, he can't find work, he has a wife and a child to maintain...

Some forms of professional help may seem effective but become obstacles. These are professionals who do not identify the dissatisfaction of the woman as *intimate partner violence*, causing what could be help to stop the violence to also become an *obstacle* for the liberation and recovery of the survivor or even cause *setbacks*. These are openings that label the violence with the same euphemisms as those used by the woman, but with *technical-professional* terms.

If the abusing partner follows the advice given by the professional, by family members or is alerted by the threats of family members or legal actions, etc., this may temporarily reduce the controlling,

coercive and violent behavior of all types and allow her to rest and take control of her life. This nourishes her expectations that the change is deep-rooted and stable.

But after this lull, when she is acting with more independence and freedom, if no responsibility for the aggressions or manipulations is accepted, or no substantial changes in relation to the exercising of violence as a norm in the couple's relationship, he will once again initiate more direct violence, either psychological, economic (if it had been abandoned), physical, sexual, etc. The expectations, fuelled by this reduction, only serve to keep her in the situation of violence. The rest period becomes an illusion. In some cases, we have seen that if this help enables the behavior of the abuser to be identified as violence, this may represent the beginning of the following phase for the woman.

Isabel. 42 years old

W: Well, as a result of my... of the last time... a short time before the pregnancy, I did consider it: I said "Look, we have come this far", in other words, "I can't take this anymore, either you get help because I can't carry on like this", I said, "I don't know what to do, I feel impotent" you know? So, we went to a psychologist (the third psychological intervention, the second as a married couple), he asked me to go with him, I didn't have a problem with that so I went with him. So, as a result of going to the psychologist, I discovered the reason behind many of the situations (the psychologist diagnosed him with "pathological jealousy")... the psychologist gave him some guidelines to follow for his insomnia, but this lasted... well.

I: And when did you begin to lose hope, because there was a moment when you still had the hope of...

W: Yes, before getting pregnant with my second child, I was still hopeful, you know. But I began to see him for what he was.

Cristina, 41 years old

W: So I tried to talk to the psychiatrist [he undergoes treatment at her insistence] this was after the episode with the finger, so I was talking to his psychiatrist one day and she said to me, "Look, you are in a very delicate and dangerous situation for yourself"... at no time did she say what was wrong with my partner, that I had to evaluate and look at things, in other words, that I had to decide what to do with my life, depending on what I saw in my home. So, that for me was the warning that made me... Of course, if a specialist was telling me this.

In summary, in this phase the woman has no real intention of separating, there is no willingness or decision to break up with the partner and therefore, the intervention of help (wherever it comes from) can aid in the survivor identifying the violence, but with a great deal of care. In this phase of the process, considering separation as liberation from the violence is a delicate matter, given that it could probably mean a rejection of the help and therefore maintain the isolation of the survivor and the concealment of the violence. The intervention must help the women pass over to this next phase, but with sufficient respect and care so that if she rejects the service she may still perceive it as a doorway to help through which she may return. The professional or the assistant must know how to contain the emotions generated by the realization of how much ground there is left for the woman to cover until her liberation and the risks involved.

The end of phase III *Conflict and ambivalence* is a crucial moment. When the failure of the alternatives seems to push the woman to the next phase, towards the questioning of the situation and the possibility of separation, setbacks may occur, towards situations of resistance, becoming trapped once again in stronger webs of violence. And most likely, and in a short period of time, she will once again progress to the phase of *Conflict and ambivalence*, when the dissatisfaction, exhaustion or other serious episode of violence reappear. And of course, she will feel even more exhausted. Between one thing and another, a fair amount of time will have passed: one, two, three or more years.



5.4 LIBERATION: QUESTIONING, CONFRONTATION AND BREAK-UP

• Two processes

During the process of liberation and recovery from intimate partner violence, two processes must be distinguished which are of different natures. On the one hand, the identification of his behavior as violence and on the other, the reevaluation of the partner and family relationship.

Identifying the situation as a situation of violence and questioning it, does not automatically mean that the woman is considering separation, that she does not want to continue being in a relationship with him. The two processes are often parallel but do not necessarily become reciprocally involved. She may identify the situation as violence, but resist separation as a means to get away from this violence, of liberating herself.

This identification of the violence and its questioning are necessary steps to live free of violence, either because he stops committing the violence or because she leaves him and is therefore inaccessible to the violent situation. However, the relationship option of the couple may follow different paths: separation, coexistence, or the renewal of the relationship.

The liberation from the violence and the recovery of the woman only unequivocally occur in the case of the physical and psychological separation by the woman, although there are still remnants of the exercise of violence by him, typically through the relationship of the children they have in common.

Whilst attending women in a situation of violence, there are cases of coexistence in which, due to a reduction in the violence, having psychologically separated and also finding themselves relatively free from the previous subjugation, they continuing relating with one another or living together through a pact of coexistence. Typically this occurs in older women or those in the midst of raising their children. This coexistence is not a violence

free life, the violent coercion continues to be present to a greater or lesser extent.

The other case that may arise, although the same practice of care indicates that it is truly rare, is the renewal of the relationship in which he has completely stopped exercising any type of violence, she has recovered her life, she has her freedom and is not subjugated, and from there on they both rebuild a life of trust, respect and equality in mutual freedom.

This integral model of the phases of the liberation and recovery we present is detailed in the paradigm of separation as liberation and recovery and is so described.

• Types of separation

Any separation from an affective partner is a meditated decision that *begins long before* it is made effective and affective. And in the case of intimate partner violence, with the added difficulty of being trapped in a relationship out of fear, with the paradoxical pain and humiliation of the aggression received from the person who says they love you.

The act of liberating one's self from the subjugation, of distancing and separating one's self from the violent intimate relationship involves a decisive prior phase of empowerment and cognitive-emotional evaluation which will smooth the way forward: the questioning of the behavior of the partner and of the relationship itself with the partner. Next follows the confrontation and the decision to end the relationship.

The separation also has *two aspects*: the physical separation and the psychological separation. In the *physical separation*, which will be definitive, the woman prepares and obtains an alternative form of independent socio-economic survival that she directly sustains and controls, living physically separate, and quite often, far from the abuser. In the *psychological separation*, the woman breaks the ties of love and desire towards the couple relationship and everything that this relationship represents in her life project and in her social identity. Other physical separations that occur during the separation process we have called trial separations, typically taking place before the definitive separation. Let's see this.

Phase IV - Questioning

After several attempts to improve the relationship, of seeking positive alternatives and not finding them, hope begins to fade and the malaise gradually become more intense, the exhaustion increases and she begins to consider separation.

A few months or a few years may pass until reaching this point. This phase includes the requirements so that the woman can proceed with the action of separating, psychologically, physically and materially from the abuser as a liberation from the violence.

This phase includes five constituent elements: a) the association of the general psychophysical malaise to the continuous aggression; b) the internal identification of the aggression as violence and its questioning; c) the external identification of the violence through listening; d) empowerment with trial separations, and e) the revaluation of the relationship in the possibility of separation.

- **Association of the general psychophysical malaise to the continuous aggression**

The women associate the malaise, the insomnia, the sadness, the burnout, the loss of strength and health to maintaining a difficult, aggressive relationship. The women are increasingly disoriented, sad, distressed, desperate. The women begin to *identify these psychological consequences* and psychosomatic effects of the tension and stress. They recognize how the permanent tension caused by the continuous aggression with which they are living can *negatively affect* their well-being and health. Often accompanied with varied psychosomatic illnesses, sexually transmitted diseases, traumatological lesions, etc., in addition to a worsening of chronic illnesses (diabetes, high blood pressure, etc.). The fear and the permanent state of alert to the control, aggression, and constant threats is also associated to the exhaustion, the malaise.

Sometimes, this association of the malaise to the violence comes from the children, from the direct aggression they receive, their requests for an explanation for the aggressive behavior of the father, their direct requests for change, or the consequences the situation has for the children, their withdrawal or aggression at school, disobedience,

rebelliousness or silences at home, bad school grades. Sometimes, it is external agents, such as the school, recreation centers, social or health services, etc., who notify the mother and they end up associating it to the father's violence.

Neus, 45 years old

I: How is it that you took this step? It is important to know how you began to think "I'm going to get some information"...

W: Because I felt very ill, very ill, very ill, and I said to myself, "Something's wrong, this is not right". At first, I didn't associate it to abuse, not at all. I thought it was my imagination, I found an excuse for everything, but then I began feeling so bad that I said, "No, there's something wrong. This is not right, there's something strange here" and I picked up one book, then another book...

Isabel, 42 years old

I: Did it exhaust you?

W: Exhausted. Then you get to a point where you say: "I can't take anymore!" Even though his episodes were more and more sporadic, and not as bad as those compared to the beginning of the relationship, I couldn't deal with them, in other words, they were too much for me, you know? And I saw that we were right back where we were eighteen years ago: alone with him and trying to hold on to two friendships because he had once again taken a dislike to this friend of ours.

As a result of this general psychological and physical malaise affecting her and her children, as well as the fear and constantly being alert, the woman initiates or accelerates an evaluation of her relationship and the violence either alone, or with external help through the woman's natural social network or that of the services.

- **Internal identification of the aggression as violence and its questioning**

The woman identifies the relationship and his behavior as violent and *changes her evaluation* of his aggressive behavior. Furthermore, she questions the interpretation of this aggressive behavior that she had until now, and doubts the evaluations of him regarding this violence. The woman starts giving herself reasons, proof and a basis for this



alternative interpretation of his aggressive behavior and finally recognizes the aggression and manipulation as violence or abuse.

Sometimes she does it alone, of her own accord, at other times external agents are involved who qualify the situation as violent. The external agents are friendships who accept the women, validate their experience, positively validate her potential and they remind her that she does not deserve this suffering. Sometimes they are members of her family, but they can also be health professionals, sensitization campaigns, reading material, etc. Between her own questioning and the external influences, she begins to change her assessment of the violence she receives.

This internal identification of the violence consists of: openly and directly putting a name to the violence, the removal of the culpability, the recognition of the constancy and arbitrary nature of the violence, the reinterpretation of the explanations, the recognition of the shame due to the humiliation and the awareness of the corresponding fear and paralysis.

This identification begins, even though there is a feeling of responsibility or guilt, and of course, pain. She feels identified with other women in similar situations. She names the violence by putting precise words to each one of the aggressions: "He insults me, he hits me, he controls me, he threatens me, he manipulates me" etc. She even begins to recognize behavior not previously perceived as abuse as violence. Psychological aggression is more difficult to identify as violence, especially the so-called "gaslighting", which is aimed at creating insecurity in the woman, causing her to doubt herself, to destabilize her.

The identification of the situation as violence also means taking a critical attitude, of *questioning the interpretations* of the situation of violence that he perpetrates, and applying evaluations of the situation that do not coincide with the arguments and attributions of the aggressor. She questions his violent behavior and qualifies it as disproportionate, excessive, senseless and arbitrary. The woman ratifies the dominant or controlling intent of the aggression, and more importantly, their random nature. The exculpatory explanations for his vio-

lence gradually lose strength. The woman stops minimizing and justifying his violence.

She questions this aggressive and dissatisfactory reality that he has been attributing to her and she had interpreted it as such or she had got involved to help him change. She questions his aggressive behavior due to the inconsistency with the promises of love, for the imbalance between what she gives and what she receives, due to the contrast between her good loyal behavior and his bad disloyal behavior, for his two-facedness: pleasant to everyone else and aggressive and controlling towards her.

The woman stops associating the violence to her own behavior and begins to shake off the blame and impotence she feels which he has so insistently attributed to her. Whatever she does, he will act that way.

They have opened her eyes to his repeated failure in his attempts to change his behavior, and her fruitless strategies to facilitate the desired change, meant to put an end to the violence and return to the initial loving relationship. She is increasingly disbelieving of the requests for forgiveness (when there are any) and of the promises of change that fail to materialize. The cycles of violence occur continuously, but they are becoming shorter and also less credible. This is how the end of the hope for change, the acceptance of the persistent reality of the way he is, or the way he is violent with her, takes shape. The violence begins to become visible, she stops concealing it from herself and probably from others.

The shame of the humiliation begins to recede, as now she questions the aggressor when attributing for the abuse exclusively to whoever perpetrates it. This shame will become less as the social environment (society, friends, family, etc.) rejects the intimate partner violence, thereby questioning the untouchable masculine authority and its idealization. The woman becomes aware of the omnipresent and constant fear of his reactions, his aggressions, the physical and moral harm she receives, and of their erosive and paralyzing effects. She may even fear for her life and that of her children (if any).

The questioning of the violence, this position which begins to become critical with regards the repeated aggression also means having to establish criteria, *which will be used as a threshold*, as a

minimum value at which point the relationship begins to become unbearable, and later on, in the following phase, will act as a limit for taking a firmer decision.

Slowly, the woman will begin to consider the treatment she receives as exhausting, unbearable, undeserved, indignant, unfair or unacceptable in a relationship of love, life, parenthood and family. The criteria of her critical evaluation could be pain, health, the risk to her life, fear, injustice, parental responsibility or all of them. In some cases, with more specific or abstract words, they include power in the analysis of the couple relationship, in other words, a critique that affects or questions the dominant submissive relationship and the alienation resulting from this violence.

Luisa, 78 years old

I: Can you tell me about that moment, before you reported it, that moment when you said: "This cannot go on, I do things for him and he does nothing in return, why doesn't he give me any money..."

W: No, no, if he doesn't treat me like a person, I tell you, I was like a slave there, they used to do that to the people they had there, make them slaves, that was my situation.

I: But he had been like that before, but you hadn't reacted in the same way. What do you think made him change his way of reacting?

W: Well, people change a bit over the years, they leave you a bit out of sorts, and you say, well, I've come this far and there's no way out from here on if you don't say... If you don't stop, this is not going to happen.

I: And why couldn't you ignore it? Why not? What was it?

W: I lived in that house as if I were a used cloth, I was worthless, my only purpose was to work, and nothing else. In other words, I had no money, nor any right to live or eat, but I did have a right to work and clean and things like that., oh yes. I even made the bed, I cleaned for him, I washed his clothes, I ironed for him, I had to do everything.

Neus, 45 years old

W: And one day, I picked up a book "The Psychopath" (in Spanish *El psicópata*), the first one that I came across, I picked it up and I read it and I thought: "Oh! There are a lot of his characteristics in here" [referring to her partner]. A lot of things, and then I picked up one on abuse and I began to see that this was totally psychological abuse. But of course, I wasn't aware of this.

I: You went about getting information?

W: I got information, and from that point on I began to identify that I was effectively suffering from abuse. It was obvious, in addition, I felt really bad, I began to cry, really bad, really bad, I don't know.

I: And you, well, you told me that you came across this book, *The psychopath*...

W: Yes, *The psychopath*, and then one on abuse, I can't remember what the book was like, but I remember that I bought it, but it was very good, now I don't remember what it was called, but anyway, it was about abuse.

I: Did you just come across them or did you...?

W: I went looking for it. I had also already begun looking for information on the internet, picked up this book and from there...

Purificación, 32 years old

W: I was in the bedroom and I began calling her. And she didn't come, because the way he shouted at her because the girl excitedly showed him the little balloon that she had been given, she was only two years old! So I went and found her, she was all curled up face down on the sofa, trembling, covering her head. So I touched her to hold her and he... I say to her: "Sweetie, it's mum". I was surprised that she hadn't come when called and when I saw her like that on the sofa, that was when I began to think: "I get the feeling that she is not telling lies".

• External identification of the violence through listening

In addition to the internal identification the women can open up to others about their experience, to friends, work colleagues, family members or professional services (healthcare and social services, educators and teachers etc.). By opening up this way, they explain the situation of violence they are living in, whether they name it as such, or not. But they will explain it not only as an expression of the pain, but with an attitude open to receiving, listening, in a search for support or alternatives, without knowing exactly what they want or what may be available.

With this external identification, the women hope to be heard, protected and understood in their situation, and at the same time they are prepared to listen to different points of view.



This external identification is not a search for help to maintain the relationship as in the previous phase of conflict and ambivalence. In light of this external identification, the woman can receive help to separate, but she doesn't seek someone to talk to about this, but rather to find support which will allow her to view her situation, express it, exteriorize her distress, to get in touch with herself, get focused, understand the personal and vital scope in which she finds herself and create reasons, criteria and ways to recover her freedom. She is prepared to listen and open to being confronted with other views on the situation. This is a very significant external identification as *she opens herself up to other possibilities*.

The woman in a situation of violence makes the most of the assistance received, as far as the process in which she is living permits. In this current phase, she doesn't follow the possible recommendations for protection of separation, but it may be useful for comparing to her current situation and she will know what support she will be able to count on. It will be in the following phase when her search for support will be explicitly for the purpose of separating.

These external interpretations can accelerate the liberation processes, reinforce the permanence in the situation of violence, become *stuck* in a phase, or even with the help of the circumstances at that time, they can *set her back*.

If the support she receives is a speech that discredits her or recommends actions that she does not want now or cannot undertake and they lead her to understand, or she understands, that the doors will close if she does not follow these indications this will represent useless and counterproductive support because it increases the sensation of feeling trapped, of impotence, reclusion and loneliness.

In this case, we will talk about repeat, secondary or institutional victimization. And of course, the external identification is negative for the woman if her request to be listened to goes unheard or if it reinforces arguments or material conditions to continue in a violent relationship. There are, and continue to be, negative reinforcement to turn one's back on violence.

The external identification, the opening up to the exterior which begins *the breakdown of the concealment*, will be more frequent in the event of more favorable conditions which allow the women to *feel validated without being questioned*: in a relationship

built on trust and unconditional acceptance (normally intimate friendships), in a social or family setting where the interpersonal and intimate partner violence is inadmissible, even though it comes from the man of the family, and in the specialized professional services which she knows with certainty offer support in these situations of violence without distrusting, judging or discrediting the survivor.

Magda, 46 years old

W: *Let's see, a week before he also got angry with the ... he was very anxious with the locum doctor and made me go and apologize. I went and the doctor said: "Look, I accept the apology, no harm done." He had punched the table, all because they hadn't called him and had called a gentleman who's visit was five minutes after than his. The doctor said "But I will give you a piece of advice: pack a case and have it ready, because what your husband did is not normal and typical of abuse". And so I did, I got home, told my daughter what I had been told, we got an old backpack, put the deeds of the house, bank books, death and gravestone paperwork (silence) Oh yes! two pairs of knickers and two bras each and we left it in a corner, in a corner.*

Olena, 37 years old

I: *So, what happened? Had you already previously spoken to a social worker or was it through looking for work that you began looking for social workers?*

W: *I had already looked, let's say that I had been in touch with the social worker for two months. I told her right from the outset that I wanted out, I had already looked for information and it was an office for marriage options and they sent me here and, yes, yes, yes, it was an agency.*

I: *In other words, people from here, for example, they informed you of where you could go.*

W: *Yes.*

I: *Because you explained how you were and...*

W: *Yes, I'm not well and I don't know where to go.*

I: *And why did you explain it to a marriage agency?*

W: *Why? I don't remember.*

I: *What happened? Did you work there?*

W: *No, no, I was just passing by, and there was an office, which I thought was a private office or a foundation or something like that and I said "marital problems" and most importantly for the children. So I say, I got kids and I have this problem, etc., well look, you can go here, they tell me about 010, I can tell them about it and call the police. It was the first time I found myself in that situation.*

• Empowerment with trial separations

In parallel to the identification and questioning of the violence, the woman begins distancing herself affectively and subjectively from the abusing partner and begins to take control of herself, control of her new persona and life, of decisions according to her criteria.

The submission begins to break down. The sacrifices that she had made regarding aspects of herself, her points of view and her freedom of action as a reaction to the survival of the oppression or as strategies to improve the relationship, gradually decrease and retake their peculiarities and decisions even though the coercion is still present. In addition to resisting, she risks reasserting herself.

Reasserting these aspects will be a more or less intense an action, *more visible or concealed* depending on the degree of violence that the partner is perpetrating, his reaction to her visible empowerment and her exteriorized strength. In the event of intense violence by partners, the women shut themselves away out of desperation or understand that they must strategically hide their empowerment to avoid any aggression. Therefore, they manifest their empowerment in a more internal than external manner, in order not to exacerbate his coercive jealousy, at least until they decide and they can safely physically separate.

In the *reappearance of herself*, the woman once more looks after herself as a person, of her own tastes in matters of body image, food, household order, working outside of the home. The woman begins to remember what she was like before the relationship, what she is really like, to recognize the qualities she has, her hopes, her dreams. She begins to increase the spaces of well-being, either at home or at work, or seeks them in other activities (walking, groups, etc.) and reinforces those that she has maintained. The woman increases the activities she does by herself, takes her own decisions whether they are to the liking of her partner or not, generally looking after her own interests. The woman begins to *breakdown the isolation* by picking up the threads of more intimate social friendships, and acting so as not to lose them, this is quite often only a few people, outside or inside of the family. And, as we have previously

mentioned, this is very often done discretely, with no direct confrontation.

At the same time, *she is physically distancing herself* from him, whether through cohabitation or each one in their own house: she avoids intimacy, seeks moments to be away from him, seeks opportunities for physical transitional trial separations (given that she returns to him afterwards), these may be short or long, such as sleeping in separate beds, in another room or with one of the children, weekend trips to visit family or friends. Sometimes, these can be explicit partner separations. Although the woman returns to the situation of cohabitation (or the relationship) she experiences these separations as periods of rest, trials to test herself, to check the reaction of the violent partner, to reevaluate her situation. She usually evaluates then as positive and they often have positive effects, even though the woman continues to have doubts. A positive environment will also be seen in the same way.

Lourdes, 38 years old

W: *They were his friends, his surroundings, but when I began to work in the company, I began to meet people, I began to have friends, I began to know that I had my own money. So you begin to feel a bit more supported.*

Cristina, 41 years old

I: *And from there you start doing more things to escalate... What things did you start doing to emotionally separate from him? Why did you say you felt very protective?... What happened to make you say: "My protection and that of my daughter are more important than his?"*

W: *Well, because you start realizing that you have a job, that you can have economic independence.*

I: *You already had your economic independence from before, didn't you?*

W: *Yes, yes. I had always worked and I had my salary, well, you realize that... You see other women who are at a physical level, because for me the matter was once physical, but it was very psychological, very psychological. Let's see, coming here [public service specializing in violence] and seeing women here with their suitcases, with their babies and they have had to leave their home and the police have had to come and bring them... You realize this and you say, "This is terrible! This is really terrible". You tell yourself, "I'm not really like all these women, because I have economic independence". But psychologically, I have been bound by some ties which I have even put on myself,*



or I haven't been able to shake off in time and you realize that, well, if they can get out, and they are worse off than me, then surely I should be able to consider it, shouldn't I?

I: Okay. And in this situation, did you separate for a short time, or.....?

W: Yes, there was a moment that I told him that we were going to leave home, this was a year before separating [referring to the definitive and legal separation]. It was a few days, after an almighty argument, I was talking to my sister-in-law, my brother, and I told him I was going to go to his house for a few days. So I went to my sister's house so that he would also realize that I meant what I said, and also that I was capable of doing it. [...]

I: Did he have anything to say about it?

W: He was like shocked. He didn't know how to react, you know? When I went, I went with my suitcase and my sister-in-law to my sister's house, and he was like, he didn't understand, as if he didn't know what was happening, you know? So, the final year was absolutely decisive, because that's where I said enough. I sort of gave him a choice between "death or glory", you know? Therapy, I was already coming here [public service specializing in violence].

• Reevaluation of the relationship: the possibility of separation

Gradually, the woman in a situation of male chauvinist intimate partner violence admits to the more negative and despairing aspects of the relationship, she identifies him as the problematic element and understands the violent scope of his behavior. But this person is not a stranger, it is her partner, someone with whom she has had and has an affective relationship, someone in whom she placed her future affective and personal expectations, someone who knows her weaknesses, her private matters and all her possible places of refuge. And at the same time, we have seen the woman taking control of herself and of her everyday life.

This is the beginning, only the beginning, of a new evaluation of the relationship in which leaving the partner (and the father of the family) begins to be a potential alternative.

But the separation of an affective couple and the family they have built is no easy task. Separation means: a) recognizing and accepting the failure of the relationship and of the expectations of the life project placed upon that relationship; and the grieving process for all that is lost, b) recognizing and accepting all the losses involved in the separation, c) understanding what one's position is in relation to one's life's desires, and d) rethinking one's existence

and identity in other circumstances and projects which project them to a satisfactory future, free from the weight of the experience of violence.

This reevaluation of the couple relationship in order to reach a psychological and physical separation, and recovery, is a long process that we have located in different phases of the recovery.

In this questioning phase, the woman begins, and only begins, to emotionally and cognitively become aware of the failure and the losses, of the different implications that separation will entail, of the evaluation of her position in the relationship and of the connection with her hopes for her life with her children.

The feelings and the emotions that accompany the grief in the separations begin with the disappointment, disillusion, anger, rage, and then, sadness.

It is painful and wounding to one's self esteem and confidence to recognize the violent behavior of the person chosen as a partner, from whom affection was received, with whom there was excitement as a lover and companion and of the family in common. It is humiliating and disconcerting to admit that the person to whom you have opened yourself in complete trust, returns this with violence, mixed with ever decreasing displays of affection.

Beginning to think about the separation also means beginning to recognize the disillusion, the frustration of the hopes and expectations placed in the relationship, and it is *more difficult* if there were a life project involving the partner and family, being typically happy, an ideal of a family united forever. It will be even more difficult if this is the woman's only life project. These hopes and meanings are losses that give partial or total meaning to her individual and social identity. Accepting these losses means admitting the disorientation of her life and facing the challenge of changing them or restarting them at a later date. And the question is: Do I want to? Am I capable? Is it worth it? All of this means embarking on a long journey.

In this phase of questioning, she only begins to realize the implications of the separation, of the losses this will mean, of the insecurities and responsibilities which she must undertake by herself. She will also realize that the family has been broken, "leav-

ing" the children without the presence of the father. In this case, she will confront some patriarchal beliefs that are more or less rooted within her and her environment, and maybe she will have to challenge obstacles or family and social punishments which will exclude her from her close social environment, and also maybe distance her from her children.

The losses resulting from the separation maybe from her life project, but *also* affect her social position, her economic security through the sharing of expenditure and income, loss of opportunities for her future as well as for the children, losses that are related to the social networks and friendships due to the fact that she was his partner. As well as the losses relating to becoming a single parent family. Therefore, considering separation also means starting to think about the implications this has on survival: sufficient personal income of which she has control, housing that is within her reach and under her control.

These losses can be faced as they are evaluated and digested as they recover their strength and personal power, and as they begin building alternative lives. In the case of mothers, attending to their parental responsibility adds further demands. And even more so when they are aware that they cannot leave their children with an aggressive father.

In this phase, the woman in these circumstances only begins to evaluate her capacity to continue alone, by herself and with any children under her care. She may feel capable, or not, but regardless of this feeling, *she may find that she is either in a situation where she can survive alone or with any children, or not.* The alternatives for independent sustenance and childrearing during the separation must be gradually formed.

Also accompanying these evaluations of a possible separation is the intense self-analysis of *her own behavior and position* in the relationship, her conformism and non-conformism in her resistance and fight to change the relationship, the fear of the changes because of the separation and the loneliness. In this empowerment, the woman will gradually connect with the hopes she has regarding her life project: she will ask herself and begin to find answers to what she wants for herself, for her life and for her children. Thus, she will begin creating her own cri-

teria for getting her life on track again with greater freedom and dignity.

Lourdes, 38 years old

W: *I felt sad, but I don't think it was because the relationship was falling apart, but rather because of how bad I felt about myself. I felt guilty, not guilty, but I said to myself: "I am doing things that I know are wrong, I am putting up with things that are hurting me, I know this and I am putting up with them, and I am hurting myself in the process, with something that I know is wrong but I am afraid to face it and break from it." It got to the point that I didn't know how to get out of the situation, I knew it was wrong, I knew it wasn't what I wanted but I didn't know how to stop. What would I do with my life, that is what... Until I made the decision and I risked everything, and well, you know... I don't know if I am explaining myself.*

I: *Yes, yes, I understand. Not everything was so catastrophic with regard the relationship, you had expectations of him, but rather you couldn't give yourself an explanation for why you were acting that way.*

W: *Exactly, perhaps I was angry with myself. I was counting things that I knew I didn't have, that were not right, that my life wasn't joyful and it was partly my fault, because I was putting up with things that I didn't have to put up with.*

I: *You blamed yourself.*

W: *Exactly, pretty much. I didn't only blame him, because he was like that. He was insulting me, I could see that, he was disrespectful of me and I was putting up with it, I was the one who had to go, who had to make a decision.*

Isabel, 42 years old

I: *Was there any decisive event for you when you thought "this is where I lost hope and decided to give it all up"?*

W: *Yes, my parents. It was perhaps the reflection of saying... Well, it had been a very intense weekend. After that weekend, on Monday I sat down and thought about what I wanted for me, you know? My parents were an old-fashioned couple, very problematic, with my mother suffering psychological abuse from my father. My mother is being treated for depression, my father was an alcoholic... Well... so, my mother rings me, she's crying and says: "Sweetheart, I can't take it anymore. Last night your father really laid into me, and I don't have the strength to fight, I don't know what to do to make your father stop treating me badly". When you see that as a daughter you have to take a hand in things and confront your father and tell him: "Stop abusing my mother or I will report you to the police".*



Facing and dealing with all these elements form a part of this phase which represents the beginning of the separation. But that is all it is, the beginning of the separation. Once again, it is possible to become stuck in this phase, or go in circles until going back to the Conflict and ambivalence phase or even the Resistance phase. In this phase representing the beginning of the break-up, the external interventions of support are very important, but at the same time it is very important to know how to wait.

Separations are not always voluntary. Among the *involuntary separations*, which can be understood as trial separations, we include those which are forced due to an episode of maximum risk for the survival of the woman, and of the woman and of the children which lead the woman to seek shelter in another home, either institutional or not. These episodes may be, for example: attempting to strangle her or the children, serious physical aggression or rape, threats with edged weapons or firearms, attempted kidnappings, physical abuse or due to discovering that the man is sexually assaulting or abusing the children, etc.

It may often be that she has not gone to the shelter of her own accord, but has been sent by her family, the police, the hospital, the prosecution service, or the General Directorate for the Protection of Children, etc. If the shelter is effective, for the woman this means that she can begin living without violence, know what it means to rest and realize what it means to live without violence. This same situation of forced separation may arise as a result of situations that are not of such high risk, in which the family rescue the woman from the relationship and is given protection by the family; for example the older children who help their mothers, or mothers, fathers or siblings who help younger daughters or sisters.

It should be noted that under these precipitous and non-voluntary conditions, the women, although they are physically separated, they may be in this phase or any of the preceding ones.

Other involuntary separation occurs when the violent partner abandons the relationship. In this case, the woman, with regard the development of her situation of violence, may also be in any of the phases prior that of Confrontation and break-up, in which they separate in fact.

Forced separations caused by episodes of maximum danger (and then seek refuge for survival), *are not always* involuntary or precipitated but they are considered as fleeing. Sometimes, they have been anticipated and prepared for, and we distinguish these from the first because they are a voluntary separation, and typically definitive, from the violent partner. Psychological separation which has probably developed or is in its final phase.



Phase V - Confrontation and break-up

In this phase, the voluntary definitive separation is made effective, whether she remains in her home, in the home of any family member or friend, or in any institutional shelter. The moment of the definitive separation is a moment in which there is a high risk of violence, of the same intensity or greater than before. Safety, protection and self-protection measures are very important.

In this phase, the following elements appear parallelly: confronting the abuse and the abuser; revaluation of the relationship with the acceptance of the losses and the rejection of the relationship; active preparation of the autonomous survival; and the search for external support for the separation. Here we look at each one of these elements Remember that all the elements of a single phase typically occur at the same time.

• Empowered confrontation of the abuse and the abuser

Her empowerment is strengthening. By taking ownership of herself, and the progressive breaking of the ties with the partner, the woman gradually increases the control over her decisions and herself. The woman has previously questioned the abuse and the abuser, but now she does so with certainty.

The woman sets limits on the situation of violence, on the abuse and on the abuser in a firmer manner when she demands that he ends the violence, or when she strategically avoids him and escapes, without any sacrifices, or without apparent sacrifices, or with the minimum necessary to preserve her safety and that of her children.

The woman confronts the rules of domination and control, by avoiding, refusing or rejecting them, and maintains her own activities and her own decisions which suit her in spite of his opposition. Her own protection at this time will be crucial, as well as that of any children they have in common. The fear has not disappeared, but her position is to confront the situation, and use the fear as a warning to preserve her psychological and/or physical safety.

In previous phases, when there was ambivalence, her confrontations were relatively strong conditions and demands, as they did not see the separation as a real possibility, although some women mention this to exert pressure. In this situation, the conditions for continuing the relationships are more strict, *the confrontation has the certainty of reaching the limit of exhaustion, the limit that she is prepared to put up with, the limit of the hope for change or of the life cycle she proposed.* Her firmness comes from her empowerment, her greater independence, and the virulence of his violence *comes from the fact that separation is possible and even desirable.* Remember that typically, the exercise of this intimate partner violence is usually graded according to the perception of subjugation that he has and the intensity increases the more he sees that the relationship is in danger. Her strength also comes from the grief that she is feeling because of the failure, the losses and for having found positive meanings in the separation, for both her and her children.

Even though it is not necessary to have filed a complaint to confront the abuse and the abuser, this doubtlessly constitutes as confrontational behavior. At this time however, the complaints are firm, complaints that not only have the intention of stopping the violence to improve the relationship (more suitable during the phases of resistance, conflict and ambivalence, or even in the questioning phase), but rather they are final complaints which seek the protection in the Law, expect a recognition of her situation, seek protection and a public affirmation of the violent behavior of the partner, as well as compensation for the harm caused.

With or without filed complaints, the confrontation is done by winning the battle against the fear of the ever-present aggressions (and the threats) that previously stopped or paralyzed her. It requires, *bravery, defiance, rage, but also mettle, serenity and cold-bloodedness* to preserve her safety and that of her children, to preserve strength and opportunities for her future life and that of her family.

When this confrontation occurs after having separated (whether they were cohabiting or not), it still requires effort and safety measures, but it is different as it is performed after the separation of the relationship and probably with more social and legal support. This last situation and behavior of the woman is included in the phase of fighting to remain free and not turn back.



Cristina, 41 years old

W: He would start shouting in the middle of the street or start insulting you in the middle of the street, or in front of a train station. Now I remember a situation in which I really had a bad time but I had enough strength to take my daughter and leave him there, with his shouts, his insults and his completely aggressive cutting words. In other words, that act of gathering myself up, going and leaving him there alone. That was hard for me to do and I managed to do it because I was the typical person who would shut up and put up with it, I put up with it and I put up with it, I put up with it. Then knowing... saying: "I'm not going to put up with it anymore!" "I'm going to gather my things and leave", this for me was to psychologically get over...

Sandra, 34 years old

W: He'd say: "Yeah, yeah, whatever! It's nonsense, you'll get over it, you alone..., the girl....", And I would say: "I don't want to be with you anymore!", he wasn't worried, he thought I'd get over it. Until I arrived and I left the house, because this happened on 15 January [false date]. So, until I got all my things out of the house,... heating, a few months went by, you know, in peace and quiet. Then, sometimes we would coincide at the house, he would turn up to look for something and I was at the house with our daughter. Or he would come and I wouldn't be there, we took turns, right? He even tried it on with me, in other words... he lifted my skirt; [and I would say to him] "What do you think you are doing? Did I not make it clear? We are separated, I don't want to be with you a day longer." Then he acted as if everything was the same, he'd come home as if there was no problem, he'd call me at the times we would always call me. He wouldn't accept it, he wouldn't accept it. Then there was a period in which he was the victim: "Because, understand me, I've had a really bad time". Yes it was true, then I realized that... When he saw that I was like, strong, that was when he began to back down...

I: And do you think he was sincere, or he did it just to...

W: Emotional blackmail, that's all, because he didn't care about the flat, nor his daughter, nothing.

• Reevaluation of the relationship: rejection and confrontation

In this phase of confrontation and break-up, the reevaluation of the relationship is characterized by advancing towards the rejection of the relationship and confronting the losses and changes. In the reevaluation, the negative aspects are at the

forefront, the psychophysical malaise and exhaustion are very high.

The balance of the violent relationship is more and more negative, with a greater imbalance when comparing what he brings with his hostility and the limbo in which she lives. The ambiguities and conflicts about the relationships are discarded due to the need to definitively abandon a relationship that is painful, very unsatisfactory and has no future.

The woman, who is progressively becoming empowered, retaking control of her life and her desires, sees that she is becoming more capable and evaluates, of her own accord, that she does not want this relationship in her future life or that of her children. She accepts that the situation has become impossible and unsustainable, that the violence has not disappeared, that there is no possibility of change, that he chooses violence and definitively rejects any responsibility for his aggressive, constant, intentional and possibly malevolent behavior. It is at this time she rejects this relationship in which the couple and violence are joined. She decides to separate.

The woman reaches her limit, the limit she has set using criteria based on health, overall personal burnout, time required to raise the children, limits of well-being, justice and dignity, etc. I can't take any more: either him or me, or him or us. She doesn't love him anymore. She no longer wants herself or her children to continue living in these deteriorating conditions. The woman evaluates the risk of suffering further physical and psychological burnout. The woman rejects constantly living in fear, with the risk of injury, or disability or death for her or her children. She opts to protect herself from all that and rejects the relationship, she must separate and does so.

Once this evaluation of the physical separation is done (gathering her possessions and leaving or telling him that it is definitively over and asking him to leave the home), immediately after this there is a special or serious episode that we call "culminating episode". An episode of confrontation with one's self, of the discovery of a painful fact, of more intense violence that results in the decision which will be firm by being based on the processes followed and decisions made up to that

moment. In these culminating episodes, the harm suffered or that may be suffered by the children are of particular importance.

In this phase, the woman reevaluating the couple relationship has just accepted her injured pride for the failure of the relationship, the loss of her expectations of a happy life, of the ideal partner, of living accompanied and of a united family. The woman faces the losses resulting from this break-up. She typically feels a lot of rage or a profound sadness. She will also give fundamental reasons and positive meanings to the decision to separate.

At this time, she doesn't flee, but faces the *shattering of her beliefs*, which will be more or less difficult depending on the adhesion to the dominant patriarchal beliefs, depending on whether she idealized a romantic love or not, whether her identity is based on the traditional patriarchal feminine ideal and whether her beliefs and those of her surroundings accept or reject the separation of the first family. Now she faces the possible insecurities, exclusions and other punishments that may result from the transgression of these patriarchal ideals. In the case of women with more egalitarian beliefs they come to terms with the contradiction between these and their experience of violence.

Some women *also face the social devaluation* and in some cases exclusion from their social or family network. All of this for not living alongside a man, for breaking up the family, for "eliminating" the father from her everyday life. They face taking the blame for threatening the welfare of the children in the event of economic shortfalls, or for abandoning "their" partner to his luck, or out of fear of their life lacking meaning by not having a partner, among other conditioning factors typical of the patriarchal role assigned to the women. At this time, the woman has become aware of the fears and insecurities, confronts them and searches for arguments that allow her to alleviate them, get over them and give a positive meaning to her option of a new life.

In this phase of confrontation and break-up, the woman accepts these transgression and losses and begins to find new meanings that give her life direction, but it will not be until the following phase "Remaining free" when she will reaffirm and de-

finitively accept this. The woman continues and broadens the evaluative introspection on her own position in the relationship initiated in the previous phase. She becomes aware of her role, of her conformism and non-conformism.

In this phase, the woman faces her fears and risks change. The woman, by finding herself, connects with her vital desires, with what she wants for her life, for her couple relationships and as a mother. And in all of this there is no place for violence, suffering or insufficiency, for submitting to one's partner, or for subordination to violent oppression in one's intimate life. The woman opts to build a life in freedom and integrity, to build her well-being, happiness and dignity.

Whereas in other episodes of intense violence she may have decided to continue with the relationship in spite of the dissatisfaction she felt, she now clearly *rejects this relationship*. She no longer imposes conditions, as she does not expect any change. Separation now becomes necessary, essential, definitive, even though she must continue to have a relationship with him for reasons of parenthood, for legal proceedings or employment matters.

Before and after the definitive physical separation, the protection strategies for the woman, and children in common and, sometimes, other family members who support the woman are very important.

The risks are not always sufficiently evaluated, given that the woman finds it difficult to imagine that the aggressor could reach levels of violence which are worse than those suffered up until this moment. But seeing that the loss of the partner and the family is certain usually triggers more virulence in the partner perpetrating the abuse.

Cristina, 41 years old

W: *There's that on the one hand, and then on an emotional level, you realize that I'm not his mother. I had adopted the role of mother with him. I wanted to help him so much, and I wanted to help him change and I wanted... And you realize that we are who we are, I mean, sure, there are things that you can change, right? But I wasn't going to change this in him, he was going to continue being who he was. What's more, worse, because over the years, considering what we were dealing with [coercive power],*



he had become worse. Because they had taught him to be like that, this [coercive power] gave him a type of authority over everyone else, which he exercised over me, eh... So, well, instead of getting better, it got worse.

W: ... Furthermore, he had always needed to feel recognized, greatly so. He continually needed to feel valued, to be recognized. So, if you take a lot of things for granted, well, I understand that you don't need to be there every five minutes, but of course... He didn't like that and that didn't go down well, did it? So, you start realizing that a person doesn't need to be recognized for everything they do well, do they? Because at the end of the day we all do things well, don't we? And so, well, I realized that I wasn't his mother, that I didn't have to continue playing the role of his protector. Why? Because, first of all, I didn't protect him, and then I was fooling myself, I was fooling myself, wasn't I? Well, these are all things that you see over time, aren't they?

Gabriela, 29 years old

Gabriela explains her culminating episode. It refers to a forced separation. Her arrival at the shelter was due to a precipitated escape, when during a discussion with the partner she found him smothering the daughter, -less than a year old- with a cushion to stop her crying. She had no one she could safely turn to. Furthermore, she faces the reevaluation of the partner whilst she is at the shelter and will be in the house when she separates psychologically. Therefore the physical and psychological separation occur at different times. Gabriela, even though she is sheltered at the house, sometimes meets up with him voluntarily, because she now thinks that after she left him he might be different, that she should give the relationship another chance. Meanwhile, she is preparing for her independence and has just gone through the grieving process for the loss of the partner and this family through the corresponding psychosocial work with the services' professionals.

W: I got out of the relationship, I can tell you, right? When he laid his hands on me, I knew it would get worse, I mean, there had been the insults but he had never laid a hand on me. But when I saw what he was doing to my daughter, that was such a big thing that I said "I'm out of here", and the following morning I came here because: Where could I go? I mean, I didn't know where to go, but I knew I couldn't stay with him. I mean, it was like..., I wasn't going to permit it.

W: Because it was... rationally, I knew that... that... he wasn't going to change, but I didn't want to accept it. I mean, what I found most difficult to accept was that

he had no sense of responsibility, that he didn't care... I would say to him: "How can you say to me "I am raising a daughter" when you don't care whether she eats, dresses...?" Because that is the first thing a child does, eats and dresses. I don't ask you "Do you intend to comply? because we didn't do this... I didn't do this alone, I mean, I did it with you." I had to accept that there are people like that, I mean, it's... and I couldn't accept my situation of being alone either, to raise a child alone. I'd say: "I have heard that there are women who bring up their children alone and I have also heard that there are men who are irresponsible and that..." And such... but that it would happen to me? Right?" I mean, accepting that I had to go through this situation was also my part of the grieving process So, it was more... Accepting that he was irresponsible, that he is a liar... Anyway, now he wants to get to know his daughter.

• Search for external support to separate

In this phase of Confrontation and break-up, the woman is aware that she needs help, and purposefully searches for it among friendships, family, services, the police, legal defense, etc., to help her separate and guarantee her safety.

Ready to free themselves from their situation of oppression and suffering, (and that of the children) they seek external people to talk to in order to help them in their purpose and to ensure their safety. Now they know how to detect those who can really help them and usually quickly reject those who discredit them or trivialize the situation.

External dialogues with friends, family or the safety, social, health or legal services, or lay or religious community leaders, etc, occur in all phases, but the intentions of the woman are different in each and the availability and attitude towards the woman is also different.

Throughout the process, the search for help or the contacts with supports show differences in her intentions. In the Resistance phase, the request for external help has the intention of stopping the violence that she is receiving and this intention may persist in all the phases whilst there is violence. But in the following phases there are new objectives and attitudes. In the Ambivalence phase, in

addition to stopping the violence, they hope that it will disappear altogether and that there will be a positive change in the behavior of the partner. In the Questioning phase, the relationship with others is related to expressing the pain and making the abuse received visible, and at the same time, she is prepared to listen to other interpretations of the situation she finds herself in, (even though she does not follow the recommendations to separate).

In this phase, her external dialogues are *specifically aimed at finding help to separate and to ensure her safety*. The women who are freeing themselves seek competent external help that will support them and direct them in psychological sustaining themselves during the liberation from the violence, that will help them through the psychological separation process, to cover the basic day to day needs for survival, to face the legal aspects of the civil separation and the custody of the children, to protect them from the violence they receive and which they suspect will increase.

Currently, in social environments where the sensitization and condemnation of this violence is high, the external dialogues are more frequent, especially in those areas where social rights from a gender perspective are recognized and there are sufficient public resources to help women in a situation of violence.

Vivianne, 40 years old

I: When did you decide to seek help, and why?

W: That week, when I had my finger [in a splint because it was broken] and I found this file and he went on holiday with his friends and left me with the kids. I couldn't even cook with this finger, so a friend of mine from [country of origin] came to help with the cooking and I spoke to her and she told me that I needed to get help. Another friend who had also been through a bad experience knew this women's support group and I spoke to the [social worker from the service specializing in violence] for an hour and she told me that I had to leave him and file a complaint. I went to see her the next day and I felt strong to be able to file the complaint.

I: There are always women who support you and encourage you.

W: Yes.

Sandra, 34 years old

I: Where do you get your strength from to stand your ground? Because a lot of women in this situation go back, don't they?

W: I don't know, it's... In my case, my daughter was very important, and I wanted to feel well, and I didn't want this kind of relationship nor even this kind of life for me. Because I saw my friends with their boyfriends, their children. And I'd say: "Shit, that's what I want, is that too much to ask? You know, so... My family helped me a lot as well. [On several occasions, her brothers and sisters stopped the violence or gave her shelter in their homes.]

The separation is a time of particular risk for the woman. It requires strength, conviction and bravery to face the fear and also requires paying attention to one's own safety and that of the children.

It is usually a priority for mothers who are separating not to leave the children with the violent partner, with the father perpetrating the violence. Reaching this decision to separate from the violent partner and go through with it requires having all the listed points prepared. If any of these conditions are not fulfilled, it will be completed in the following phase, remaining free.

We have explained the processes in sequence, but the setbacks occur when any of the listed elements is not achieved. Therefore, it may be that the woman moves between this phase and the previous, or may remain in this phase without finally executing the physical separation.

The phases are permeable and it may be that the woman executes the physical separation and, at the same time, voluntarily meets with him and does not quite complete the definitive separation until the following phase.

It may also happen that when they have separated and the following phase begins, she considers returning to the abusive partner. In these cases there is a reevaluation of the relationship which does not quite reject the relationship with sufficient firmness, whether due to affective reasons, beliefs or material conditions, etc. She will move on to the next stage if she reaffirms her decision to separate.



• Active preparation for autonomous survival and legal concerns

Another element that forms part of this Confrontation and break-up phase is the preparation for independence. The woman takes action by preparing all the aspects necessary to be able to live separately, independently and safely: her own controlled income, paid employment, safe housing, protection from his violence, (or other abusers close to the couple); covering the educational and care requirements of the children and other dependent family members, a social support network for everyday life in bringing up children, etc. All of it, even if the woman has to change her place of residence for protection reasons.

This can be either open or concealed preparation, either at a shelter or while cohabiting with the violent partner.

Quite often, and given the risk of an increase in the violence during the separation or when the violent partner suspects that she wants to separate, this independence regarding the material conditions is prepared in secret. Although it may seem strange, this often means concealing the paid employment, or a part of the wages received, or from the periodic allocation to the family living expenses in order to accumulate her own money for the future.

Sometimes, this active preparation for her own independence has been in place for some time, and began in earlier phases. On other occasions, this active preparation has been very short (or non-existent) because the confrontation and break-up has been in haste and she has suddenly found herself obliged to fight for her survival and for her safety. On other occasions it is short because she has maintained some elements of this independence: her own income, intimate relationships that are easily reforged, she has the economic possibility to have her own, safe housing, etc. Or the preparation for independence is apparently short because she receives help from friend, family, work colleagues, women's associations and from state benefits, but she will need more time when she wants to become completely independent. Preparing for independence also means beginning the preparation of the legal aspects of the separation

Where mothers are concerned, survival in minimum social and economic conditions is one of the primary conditions of the physical separation.

It is quite common for mothers when separating to become single parent families and it is no trivial matter, although it may be forgotten in light of the importance of separating one's self from the violence. Becoming a single parent stops many separations from happening. These mothers need more time and more help to achieve the minimum material conditions for this independence for everyday survival which will be sufficient and worthy for her and her family. It is known that becoming a single-parent family often results in an impoverishment of the family's resources, makes the everyday tasks of care more difficult, and especially more complex in the case of small children, and even more so when it is incompatible with employment outside of the home. However, although there are legal measures and social care that reduce this difficulty for survival when becoming a single-parent is the result of liberation from situations of gender-based violence, it continues to be an enormous challenge that many women realistically evaluate before separating and the result is not always separation.

Sandra, 34 years old

W: *I sold the flat as quickly as possible, I mean, he didn't do anything.*

W: *No, I left him. I left him and I didn't want to spend another day with him. In fact, I already had a lawyer. I sold everything, I got organized so that everything was quick and I wanted to be legally sorted with him so that there wouldn't be any problems, in other words, it was today I'm getting separated and everything is sorted, I didn't want to stop and think about the possibility of...*

Salma, 29 years old

The case of Salma is one of precipitated separation because it is the man taking the decision. She faces this situation when she returns to Spain, in spite of him communicating this decision when she was in her country of origin and it was difficult to return. In this case, she could not plan for independent survival before the separation. In Spain, she will receive help from the specific social welfare systems for women in a situation of violence. Afterwards, Salma will share a flat with another mother [Spanish] with children.

I: Then you leave the sheltered house.

W: I was there for about three years in a hostel: three months in the other house; a year in the sheltered house; and another social worker sent me to a house, like the sheltered house, but more liberal, [referring to supervised sheltered house] where you can live, you buy what you want because in the sheltered house you eat there and you don't pay anything, but you have to follow the rules of the house.

...

I: What did you learn most there? [...]

W: Personality! How you can... For example, if you have €400, how you can pay the rent, how you can eat, how you can... how you can, how to solve the problems if the little girl is sick, how you can... you know... if anything happens, for example, what I need to do if the little girl is ill. [...]

I: I mean, In other words, at that moment you learn how to manage your money, to look after a child, you learn where to look for resources to...

W: Yes, Let's see, I'll tell you something, given that not all... I don't know about my situation, I don't know, because I have seen that not all the women can get out of the situation, they go to this sheltered house and move forward. Because I have seen some that don't, you know? I don't know the why of it all... Because I feel alone in this country, I don't have anybody, I have to leave, I have to get my head straight, so that I can... you know?

I: I understand, to be able to survive.

W: Previously I did a Catalan course, I say "I cannot work well here", because they want me to speak Catalan. I look for work at the job center and I come back without work, how can I look for work... and I look to see if there are jobs in and what do they call ... a girl calls me when I have finished the course. A girl who knows that I am not working, and she passes me a list of jobs, to call them.

I: To look for work.

W: To look for many things. That's where I got this job with this gentleman... through the nuns and I had an interview and before, the girl told me that she didn't want the job with this gentleman because she didn't know how to cook. So I said let me try, and now I work for this gentleman and he told me that I passed the trial period and

he's happy. I told him beforehand that I didn't know how to [prepare Spanish meals], my flat mate is Spanish.

I: And because your flat mate is Spanish...

W: Yes.

I: ... you asked her to show you.

W: Yes, she taught me stew, hotpot, Catalan Soup [escudella] and many other things that the gentleman likes.

This is a preparation for the independent survival, but it happens during the phase after the physical separation.

Salma is a clear example of the everyday material and child rearing difficulties that a single parent family has to face., whatever the nationality, and in this case without a natural social network for support, due to her displaced situation, like other immigrants in Spain or Spanish nationals who do not have the support of their families or friendships.



5.5 RECOVERY: AFTER THE SEPARATION

Phase VI - Remaining free

This is a consolidation phase for the separation, for ensuring and reaffirming the independent life in freedom. New routines are established. The woman is focused, with new strength, on seeking help for her survival and independence, to raise her children by herself. She faces the violence that will perhaps, but not with any certainty, be the last. She faces the fear of continuing to receive further violence.

The constituent elements of this phase are: fighting for survival, safety and to remain free; reevaluation of the relationship reaffirming the changes; and caring for her social relationships and her health.

- **Fighting for survival, safety and to remain free**

The woman, now separated from the abusive partner, fights for survival in the *physical and logistical sense with regard everyday life*, and to occupy her own safe place. This aspect will be more or less costly in terms of: the persistence of the post-separation violence, moving to a new area or not, the previous income or employment earnings, whether there are any savings or not, the assistance she is receiving, the available social and affective support, of the pros and contras of the civil legal matters relating to the splitting up of the family, and her safety.

The woman fights for her safety and that of her children: she quickly detects the abuse and puts limits on his violence if she must continue to remain in contact with him or if he attempts to contact her, and takes safety measures. Measures such as the following: be accompanied, request a restraining order (which is not always conceded and if conceded, not always complied with); seek safe areas for the father's visits (which are not always conceded), etc. The woman tries to stop the fear that still persists so that it does not limit her freedom to act or decide, and she is conscious of the risks she faces until the danger of continuing to receive violence has disappeared.

Post-separation violence may persist for only a few months, or much longer, sometimes years. There is usually some form of direct or indirect harassment through different means of communication (telephone, e-mail, etc.), from family members,

through the legal system in which false claims are filed against her for partner and child abuse, or because the conflict becomes lengthy due to the paternal authority or custody of the children.

The violence can also be channeled through the children as they are the only connection with the woman, they are used as a weapon against her so that the coercion and violence may reach her, either psychological, economic and also physical. Sometimes, when the children arrive from the visit with the father and are openly hostile toward the mother, angry and rebellious spells that could be a sign of the general malaise of the situation, but also because the partner has set them against the other. The mother may even receive the same insult uttered by the father from the mouths of her children. On other occasions, the partner systematically boycotts the agreements made or guidelines set out by the mother.

However, during this phase she will continue to make an effort to maintain the new position which, in spite of the residual violence, begins to feel comforting and renovating in the sense that she has made a decision, has acted accordingly, and moreover, for the fact that there is no constant violence in her everyday life. They rest, they can finally sleep, although at the beginning they may continue to be alert.

The woman defends her decision to separate, her independence and her freedom before her family and friends through the services, and the legal and judicial areas, in order not to go backwards and to remain free from abuse. The woman asks for help to survive and uses all the resources that are within her reach to remain far from the violence that he can still inflict upon her. Her environment offers her more or less support in her decision. If this does not happen, she cultivates the relationships that offer her support and avoids those that question her decision.

Maite, 54 years old

W: ... To tell you the truth... As I am now, I am much better, I have gotten much better, but I still tend to look over my shoulder. I mean, when I go to the garage I am always careful, when I leave the garage after parking the car, the same, when I enter the lobby, the same. Why?, because even though the lock to the flat has been changed, the ones for the lobby and the garage are the same. So, it's something instinctive, I don't want to, but I am always careful. I am not a fearful person, nor have I ever been afraid to enter the garage, but now I am wary. I was afraid of him at the beginning, but not now. Now that I have stopped being afraid of him, now I'm like: "I wonder if..."

...

I: And now, don't you ever see each other?

W: No. At the beginning he would call and insult me and hang up. Now it's been a long time since he called me or anything. We don't even talk about it with the daughter, because the daughter told me that she didn't even want to talk about it ever again... Not even... If her father asked about me, she had no intention of saying anything and I would not ask after him... But I am not even interested. She didn't want to be in the middle, which is fine... I told her that above all else, even though we had separated it did not mean that we couldn't be friends, that if anything happened, I would be there for her, that I would help whatever happened, but we couldn't live as a couple any longer, because we were no longer a couple, we hadn't been a couple for years.

I: Has he been awkward? I mean, not telling people about the divorce. Has he created obstacles?

W: Lots, lots, lots... Too many, lots, lots.

Sandra, 34 years old

W: I was served one [restraining order] on the day he assaulted me. I went to file a complaint and the judge served a restraining order of three months, and when the restraining order expired after three months he didn't give me another one and we are neighbors... Of course, the restraining order had expired, I don't remember. It was a Thursday and I had to leave my daughter with him on the Saturday. How was I going to leave my daughter with him? Of course, we didn't have anything, no paper that stated that he couldn't see her and in the courts it was the reason why I was afraid of leaving my daughter with him, but they didn't believe me and I was fined. I have paid many fines, the whole legal thing has been... The times that I have filed a complaint against him and I have won, I'm the one that gets fined, he's the one that benefits from all of this in front of his daughter. It's logical that [she - his daughter] is afraid of him and that I'm worried about whether my daughter is okay. It's logical that I don't want to leave my daughter with him, it's

the contrary with the judges: father's rights they say, you didn't leave the daughter with him when you were supposed to and you get fines of €400 and €500. And I have had to pay all of that.

W: It's been two years since we've had a family meeting point, and it was really difficult to get one since I travelled... When I was getting better, the few times that I went to leave my daughter with him, she didn't want to go with him... She, well, in her manner. I don't know why she was afraid. I don't know, she was very young, but she got very nervous and would begin to cry. So, what happened? He would get angry because she didn't want to go with him and he'd make a scene and the phrases would start coming back... And we requested the meeting point, they are rooms for controlled visits or simply so that you can see your child. So he would go and pick her up, but it is a maximum time of one quarter of an hour or five minutes. We don't see each other, that way we avoid her experiencing the bad atmosphere that there is between us.

However, in the phase that we call "Remaining free" we once again come across possible setbacks. When the difficulties for survival are very severe or the violence persists, and is at time intense, the balance is not so positive and they question whether the separation is worth it. It is possible that doubts may arise about the kindness of the decision, which results in the request for and receipt of further help. By returning to the relationship with the violent partner, they trust (perhaps out of resignation or lack of realism) that the partner and the ex-partner will reduce the violence or that they can survive economically, and they are usually aware of their rejection of the relationship (psychological separation).

Carmen, 42 years old

In the case of Carmen, the post-separation violence carried on for a long time in spite of the laws in effect against gender based violence. The family, in this case, the male partner's sisters, also exercise forms of harassment against Carmen. Carmen had a short couple relationship without cohabitation, but experienced a protracted post-separation violence because he remained in the neighborhood where she had her home and her life, the same neighborhood as the abusive partner and his family.

W: I went back to him after five months because the harassment was worse than going back to him, because going back to meant being left alone. I mean, because



he knew I was with him, he'd say: "I've got you where I can keep an eye on you", he left me alone... I was more relaxed; well "I'm going to tell him that I am, because if not"... But, after a month or so, it was worse, like that time, like the other time.

I: So you left him again, but he doesn't let you go, is that right?

W: Yes, but even so, although you leave him, he was always there, always. Even up until when the first complaint was filed; the first complaint was three years ago, but...

W: But that was because he threatened to kill me. That day, I realized... I saw he wouldn't let me, day after day, I'd say: "Well, he's already...". There was one day when: "He's drunk", he blamed the drink and I've done it too. Because he wouldn't even let me call the police. One time, he twisted my wrist, he broke my mobile so that I couldn't call. He wouldn't even let me go to the elevator or the door. Not even go up the stairs, it...

W: ...when I file the complaint it was for the death threat. I... I mean, I had put up with the harassment and everything else he had done until he threatened my life; I thought: "I can't let this slide, because if he should ever do something to me..."

W: If he ever found out about everything that was to come... All the trials, and ... bloody hell! And they are defending him... I mean, you see that they are defending him better than the person who [was assaulted]. That makes you feel really bad in the trials, right?

I: Yes, because...

W: You see that there is no justice. I mean, you see that the justice on the one hand and on the other, but well... I mean, the trials are the worst thing I've gone through.

W: ... that's why, the second ... restraining order, he says: "No, now, so that nothing happens to me, I am going to say that I have your consent so that I can call you". He couldn't call me or anything! I was afraid, I collapsed in the second trial.

I: What was the sentence?

W: Just over a year [imprisonment], and there is still the final trial to go. Well, for the restraining order, for violating it, well, he did not comply with it. And because in the end they also gave me the telephone (for the police) because, as he came in and out and nothing happened, well, he was always there, always. Ringing the doorbell for seven hours. He has done everything he wanted and more! I mean, when I'd say to him: "You can do this to a woman or an old person, but if I were a man...". Because he wouldn't let me live, wouldn't let me live, wouldn't let me live. Every time I left the house, went to the center, went to classes, he was in front of the building, with everything that was going on with my father, he was there. So, he was constantly watching me, he knew when I came home, when I left, he knew everything.

• Reevaluation of the relationship: reaffirmation of the changes

In this phase, the reevaluation of the relationship is characterized by the reaffirmation of the rejection of the relationship, by coming to terms with the losses and to continue facing the greater or lesser destruction of one's own beliefs, to continue with the construction of the arguments, values and meaning that form the foundation of the change and give a positive meaning and legitimacy to the decision taken.

This is the time to evaluate the positive aspects of the new situation, of focusing on it and on an independent life, and one lived in freedom.

In this phase, the grieving process is coming to an end. She may feel rage because of the disappointment, the betrayal. She may feel sadness or nostalgia for the old dreams and the good times she had with him. She may also feel guilty, a diffused guilt for not having chosen better, but she does not know why. If any of the losses have been particularly resistant, this is a time during which they continue to occur.

But she also recognizes and is grateful for the peace and happiness. The separation is a release. Free, at last.

At times there is ambivalence, but she also values the peace she is experiencing. The woman is adapting to the new environment, gradually coming to terms with not having a partner, and giving value and meaning to living her own life, to the acquired independence and the freedom in which she lives. The positive balance of the current situation reaffirms her decision to separate. The positive social support that she receives will either facilitate this reaffirmation or make it difficult.

Carmen, 42 years old

I: Do you now see that you can continue to be yourself, that now you can once more be...or not? or not completely?

W: I don't feel the same, I don't feel like (she becomes emotional, cries)... I mean, let's say I feel good, better than

I did, because obviously the situation I was living in was not good at all because that was not life, it was not life... And then, they were there (the sisters of the abusive partner also harassed and assaulted her), and you would be like, just see them and you'd get that feeling.

I: *I'm going to ask you a delicate question: Does it still hurt that you had to leave your flat, your neighborhood, etc? Or haven't you taken it in yet?*

W: *I am very calm and very well where I am, but I don't feel at home. I mean, I'm really good, the flat is a lot nicer, okay, yes! Well, it's a rental, so it's not really mine either.*

Vivianne, 40 years old

I: *When you decided to separate, how did you feel?*

W: *At that moment I felt really bad because I felt hurt, sadness, and I still loved him. Because that doesn't change from one day to the next, even though he was an abusive partner, I felt very bad, very sad and very depressed.*

I: *How long does this sadness last?*

W: *It's a loss, you grieve as if someone had died. First of all we were in a hostel through the [specialized service] and then they moved us to the sheltered house. I remember that for the first year in the sheltered house I was sad and the alarm would go off in the morning and every morning when I woke up I would think: "Another day" and "shit!" But I had to get up because of the girls.*

I: *Does that still happen [now]?*

W: *No, that changes [changed]. That year I thought that I was never going to feel well, but one day you wake up differently, and willing to face things.*

I: *There is a situation that occurs: one moment you are living well, with luxuries and suddenly you have nothing. Does that have an influence?*

W: *Not in my case because money has never been a very important aspect of my life. That life is very empty, my daughter went to a private school and the people there were very posh, they'd ask about the work of the husband and those types of conversations don't do anything for me.*

I: *Do you belong to that circle in your country of origin?*

W: *No, my parents never studied, but they worked hard to reach a high standard of living.*

I: *Did you go to private schools and with that type of person?*

W: *Not private school, but we lived in good neighborhoods, we went skiing, took piano classes, which I don't think I will be able to give to my daughters. Money and that sort of lifestyle do not make you happy. It's better to be free and earn your own money.*

• Caring for social relationships and health

In this phase the woman dedicates time and personal availability to care for the physical and psychological

consequences of the abuse. She is aware of the variety of symptoms of post-traumatic stress. She undergoes examinations, diagnostics and physical or psychological treatment. She seeks spaces for satisfaction and peace. She cares for herself, whilst enjoying her freedom, seeking and widening social relationships, the participation in groups, community centers, etc. Ultimately, free time for relationships.

Carmen, 42 years old

I: *You are a bit like that now, sad like, more...*

W: *And then I don't stop. Really, I have to be there for my friend, the boy, my nephew; I mean, when he called... I mean, I don't like to go out, just the opposite.*

I: *You don't feel like doing much right now...*

W: *No, and I want to, you know. And I want to, because it helps you... Because always being at home is not a good thing because you do the house, you do everything, but you are in all day and you need to get out, get a job, and well, be with more people, not being... because there, as they say, I don't know anyone. I know a girl and we meet up on a Sunday, she works all week, and there's my friend who lives nearby. Which is why I looked for a place that was also nearby, because when this happened I wasn't looking for a flat, I was looking for work.*

According to the file, at the times of most violence, Carmen visits the doctor for insomnia, tachycardia, anxiety (symptoms of post-traumatic stress), depression, she is diagnosed as bi-polar and is prescribed anxiolytics and antidepressants, which she takes for a month. Currently, the symptoms of post-traumatic stress have reduced, she has a check-up twice a year, and only takes medication for the insomnia and an antidepressant.

Vivianne, 40 years old

I: *Do you take anything now?*

W: *Yes, I still do.*

I: *With visits to the doctor?*

W: *Yes, with my GP. I began again when the relationship was about to, just before the break-up, I began taking antidepressants here in Spain, when we were still living together and I have been taking them since then.*

I: *It's been three years.*

W: *Three years, a long time, but now my psychologist tells me it's best not to stop because I still have a lot of pressure from him: we still need to go to trial.*



Phase VII - Rebuilding a future in freedom

Upon reaching this point, the woman survivor has become liberated, she is maintaining her freedom, reaffirming her independence and still has some matters left over from the previous relationship, but now without violence. The woman now focuses her life efforts on giving a positive meaning to the past and therefore, the present also, and moreover, planning for a future that is both desirable and in freedom.

In this phase, there may be reminiscences of the violence through contact that is obligatory due to parenthood, pending legal affairs or at times, through employment or geographical proximity. Now there is no violence in her everyday life nor that of her children. If this is not the case because violence is still being received, the liberation and recovery, in spite of the high likelihood of them being achieved, will be incomplete.

There are four elements that make up this phase: a) searching for new meanings for the relationship experienced and a new sense of one's self; b) taking care of the health and relationships with the children and with the rest of the family; c) new life projects and for the future, and d) new beliefs about violence, and partner and family relationships.

- **The search for new meanings in the relationship experienced and a new sense of one's self**

The new situation of liberation and non-violence or remnants of violence allows her to rest and ask herself about what happened, why it happened to her, why she remained in the situation of violence, about her reactions to the situation, about her life circumstances, about the effects that this intimate partner violence caused and about the consequences that still last.

The woman is in a condition to ask herself about the violent relationship and realistically seek answers which do not affect her confidence, which do not damage her identity and which allow her to learn.

The woman exonerates herself for the situation experienced, recognizes reactions of active resistance to the violence which will give a meaning that dignifies the situation experienced, it can include her reaction mechanisms in the face of aggressive and sometimes perverse strategies of violence, and work on ways of facing situations that will be more beneficial to her well-being. She seeks new meanings to the situation experienced of affective violence, also in relation to her role as the person responsible for the children. And, once again, she will readdress the reasons for the physical and affective separation which will make it possible to open up the life experience of this family history with her children.

The *grieving period* will conclude with a realistic evaluation of the experience, being aware of the accumulated learning and once again emotionally situating this experience in a place that is free from stigmatization, which allows her to continue living in comfort and in peace.

The acceptance of the situation experienced will allow her to talk about the abuse without feeling as much pain and distress as before. Giving a new emotional and cognitive value to the situation of violence and *learning new forms of relationships without accepting coercive situations* will provide her with more safety. At the same time, accepting what cannot be changed will allow her to stop grieving and live life to the full. This will allow her to invest in her future, initiate new couple relationships and adopt a renewed sense and image of herself, in such a manner that the fact that she has been a battered woman or a survivor of violence does not define her, but rather her identity rests on her qualities, strengths, her independence, power and control over herself and her future. Sexuality and the new possibilities of dating will be reviewed.

Luisa, 78 years old

I: Throughout this process, have you at any time felt bad that the marriage did not work out?

W: Well, it does make you a bit mad. I mean, Jesus, what rotten luck I've had. But yes, it is true. But, that's in the past!

Isabel, 42 years old

W: ... I'm a good person, I'm a friend to my friends, I work hard, you know? I'm a mother, I'm a great mother. What the hell! My kids tell me every day, I mean, it's not me saying it, my kids tell me every day, you know? So..., it's difficult... to get rid of the feelings of guilt, of everything, isn't it? Of failure, of guilt. It's hard, hard... to get rid of.

Salma, 29 years old

W:... Now I feel that I am living my life. Do I have problems?, Of course, I have to pay the bills, the food, but I have a taste, you know, bad but good. When my sister asks me: "How are you?", I say: "Fine." And she says: "How are you with this crisis?" And I tell her: "How are we with this crisis? Well, moving forward."

I: And does this fill you with pride and satisfaction?

W: Yes, and that makes me feel happy. At night, for example, when I lay my head on the pillow, I think: "What do I have to do tomorrow, what do I have to do tomorrow?" And you quickly fall asleep. You don't think: "Noooo, I can't do it" (imitating a voice of regret).

- **Taking care of the health and relationships with the children and with the rest of the family**

At this time, the woman, if she has not already done so, now focuses on the children, on the consequences the violence has had on them, on their experiences regarding the violence and the separation. But, most importantly, what she will now be able to do is make herself available to them and make an effort to accompany them in their recovery and the creation of a new family life.

The specialized care for children suffering from violence tells us that the specific demands born from the worry for the symptoms of alteration or suffering in the children can arrive before this phase. However, they also affirm that if they are not yet liberated from the violent couple relationship and have not started their own personal recovery it is not possible for the women to be positively active in the role of mothers (or more than what some have been when conserving a good part of the parenting skills) and can be facilitators in the development and welfare of their children.

The woman may provide a more serene dedication to her children, to the relationship they maintain, reform the maternal connection, be aware of the position to take before them and also before their father (now the ex-partner). She begins strengthening the undamaged parenting skills and questioning the damaged ones to recover them. She begins forming the new relationships that she will establish with the father, what her feelings are about the positive and negative feelings of the children towards their father, about the memories that they bring of the ex-partner and the situation experienced, with only his presence: the gestures, the features, the reactions.

When the violent ex-partner father of the children is still violent with the children or is violent with the woman though them, the personal dedication and development of this relationship will be more intense and it may result in the recovery being inconclusive.

She can also take care of the children in relation to the consequences that the violence has left upon them, their health, their emotions, etc. She begins to see the children from the perspective of those who have also experienced the violence. From this perspective she can listen to their experiences and begin to accompany them and explain the history experienced, as well as address possible attitudes of dominant coercion that may appear in any of the children.

If the situation experienced has also resulted in a conflict with the family itself, these relationships are also pending recuperation and, in this case, addressed in this phase.

Magda, 46 years old

I: Have you at any time thought that the relationship itself was a failure, whether this has validated you or not?



W: I haven't thought that, no. I haven't though any more about that.

I: Okay, but is there any moment in which you say: "Why, why did it go on for so long? Why did I put up with it?"

W: Let's see, I haven't said it to myself, I have said it to my daughter. I said to her "I put up with it so that nothing would happen to you, so that you would have a mother and a father." And she replied: "I have never had a father, he has never loved me." And to be honest it is true because I realize that since the day that we were going to get married and we had a row before getting married, the night before, he no longer wanted the baby. And now I see it clearly, I mean, everything that he has had to do, he did it out of obligation.

Purificación, 32 years old

W: (Coughs) Yes, I suppose that what I was also afraid of was my daughter and her reactions. Because up until not long ago, she still blamed herself for her father hitting her because she was naughty. And she was afraid of him. So, the fact of making her understand that she isn't to blame, that she isn't bad, that she is a girl and that... you know? It also makes you realize that... whilst you are explaining it, you want her to understand the situation, you say: well, apply the story to yourself, because it is the same for you. In other words, you are explaining something to a child that you don't believe yourself. She isn't stupid, if you don't believe it, she's not going to believe it.

Carmen, 42 years old

I: What has been the most difficult to be able to recover and have more peace? From what you have said so far: on the one hand, having to face the family, and that they were looking after your father for a time, weren't they?

W: Well, that was for a short period of time. The worst was that my sister-in-law said some things to me, which were hurtful, but she later apologized. I have forgiven her, but anyway...

• New life and future projects

In her liberation, having retaken control of her life, and of her own characteristics which provide her with her identity, which had been consigned to the background. Typically, these plans include the possibility of new couple relationships which often require getting over fears, pain, resentment and the exercise of explicitly thinking about the type

of relationship she wants with other intimate partners after the experience she has gone through.

Purificación, 32 years old

W: I don't know, because you never know how you are going to react until you find yourself in that situation. I always, when I saw this I always thought: "Uh oh!" That isn't going to happen to me, if they lay a hand on, I'll turn around and give them one back. And then, when the moment comes, you are even falling in love, you want it so much that... you know, you always justify it. Man! Yes, you are more alert. In fact, we separated three and a half years ago and I am still alone. It's not just that, its... I don't know if I will be able, I mean, Yes, I would like to have a partner and feel good well, you know? And to share, not to be alone, damn! In a few years my daughter will grow up and leave and I will be alone. But you always live with the fear that same thing will happen again, or that you will have a bad experience. That's why they tell you that you get over it, but not completely. I mean, maybe with time, what do I know. This wonderful person appears, he... He helps you to forget everything, to get over it, to live and move forward, or simply as time goes on, although you are alone, but maybe now you are not afraid. But that's not all, I don't know if I will be capable of... being with someone and having a partner. I don't know. It's not that either... I live from work to home, home to school.

Maite, 54 years old

I: So, you have a future, albeit with sadness... What sort of future do you imagine for yourself?

W: For me? What do I imagine? Well, I'm very happy in my work. Personally, it is an important challenge that the director has relied on me, by giving me this responsibility of acting as director... It has not been easy because in spite of him asking me, we are in an institution and it has to go through many stages first, one person, then another, then another... and in the end I got it.

W: ... and I now feel that I am becoming myself. Professionally, I have always felt fine; and personally, well, I feel brave enough to move forward. I'm getting over it, that I can live on what I am earning. Obviously, I couldn't if I had to buy a flat or get a mortgage. But well, for me... my future for me is beginning a new life now. For me, it has been starting a new life.

I: Do you believe that you would consider another relationship of this type at any given moment in the future? I mean, with another man in general. Do you think it would be possible..?

W: How would I act?... Ah, I'd put an end to it. Right from the start. As if I haven't had... And you don't know what the future holds, well, I might start a relationship with another person in the future. But seriously, if I see that the other person is... well, it's just... at the start...

I: You're not interested...

W: Not at all! Interested... Well, I have a lot of friends, my friends' husbands are fantastic, my work colleagues are wonderful people... and that's why I needn't dislike men, nor say that they are all the same. If I had a relationship I would be very... I would never let him lay a hand on me, I wouldn't let it go that far. If I see that he is a good person, it depends on how he sees it... Seriously though, I wouldn't put up with anything.

• New beliefs regarding violence and partner and family relationships

In the case of the development of this personal experience, of the changes and of redefinition of the past, there are ruptures and changes regarding their way of seeing couple relationships, the relationships between men and women, the family.

These reflections are made in private by themselves, but also through the dialogue with the social network, with old and new friendships, with women who have gone through similar experiences.

The greater or lesser modification of patriarchal beliefs (and of the personal experience) regarding the sexual roles of men and women, the new family diversity and its legitimacy, sexual freedom of the woman, regarding the freedom and the personal project of the couples would be the object for reflection and discussion, either in more general or more abstract terms. The patriarchal myths that legitimize the violence are detected and dismantled. Other forms of violence are recognized which at other times were not identified as such.

And they place particular attention on learning how to detect new situations of violence in relation to other people and other areas of life (family, employment, friends, etc.). The fear of finding one's self in the same situation again (especially when they start going out with another partner, with another man) is high and they want to be sure of being able to detect it early and distance themselves from it.

Cristina, 41 years old

I: And on the subject of... Now that you have a new partner, do you think you could identify these signs of violence? We hope they never happen again but: Do you feel more prepared to identify the violence in this relationship or in other relationships which may not be of a romantic nature, but with friends, family...?

W: Yes, because sometimes... For example, in this new... With this person, who from the outset is not a violent person at all, right? Neither physically, nor verbally, he is not aggressive. But yes... Yes, you do notice that ... that maybe in the relationships, you know? With others, the fact that sometimes you say what you feel or what you think, perhaps the others don't like this, they are free to do so of course. Of course they are. They will say that they don't like it. But not because they don't like it, they mean to say that you cannot express yourself.

I: Exactly. In other words, you have identified...

W: So, I have realized that... Well, although I might say something you don't like or makes you feel bad, you have to tell me so, but I'm not going to "back down" [feel afraid], that I think is important...

I: You shouldn't have to hold back and trim off parts of your persona just to be accommodating, or not hurt or upset someone.

W: Of course, of course. In the other case, in my previous relationship, I felt that whenever I said anything that he didn't like, which happened to me before, now I am ... I mean, with this person I can say what I think and how I feel and even though he may not like it, I am not going to deprive myself from saying what I think ought to be said. The other was like a volcano. And so here I am, realizing that that happened to me before... I felt that whenever I said anything that he didn't like, which happened to me before, now I am [dealing with it differently], I mean, with this person I can say what I think and how I feel and even though he may not like it, I am not going to deprive myself from saying what I think ought to be said.

I: Right.

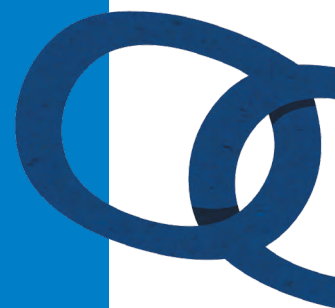
W: I also realize that well, obviously there's a right way to say things, we are not going to... (laughs), of course. But I want to tell you that I see it in this manner... and if the other person says to me: "Hey, you can't say that to me...", "I'm sorry, I won't tell you", but... "But if I think that it is important, I'm going to tell you, I'm going to tell you", right? And I feel braver, I mean, I feel braver in that sense, right? I feel braver.



PART IV

MEASURING THE FREEDOM AND RECOVERY

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6. EVALUATION OF THE FREEDOM AND RECOVERY

6.1 OBJECTIVE

Evaluating the recovery of the woman survivor means having a cut-off point in the timeline. This is a one-off measurement of the recovery at a specific moment during the intimate partner violence phenomenon.

These measurements are particularly useful in this phenomenon given the long duration of the resistance, and of the liberation and recovery from this type of intimate partner affective violence. This measurement taken over a period of two, three, four or more years allows us to have more objective records to facilitate making accurate and pertinent decisions regarding the intervention plan with the woman, as well as evaluate the progress or stagnation in the previous processes with greater precision. The accumulated measurements allow us to evaluate the effectiveness and efficiency of the interventions with greater precision, speed and systematicity.

A specific time must be arranged to perform the systematic evaluations, given that the pressure of day to day care work may prevent the evaluation taking place. If we have tools to have a point of reference that permits the evaluation of the evolution, not using them becomes a deprivation. For comparative purposes, with the current healthcare system it would be unthinkable to accurately prescribe a treatment without a prior analyses even though the previous clinical examinations already anticipate the diagnosis.

The conceptual evaluation model and the battery of instruments become a valid, reliable and useful tool for the care professionals with the aim of obtaining a systematic diagnosis, a reflection and an evaluation of the same intervention, and an evaluation of the service.

The evaluations we present contribute to the purpose of living without violence and fully exercising one's freedom and rights, they contribute to recovering the independence, the social inclusion and the health of the woman and subsequently, that of the children who are survivors of this very same violence.



6.2 EVALUATION MODEL

The evaluation requires conceptual precision with regard the object of the evaluation. In the quantitative evaluation, the verbal concept must be fragmented into operational dimensions to transform it into units of measurement, regardless whether these are indicators or items. Here is a recap of the definitions.

The *liberation* of the woman in a situation of male chauvinist intimate partner violence is a final stage in which the woman receives no violence of any type in the relationship with the partner, neither from those close to him, nor from other people close to the woman.

The *psychosocial recovery* of the woman in a situation of male chauvinist intimate partner violence is the rebuilding of her personal, social and family life with control over her own life, economic independence and social inclusion, enjoying a good state of physical and mental health and at the same time being capable of detecting new situations of violence should they reappear.

The evaluation model of the liberation and psychosocial recovery of women in a situation of violence that we propose reflects these definitions, the multidimensional nature of the survival of the women of the intimate partner violence and its changing nature over time.

This model comprises *four dimensions: violence, separation, health and social inclusion*. And each dimension is divided into sub-dimensions that make a more detailed analysis possible. See the following table.

**MULTIDIMENSIONAL MODEL OF THE LIBERATION AND RECOVERY OF WOMEN
IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE**
(MAR-VP, Neus Roca Cortés, 2016. Original version in Catalan 2013)

Dimensions	Sub-dimensions	Sub-dimensions
VIOLENCE	CURRENT Violence	Psychological
		Physical
		Sexual
		Economic
		Toxic substances
		Direct harassment
		Indirect harassment
	PAST Violence	Psychological
		Physical
		Sexual
		Economic
		Direct harassment
		Indirect harassment
		SEPARATION	PSYCHOSOCIAL Separation	Reaction to violence
Control of own life		
PHYSICAL-LEGAL Separation	Evaluation of couple relationship	
	Degree of contact	
HEALTH	PSYCHOLOGICAL Health	Anxiety and depression
		Self-esteem
		Post-traumatic stress
		Desperation
	PHYSICAL Health	Psychopathological diagnosis
		Physical consequences
		Sexual and reproductive consequences
SOCIAL INCLUSION	SOCIOECONOMIC Capital	Level of own income
		Precariousness of own income
		Level of employment
		Level of studies
		Autonomous access to housing
	RELATIONAL Capital	Social support
		Citizenship
		Participation
	SOCIOSANITARY Capital	Access to healthcare system
		Illnesses and addictions
		Physical disabilities and mental disorders



The definitions of the four dimensions of the evolutionary model, as well as the sub-dimensions, are explained in detail in the following chapters.

The conceptual construct and the corresponding instruments presented allow this one-off time measurement to be performed. It is a snapshot that takes into account the passage of time, from when the survivor finds herself trapped in the culmination of the violence, passing through the attempts at separation, through the definitive separation, when upon having distanced themselves from the violence, they retake their freedom and control over their lives, recover their safety, health and put

their new life project into motion, looking towards the future. This is possible because the contents of the scales and indexes include the different circumstances that change over time described in the integral model of phases.

The contents of the evaluation instruments also consider the *diversity of the social conditions* of the women in a situation of violence. It is well known that male perpetrated intimate partner violence does not recognize social class, economic level, economic independence, employment situation, nationality or cultural origins among the women who suffer it.

6.3 BATTERY OF INSTRUMENTS AND RECOMMENDATIONS FOR USE

Each one of the dimensions and sub-dimensions of the conceptual model for evaluation includes scaled questionnaires or records of indexes that permit their measurement and evaluation (see following table). All the information obtained from these instruments is provided directly by the woman, as they are self-rating scales or index records.



MULTIDIMENSIONAL BATTERY OF EVALUATION INSTRUMENTS FOR THE LIBERATION AND RECOVERY OF WOMEN IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE
(Neus Roca Cortés, 2016. Original version in Catalan 2013)

Dimensions	Sub-dimensions	Instruments
VIOLENCE	Current	Intimate partner violence scale (EVPexP) by Neus Roca Cortés, Clara Porrúa García and Montserrat Yepes Baldó
	Past	
SEPARATION	Psychosocial separation	Psychosocial separation scale of women in a situation of male chauvinist intimate partner violence (SPS-VP v1c) by Neus Roca Cortés, Clara Porrúa García, Montserrat Yepes Baldó and Núria Codina Mata
	Physical-legal separation	Physical-legal separation index of women in a situation of male chauvinist intimate partner violence (SFL-VP) by Neus Roca Cortés and Soledad Ruiz Saiz
HEALTH	Psychological health	HAD (Short version of VP) Scale reduced by Mireia Martínez Artola, Neus Roca Cortés and Montserrat Yepes Baldó based on the anxiety and depression scale of Anthony Zigmond and Phillip Snaith
		AUTEST-SPS (short version of VP) Scale reduced by Neus Roca Cortés, Mireia Martínez Artola and Clara Porrúa García, based on the Marshall Rosenberg self-esteem scale
		EPT (Short version of VP) Scale reduced by Mireia Martínez Artola, Neus Roca Cortés and Montse Yepes Baldó based on the trauma scale by Jonathan Davidson
		EDESP (short version of VP) Scale reduced and adapted by Mireia Martínez Artola, Neus Roca Cortés and Soledad Ruiz Saiz based on the desperation scale by Martha Cordova, José C. Rosales and Luz Eguiluz
	Physical health	Record of psychopathological diagnoses and addictions (DIAG PSICOPAT-ADD) , by Neus Roca Cortés
SOCIAL INCLUSION	Socioeconomic capital	Index of social inclusion of women in a situation of male chauvinist intimate partner violence (INCLS-VP index) , by Neus Roca Cortés
	Relational capital	
	Sociosanitary capital	Social support scale for women in a situation of male chauvinist intimate partner violence (ESS-VP) , by Clara Porrúa García, Neus Roca Cortés and Soledad Ruiz Saiz



General recommendations for use

• Time and incorporation into the usual protocols of the service

If we take into account the amount of information that is logged while recording in the files of a service, the total time for the administration and correction of the battery of instruments we present constitutes a *reasonable amount of time with the end result of organized and interpretable information* in the management of the objective of the service: the care of women in a situation of male chauvinist intimate partner violence.

The socio-demographic information required by this battery is usually found recorded in the files of the services. For this reason it is recommended that, and so indicated in each case, it *be incorporated* to the current protocols with the records of the indicators proposed in this battery. In this manner, it will subsequently allow the calculation of some indices and final scores, particularly those for social inclusion and the physical-legal separation index, whilst avoiding that the woman needlessly provide repeat information.

The *total duration* of the administration of the evaluation instruments is one hour, considering that a large part of the information relating to social inclusion and the physical-legal separation will have been facilitated in the first interview during the shelter phase. Total correction time is 30 minutes.

It is recommended to incorporate the battery of instruments on the evaluation of the liberation and recovery in the *initial examination* of the users when entering the service. The evaluation battery is useful and easy to use, aimed directly at the improvement of the care and the service. Its information will also be useful for inclusion in the annual reports on the activities of the services.

• Introduction

Each one of the four dimensions, violence, separation, health and social inclusion, contain the following materials: protocols, instructions for use, calculation sheet and results sheet. This will result in a *booklet* for each dimension (violence, separation, health and social inclusion) which will streamline the transfer of data, their correction, filing and subsequent consultation.

Each *protocol* for each dimension is accompanied by some *instructions for use* with the objective, the correction method, the interpretation of the data and finally, the specific recommendations for use and correction. The *calculation sheet* consists of some easy to use tables for manual correction and in a format similar to those used by the computer calculation sheets in order to automate the correction and creation of graphs. Also included is a *single results sheet* for each one of the four dimensions, which allows the results to be quickly viewed in a summarized format for each subject; furthermore, they include blank sections to qualitatively record the final, current and follow-up diagnostic evaluations. On both the calculation and results sheet, there is a scale of scores (maximum, median and minimum) to evaluate the level of results obtained from each woman. In this manner, each dimension of the evaluation can be stored with the results sheet at the front so that once filed, they are quick and easy to read.

• Administration conditions

Two types of instruments. The questionnaires are self-rating scales in which, after presenting the tests, the specific instructions are read and the woman responds to the items. During the first items we check that they are properly understood and that they understand the meaning of the 1 to 5 scale. The professional must take great care not to influence the responses and, at the same time, must be very attentive to the woman's comprehension of the test and her motivation to answer it.

In the index records, it is the professional who asks the questions and writes her answers in the corresponding protocol. Some index records must be completed using information that the professional already knows from previous interviews (we remind you that it would be ideal to incorporate them into the usual care protocols).

Different evaluations at different times. Usually, an initial evaluation is performed aimed at obtaining precise information to decide on the intervention plan. It is always performed during the first interviews, as soon as a minimal connection has been made and the relationship with her is fairly cordial and, if there is a stressful situation, the resulting distress can be contained. Depending on the initial situation of the woman and the improvement plan created, periodic evaluations are

planned. This evaluation also serves to establish an end point for the intervention and leave a record of the evaluation (for comparison with the initial evaluation) of the of the decision to discharge or close the files made by the attending professionals. Follow-up evaluations are also performed.

In an evaluation interview *it is necessary to establish a relationship of collaboration, trust and safety with the person. It is necessary to explain what it consists of and why it is necessary, but it is important to know that it is not an interview in which they jointly create experiences. In other words, it is not an interview for exploration or treatment. When carrying out an evaluation interview in a care service, the user must be well-informed at the beginning of the interview that it is an activity which is different to the normal ones (especially when performed with the same professional with whom they have probably had exploration or treatment interviews).*

Currently, many people have already performed this type of questionnaire and usually respond to answer them quickly, without causing or expecting any kind of reaction typical of an orientation or shelter interview. If the person expresses any special content, this can be postponed until the next interview or leave a little time at the end of the interview to attend to this (and let her know). However, it should be noted that the *whole battery must be done at the same time, on the same day. In the case of not being able to comply with this requirement, there must be a maximum margin of 7/15 days, given that the changes in the situation of women suffering intimate partner violence can occur very quickly. This margin of time is valid provided that there have been no events that may influence the specific phenomenon that we are measuring in this manner. In this case it is worth answering the complete questionnaire.*

The unease or the discoveries revealed by the questionnaires for the evaluated person, when communicated to the professional, can be used for the orientation work, *provided that all the evaluation tests have been completed. It should be expressly noted that the evaluation instruments cannot be used as stimulation or guiding tools in the orientation interviews or treatment.*

The evaluation protocols must be preserved exclusively for the specific purpose of evaluation. The measurement instruments lose validity when they are administered with a very little time difference as a result of the so-called "learning factors" and "social desirability". People can learn the correct answers and be especially attentive to providing

answers they consider to be more correct. Both factors will cause the measurement instrument to lose validity. For this reason, the evaluation protocols cannot be used as a stimulation tool for orientation or psychological and social treatment session, either individually or in groups. They must *be strictly used for the different evaluations, initial, follow-up and final.*

In an evaluation interview, *no information must be left incomplete and no item without an answer. The overall scores cannot be reliably calculated when there are answers missing and it makes no sense for the person to answer them at a different time to that during which the majority of the items on the scale have occurred, within the above-mentioned time margins. In the case of missing one, or at most two, items from the scale, in psychometrics, it is advisable to attribute each of the items with a median score on the scale. If there are more than two missing answers on a short questionnaire, the total score of the scale cannot be calculated.*



7. VIOLENCE

7.1 EVALUATION OF THE INTIMATE PARTNER VIOLENCE RECEIVED

What is evaluated and why

The disappearance of all forms of violence in the life of women is the most important element of the liberation and recovery, according to the definition used in this multidimensional evaluation model. To recap, we understand violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (UN, 1993).

The evaluation model of the liberation and recovery that we present includes two principal dimensions: the *current* violence received and the *past* violence received. It is therefore necessary to evaluate the violence suffered at the time of the evaluation, the current violence. However, it is also necessary to evaluate the violence previously suffered, given that the more severe the violence received, the more difficult liberation and recovery will be (Ana Arroyo, 2002). The magnitude of the violence is evaluated in terms of *frequency, severity and type of violence*.

Intimate partner violence, as it has been defined, covers a wide range of aggressive behaviors which are grouped into types of violence: psychological (which is the most constant), physical, sexual, economic and harassment. These forms of intimate partner violence appear both in cohabitation as well as in non-cohabitation, before or after the separation of the couple.

How it is evaluated

The intimate partner violence scale (EVPexP) by Neus Roca Cortés, Clara Porrúa García and Montserrat Yepes Baldó measures the frequency and severity of the violent behavior in a couple relationship by asking the survivor about the aggressive behavior of the abusing partner. It includes violence of a psychological, physical, sexual and economic nature as well as harassment.

The intimate partner violence scale (EVP-VC) is a reduction of the improvement and adaptation of the Spouse Abuse Index by Walter W. Hudson and Sally R. McIntosh (1981), of contrasted psychometric qualities to measure the severity of the physical and non-physical abuse in a situation of male chauvinist intimate partner violence. The improvement that we present offers *greater visibility to the types of violence rarely present on the orig-*

inal scale and at the same time adapted to the current diverse forms of couple relationships. It now includes elements of sexual violence, economic violence and harassment, of our own creation or based on current and exclusive scales. The newly incorporated aspects refer to more generic and currently more recognized behavior, such as the forced viewing of pornographic movies, being forced to performed other sexual practices or the exploitation of the woman's own economic resources. We have also added violent behavior of a harassment nature in the form that they typically take *after the separation* of the couple. The latter, whilst being present whilst living as a couple and in cohabitation, are sometimes the only forms of violence that appear during post-separation. Their non-inclusion would have meant the concealment of the violence after the separation when, although it is true that it decreases, it is known that it is continued through other strategies.

In order to record the current and past violence, we have added a *double column* for "in the last three months" and "before" for every question on the two subscales. We have also added the word "(ex) partner" in order to make it more coherent when administering it to survivors who are already separated.

We have added two items of information: the *duration* of the situation of abuse and the *background* of the woman's violence. They are not numerically added to the score of the EXPexP scale, but *they need to be taken into account* when the severity of the violence is evaluated, when the psychosocial intervention is planned and the prognosis of recovery estimated. The interview to properly record them is found on the results sheet, although normally they are included in the first interview protocol or in the open records of the treatment sessions at the services.

Technical characteristics

The EXPexP scale has been validated¹⁷ using two different scales. The factorial analysis of the expanded scale of violence has allowed for a reduction of items that displays a consistent internal structure (alpha = 0.93 in current violence and 0.86 in past violence) over 0.5 and 0.7, and some explained variances (76 and 69%, respectively) also above 50%. The alpha scores in all the resulting factors are also above 0.7. For past violence, (before the last three months) and in the sample, the resulting factors do not distinguish economic violence from the psychological.

The exploratory factorial analysis of the harassment scale, initially called the "non-cohabitation scale", an improved version with regard that previously created (Neus Roca Cortés et al., 2007a), has permitted a reduction of the items and shows an internal elevated consistency (alpha = 0.91 in current violence and 0.89 in past violence) and a suitable explained variances (59 and 56%, respectively). It is therefore a scale that is valid for women in a situation of violence in the case of this sample, whether they are separated or not.

Even though it has been validated as if it were two scales, in order to use it in care services, it is presented and scored as if it were one.

¹⁷ The methods followed in these validations are explained in chapter 4.4.



7.2 PARTNER AND EX-PARTNER VIOLENCE SCALE (EVPexP)

- **Protocol**
- **Instructions for use**
- **Results sheet**
- **Score calculation**

Protocol

VP Scale

PARTNER OR EX-PARTNER BEHAVIOR

NAME

SURNAME(S)

File No.

DATE ADMINISTERED

Administering PROFESSIONAL



The following phrases refer to **BEHAVIOR** that you **EXPERIENCE** or **MAY HAVE EXPERIENCED** during the couple **RELATIONSHIP**.

Please indicate with an “O”, the number of the option chosen to indicate the **NUMBER OF TIMES** you experience or have experienced each one of these **behaviors** or situations.

	1 Never					2 Not often					3 Sometimes					4 Very often					5 Continually				
	In the LAST 3 MONTHS										BEFORE														
My partner (or ex-partner)	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally										
1. He thinks that I should not work or study	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
2. He behaves rudely and gets angry if I say he drinks too much or takes too many drugs	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
3. He acts as if I were his servant	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
4. He causes problems with the relationships that I could have with family, friends or neighbors	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
5. He says I'm ugly and not very attractive	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
6. He demands a strict control of the money he gives to run the house (and the family)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
7. He disrespects me intellectually	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
8. He is tight-fisted when giving me the money necessary to pay the expenses	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
9. He gets very angry if I do not agree with his point of view	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
10. He treats me as if I were stupid	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
11. He becomes offensive or abusive when he drinks or takes drugs	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
12. He says I am incapable of looking after myself	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
13. He embarrasses me in front of other people	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
14. He forces me to satisfy his whims	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
15. He forces me to watch sexual practices that I have no desire to watch	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
16. He punches me	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
17. He contributes no money to cover the family expenses, even though he has his own income	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
18. He demands that I have sex whether I want to or not	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										
19. He slaps my face or head	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5										

My partner (or ex-partner)	In the LAST 3 MONTHS					BEFORE				
	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
20. He does not allow me to participate in decisions about our money, debts or other assets	1	2	3	4	5	1	2	3	4	5
21. He demands that I perform sexual acts that I do not find enjoyable or I don't like	1	2	3	4	5	1	2	3	4	5
22. He hits me so hard that I have to seek medical attention	1	2	3	4	5	1	2	3	4	5
23. He acts as if he wanted to kill me	1	2	3	4	5	1	2	3	4	5
24. He does not fulfill his part of the agreements we make	1	2	3	4	5	1	2	3	4	5
25. He creates obstacles so that I (and my children) have a place to live	1	2	3	4	5	1	2	3	4	5
26. He harasses my family, friends or other people who know me, either physically or by telephone, to find out what I am doing, who I spend my time with or to speak badly of me	1	2	3	4	5	1	2	3	4	5
27. He sends me gifts, photos, letters, e-mails, etc, that I do not wish to receive.	1	2	3	4	5	1	2	3	4	5
28. He tries to provoke me and unnerve me so that I lose my composure in front of my children or other people, and thereby make it seem I am not mentally balanced	1	2	3	4	5	1	2	3	4	5
29. He has filed a claim that I abuse him or my children, or he has threatened to do so	1	2	3	4	5	1	2	3	4	5
30. He uses threats so that I will go back to him	1	2	3	4	5	1	2	3	4	5
31. He has tried to lock me in my house or any other place (or has succeeded), or prevented me from entering.	1	2	3	4	5	1	2	3	4	5
32. He breaks or destroys anything or importance to me	1	2	3	4	5	1	2	3	4	5
33. He harasses me in the street, at the entrance to my home, at work or in closed spaces, etc.	1	2	3	4	5	1	2	3	4	5
34. He manipulates my children to set them against me or he poorly looks after them to hurt me	1	2	3	4	5	1	2	3	4	5



INTIMATE PARTNER VIOLENCE SCALE (EVPeXP)

Adaptation by Neus Roca Cortés, Clara Porrúa García, Montserrat Yepes Baldó and Núria Codina

(2016. Original version in Catalan 2013)

Instructions for use

• Aim

This scale evaluates the severity of the physical and non-physical abuse in a situation of male chauvinist intimate partner violence, as well as the sexual violence, economic abuse and the specific forms of harassment in non-cohabitation.

It always refers to the partner or ex-partner perpetrating the violence against her. In the case that the user has experienced situations of intimate partner violence with other partners, it will be necessary to administer the scale again referring to the other partner.

• Correction rules

This scale considers the current and past time criterion, and the variations in the *severity* of the consequences of the different violent behaviors through the specific severity indicator. The scores are calculated separately, that for current violence ("in the last three months") and that of past violence ("prior to the last three months"). Each of the two scores are calculated equally and in the following manner:

- A) Firstly, the answer to each item in the corresponding column is multiplied by the corresponding severity indicator (see calculation sheet). This indicator reflects, on a scale of 1 to 4, the severity of the consequence of the specific aggression. By multiplying the frequency (the woman's answer) by this indicator, the final score is more precise than if we only took into consideration the frequency, in the sense that, for example, the appreciation of the 'not often' (2) of a beating that requires medical attention has much more severe consequences than the 'not often' (2) in relation to "He causes problems with the relationships that I could have with family...".
- B) Secondly, the items are totaled by sub-dimensions, which allows for the evaluation of the severity of each type of violence.
- C) The final score is calculated by totaling the sub-dimensions (see results sheet).

The *minimum* score of the severity indicates that there is no violence towards the woman. The *maximum* score of the severity indicates that there is a high severity of violence towards the woman.

In order to evaluate and correct only the frequency of the violence, the answer to the items of each column must be totaled separately (current and past). The minimum score of only the frequency is 34. The median score of only the frequency is 102. The maximum score of only the frequency is 170.

We recommend habitually using the *severity score*. This is more complete than the frequency score, given that the first includes the second. With the frequency score, we only know if she has received more violence of one type compared to another.

• Recommendations

Regarding usage

It is recommended to do this scale *at the end of the initial evaluation*, especially for women who are still suffering heavily. Its administration may result in the identification of violent behavior which was previously not seen as such; or questions may arise regarding the intention of the aggressor and, obviously, this may generate unease, especially in women who are still at risk. It is for this reason that we especially recommend being observant for these possible reactions and dedicating some time to dealing with them after the administration of the scale, if considered appropriate. We provide more details about these cases in chapter 6.3.

This scale is not to be used as a support tool for the orientation or treatment sessions for the identification of the violence. There are other specific resources for this. By reserving this instrument only for evaluation, we maintain its validity for subsequent evaluations which will therefore allow us to evaluate the progress made with greater precision and rigor. We provide more details about this in chapter 6.3.

This scale does not include all the possible forms of violence, as it would be an excessively long list. The reduction of the items carried out selects those items that will permit greater diversity, thereby providing greater precision during the evaluation. The sub-dimensions of harassment are present in all types of situations, but particularly reflect the cases of already separated women who continue to receive violence, even though it is more indirect.

It is recommended to ensure that the woman *understands* the content of the items and the meaning of the columns "before" and "current". Whilst the woman is answering, make sure that she does not leave any item unanswered to guarantee the rigor of the score. It is necessary to be present during the administration *to resolve any doubts or reactions*, provided that the professional does not influence the answers.

Regarding the scores

The presence or absence of the severity of the current violence will inform us of a level of recovery, and it is included in the general recovery score of the woman in a situation of violence. Remember that the liberation and the recovery will *only* be complete when the violence has disappeared from the woman's life. More details on the definitions can be found in chapters 6.2 and 4.3.

The severity of the past violence in our recovery evaluation model is not included in the overall score, but, according to current knowledge, it is a clear conditioning factor of the rhythm and degree of recovery. Therefore, the initial and intermediate evaluations of the evolution of the recovery must take into account the severity of the past violence, which will probably be reflected in the health and social inclusion dimensions.



RESULTS SHEET INTIMATE PARTNER and EX-PARTNER VIOLENCE SCALE (EVP-VC)

Neus Roca Cortés, Clara Porrúa and Montserrat Yepes
(2016. Original version in Catalan 2013)

NAME..... SURNAME(S)

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SEVERITY	Sub-dimensions	Severity scores
CURRENT Violence Final severity score (total of the partial scores of the dimensions) = <input style="width: 150px; height: 20px;" type="text"/> Minimum direct score = 49 Median direct score = 147 Maximum direct score = 245	Psychological Minimum score = 9, Median score = 27, Maximum score = 45	
	Physical Minimum score = 10, Median score = 30, Maximum score = 50	
	Sexual Minimum score = 8, Median score = 24, Maximum score = 40	
	Economic Minimum score = 3, Median score = 9, Maximum score = 15	
	Toxic substances Minimum score = 4, Median score = 12, Maximum score = 20	
	Direct harassment Minimum score = 10, Median score = 30, Maximum score = 50	
	Indirect harassment Minimum score = 5, Median score = 15, Maximum score = 25	
PAST Violence Final severity score (total of the partial scores of the dimensions) = <input style="width: 150px; height: 20px;" type="text"/> Minimum direct score = 44 Median direct score = 132 Maximum direct score = 220	Psychological and economic Minimum score = 5, Median score = 15, Maximum score = 25	
	Sexual Minimum score = 6, Median score = 18, Maximum score = 30	
	Physical Minimum score = 12, Median score = 36, Maximum score = 60	
	Toxic substances Minimum score = 4, Median score = 12, Maximum score = 20	
	Direct harassment Minimum score = 11, Median score = 33, Maximum score = 55	
Indirect harassment Minimum score = 6, Median score = 18, Maximum score = 30		

OBSERVATIONS:

.....

.....



RESULTS SHEET

INTIMATE PARTNER and EX-PARTNER VIOLENCE SCALE (EVP-VC)

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FINAL DIAGNOSTIC EVALUATION

PAST VIOLENCE

CURRENT VIOLENCE

COMPARISON with previous evaluations

In months/years, the violence received has



Score calculation - CURRENT violence INTIMATE PARTNER and EX-PARTNER VIOLENCE SCALE (EVPexP)

Neus Roca Cortés, Clara Porrúa and Montserrat Yepes
(2016. Original version in Catalan 2013)

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EVP - VIOLENCE - CURRENT		Item scores			
VIOLENCE CURRENT	PSYCHOLOGICAL	Item	Answer to the protocol	MULTIPLIED by the severity indicator	Score
		3		1	
		4		1	
		5		1	
		7		1	
		10		2	
		12		2	
	13		1		
	Total score by sub-dimension = TOTAL of scores (item x severity)				
	PHYSICAL	16		3	
		19		3	
		22		4	
	Total score by sub-dimension =				
	SEXUAL	14		1	
		15		1	
		18		3	
		21		3	
	Total score by sub-dimension =				
	ECONOMIC	8		1	
		17		1	
		20		1	
	Total score by sub-dimension =				
TOXIC SUBSTANCES	2		1		
	11		3		
Total score by sub-dimension =					
DIRECT HARASSMENT	27		1		
	30		2		
	31		3		
	32		2		
	33		2		
Total score by sub-dimension =					
INDIRECT HARASSMENT	28		1		
	29		1		
	34		3		
Total score by sub-dimension =					

Score calculation - PAST violence INTIMATE PARTNER and EX-PARTNER VIOLENCE SCALE (EVAPexP)

Neus Roca Cortés, Clara Porrúa and Montserrat Yepes
(2016. Original version in Catalan 2013)

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EVP - VIOLENCE - PAST		Item scores				
		Item	Answer to the protocol	MULTIPLIED by the severity indicator	= Score	
PAST VIOLENCE	PSYCHOLOGICAL AND ECONOMIC	6		1		
		7		1		
		9		1		
		8		1		
		20		1		
	Total score by sub-dimension = TOTAL of scores (item x severity)					
	SEXUAL	18		3		
		21		3		
	Total score by sub-dimension =					
	PHYSICAL	1		1		
		16		3		
		19		3		
		22		4		
		23		1		
	Total score by sub-dimension =					
	TOXIC SUBSTANCES	2		1		
		11		3		
	Total score by sub-dimension =					
	DIRECT HARASSMENT	24		1		
		26		1		
		30		2		
		31		3		
		32		2		
		33		2		
	Total score by sub-dimension =					
	INDIRECT HARASSMENT	25		1		
		28		1		
29			1			
34			3			
Total score by sub-dimension =						



OTHER INFORMATION ON THE VIOLENCE RECEIVED

which contributes to the evaluation of the psychosocial recovery of the woman in a situation of partner violence

• DURATION of the intimate partner violence

In order to calculate the duration, the following strategy for the interview is recommended to help the woman find the two time points which determine the duration.

Year of the first episode: Year of the last episode:

Moment of the lifecycle of the *first* episode

Start of the relationship	During the "courtship"	Start of life in common	First pregnancy
Birth of first child	Other pregnancies or births	Announcement of separation	Firm or definitive separation
Others:			

Moment of the lifecycle of the *last* episode

Start of the relationship	During the "courtship"	Start of life in common	First pregnancy
Birth of first child	Other pregnancies or births	Announcement of separation	Firm or definitive separation
Others:			

Total number of years of abuse	
---------------------------------------	--

• EXISTENCE of violence in PREVIOUS couple relationships:

- YES Duration of the relationship
- There has been no violence in previous relationships

• Existence of violence in the NUCLEAR FAMILY OF ORIGIN

Indicate the type of abuse experience by the woman:

<input type="checkbox"/>	Does no know
<input type="checkbox"/>	There was no violence
<input type="checkbox"/>	Abuse received in the family of origin by the <i>father</i>
<input type="checkbox"/>	Abuse received in the family of origin by the <i>mother</i>
<input type="checkbox"/>	Abuse received in the family of origin by <i>both mother and father</i>
<input type="checkbox"/>	Abuse <i>witnessed</i> and exercised by the father in the family of origin
<input type="checkbox"/>	Sexual abuse of the children by father or other adult or other family member
<input type="checkbox"/>	Other abuse

OBSERVATIONS:



8. SEPARATION

8.1 EVALUATION OF THE SEPARATION

What is evaluated and why

The separation of the woman victim of the violence from the source of the violence is the only form of personal initiative that the woman has for the violence to disappear from her life or has more possibilities of it doing so. We must not forget that the one exercising the violence is the abusing partner and it is this partner who is responsible for stopping this exercise of violence. The separation from the abusing partner and the break-up of the relationship is the essential act, not only necessary for the liberation and the recovery.

Even in the most exceptional of experiences in which the violence has disappeared completely because the abuser has stopped exercising violence and the relationship with the same partner has been maintained, it is necessary that there be a psychological and social separation so that the renewal of the relationship achieves freedom, equality and trust with a complete absence of coercion in order to maintain the relationship.

There are many forms of separation in the area of intimate partner violence: temporary or trial separations, concealed separations in which they are psychologically separated but not physically and vice-versa, when they are physically separated but the survivors still continue to be linked to the violent partner, whether due to emotional reasons such as desire or rage, or due to material or socio-economic reasons, or because of housing, network or social position. We could even consider the links that still remain when, after the separation the trials are pending or when there are family or social relationships that generate contact (typically the sharing of parental responsibilities for any children).

In the integral model of liberation and recovery, we consider four separations: psychological, socioeconomic, physical and legal. All these aspects of the separation form part of any separation from an affective partner, but when he is exercising violence, the separation is more complex and difficult.

The combination of the four encompasses the multi-faceted nature of the phenomenon and it permits the progress of the separation to be measured with sufficient precision and validity at the

time when it is being evaluated and what are the aspects of the separation....??

It is necessary to distinguish between the *physical separation* from the psychological as these can occur at different times. With the physical separation (whether definitive or temporary), they stop co-habiting or even stop relating with the partner (in the case of lovers or whilst engaged), in such a manner that they will not have any contact in their day to day lives, or if they are obliged to have contact it will be because the children have visits with their father or the family of the father, and is a contact that must be safe for her and the children. When there is violence, the episodes of risk to the lives of the woman or the children may lead to a more or less urgent separation when it does not coincide with the end periods of the psychological separation.

This time gap between physical and psychological separation is also currently observed in sensitized social environments, with public healthcare resources and legal proceedings that increase the possibilities of the women seeking help at the beginning of the liberation from violence process. And vice-versa, sometimes the psychological separation is very advanced but the physical separation is not because there are social, safety and economic independence factors which influence the viability of the physical separation.

With the *psychological separation*, the woman distances herself and breaks the emotional ties: that of the intimate relationship that ties her to the abusing partner and the ties to the personal life project associated to forming a couple and forming a family, especially intense in the patriarchal gender mandate towards women. This requires psychological grieving processes and then, the reestablishment of non-harmful meaning to the



situation experienced (Paul R. Amato, 2000; Elena Gómez-Enguix, 2007; Susan Turner and Constance Shapiro, 1986).

However, in the case of a woman in a situation of violence, the psychological separation from the partner involves an additional process in which she unravels the entrapment of this affective violence. She needs to rid herself of the guilt, the minimizations and the justifications for the violence and of the failure of the relationship, she must recognize the relationship as undesirable and violent (his intentional and uncontrollable aggression) and reject it. Therefore we have considered *the process of rejecting the violence and the process of the rejection of the couple relationship separately*.

The separation is also *economic and of basic survival*, given that the woman now has to take exclusive responsibility for herself and the children in the case of motherhood (whether sharing costs or not) and she will have to find a shelter where she can live in safety. In every separation, the presence of children and resulting parental joint responsibility involves specific circumstances, such as the increased need for socioeconomic resources, the overpressure of the parental role and the associated legal complications. In the case of being a single-parent in a situation of violence, these challenges are particularly intense in terms of greater impoverishment (Jason Fields and Lynne M. Casper, 2001) generated by the same general and economic violence; in terms of stress for having to address these overpressures in an environment of fear or even violence; and for seeing the access to the social support network decrease when having to change one's place of residence for safety reasons and, probably, the affect this has on one's health.

Separation also adopts the form of *legal separation*, by breaking the contractual relationship over the responsibilities and the economic assets that tie them or either by modifying the relationship in the case of common descendants. Added to this are the possible legal proceedings, if a claim for violence has been filed and a counterclaim filed by the violent partner against the survivor for her supposed violence against him for abuse or negligence of the children.

How it is evaluated

The battery of instruments of this multidimensional evaluation model provides two newly created

instruments: the psychosocial separation scale of women in a situation of male chauvinist intimate partner violence (SPS-VP Version 1, short), and the physical-legal separation index (ISFL-VP).

In the two scales we have incorporated a view of the process with different behavior and evaluation according to the recovery phase in which the woman finds herself, following the research performed from the process perspective. Therefore, this allows us to distinguish the degree and quality of the different separations throughout the long process towards freedom.

The psychosocial separation scale (SPS-VP Version 1, short) by Neus Roca Cortés, Clara Porrúa García, Montserrat Yepes Baldó and Núria Codina Mata, addresses the *psychological separation and survival*. These two separations cannot be fragmented, if we understand that the liberation and recovery unflinching passes through the self control and the maintenance of the socioeconomic independence of the woman.

We understand the psychosocial separation from an affective partner who exercises violence as a gradual process in which the woman evaluates the whole of the situation in order to make a decision to leave the violence and the partner at the same time, and to carry out the subsequent actions to make it effective.

We have fragmented this cognitive-emotional evaluation and the actions of separation into *three dimensions*, even though they occur at the same time and in an interrelated manner. The three key processes in the psychosocial separation are: a) *the reaction to the violence*, b) *the control of one's own life* and c) *the evaluation of the couple relationship*. These psychosocial processes are necessary in order to recover health, well-being and to rebuild the future in freedom and with integrity.

The *Reaction to the violence* sub-dimension is the set of cognitive-emotional evaluations and behavioral reactions to the violence that the woman is receiving and which change survival to confrontation. How the woman evaluates this violence forms a relevant part of the psychosocial process of separation from a violent affective relationship, as becoming free from it requires doing away with the justifications and concealment, naming and

suitably qualifying the violent aggressive behavior, understanding its nature and scope, questioning it, recognizing the harm it causes to her and the children, and finally rejecting it.

The *Control of one's life* sub-dimension goes through psychological mechanisms as well as the direct and independent self-control of the material conditions for survival and the perception of sufficiency of these conditions. Surviving male chauvinist violence, due to its nature, requires a sacrifice of the characteristics of one's identity, one's self-image, to forego one's own desires and expectations, given that, progressively, the decisions relating to one's own life and everyday activities have been suppressed to reduce the impact of the abuse to satisfy the needs demanded by the abuser. Submission and isolation are two of the key characteristics of the violent strategy. The resistance to the violence also leads to the maintenance of one's own positive spaces as places of refuge, given that preserving skills and resources as permitted according to the type and severity of the violence.

Control over one's life is therefore a process of empowerment and psychological independence, and is also one that is socioeconomic which allows the woman to retake the reins of her life with the freedom to take her own decisions and actions. Here we include the taking of decisions about her body and daily life, the recovery of social relationships and about the everyday physical survival achieved independently; in other words, sufficient personal income that is controlled by herself, access to safe housing and to the minimum conditions for the raising of children for whom she is jointly responsible.

In the case of parental responsibilities, this evaluation of sufficiency represents a particularly important element in the decision to separate. We know that many women do not separate because they cannot guarantee the necessary food, shelter, health and education to live for herself and her children and/or any other dependent persons in their care.

The third dimension of the psychosocial separation is the *Evaluation of the couple relationship*. This process consists of the evaluation of the commitment that the woman has and wants to have with the couple relationship and with the family itself. Evaluating the couple relationship in a separation also lies within the processes of accepting the failure of the relationship and of grieving for the subsequent losses, of the initial loving relationship, and social and economic roles and positions. It also

consists of getting over the loss of the life project with a partner or a family, the reinterpretation of the abusive relationship without stigmatization and of the experience of the separation and the reestablishment of the positive personal identity.

The commitments to the relationship pass through very different moments. Before coming to the decision to separate, generally speaking, the majority of women with ties to a partner work so that the relationship once again becomes satisfactory, so that there is a change and they once again enjoy the relationship. Initially, the women survivors want to put an end to the violence, but not necessarily to the couple relationship, they believe that a change is possible in his behavior or the circumstances, or want to maintain the relationship for many other reasons. The women survivors of violence work so that he stops harming them and for the relationship to change towards freedom and well-being.

Additionally, when the physical separations begin, they are manifested in very different manners, from the smallest temporary trials to the firm decision of the break-up of the relationship. These separations are sufficiently different that we are not interested in knowing the when and how of the separation, but rather the willingness or wishes of the woman about the couple relationship and her commitment to the relationship, and where relevant, about how the family is formed.

The *physical-legal separation index (ISFL-VP)*, by Neus Roca Cortés and Soledad Ruiz Saiz, covers two separations, physical and legal.

We understand the physical-legal separation as the degree of contact that the woman has with the persons who exercise violence against her, whether this is violent partner or ex-partner or people close to this partner. The contact or the separation can be both of a physical nature as well as that maintained by the legal relationship that may exist, or not, between the two.

We understand that the liberation and the recovery of the woman from a situation of intimate partner violence will be possible as long as the physical separation from the source of the violence is complete. Therefore, the degree of contact that



is maintained will indicate the degree of liberation and recovery.

The ISFL-VP aims to identify *the intensity and quality of the contact with the abuser* and address, with precision, the different separations explained above, temporary or definitive, with close or distant physical proximity, voluntary or involuntary, and even the definitive ones which do not always mean an end to the violence. It is well known that after the separation, the permanent or sporadic contacts increase the anxiety, the symptoms of post-traumatic stress and, of course, the risk of receiving violence.

This index provides sufficient matrixes to the simple binary criterion of separation or non-separation, taking into account that the separation from the abusing partner does not necessarily imply not having contact and for various reasons, the most typical, having children in common or friendships in common. The less contact there is, the more liberation and recovery there will be.

The *physical separation* measures the degree of separation of the survivor from the violent partner taking into account the quality of the contact (frequency) as well as the quality (in person and voluntary). It includes the possibility that the violence may be exercised by family members or by hitmen hired by the abusing partner. The legal separation measures the greater or lower quantity of legal proceedings that must be performed between the abuser and the survivor, regardless of the reasons.

Technical characteristics

The *psychosocial separation scale (SPS-VP Version 1, short)*, by being a new creation in this research and has no background, it has been subjected to three validation processes¹⁸. The empirical contrast performed in the second validation test repeatedly showed that the women who were separated from the abusing partner rejected the items that insinuated that they still had a relationship, they expressed doubts about the relevance of the items and a lack of motivation to answer the questionnaire that increased as they came across these types of expressions.

In order to avoid negative reactions to the questionnaire which resulted in a loss of motivation and to be able to maintain its validity, *two versions of the same scale have been created*, with the same con-

tent in each but worded in different verb tenses and with the occasional time adverb to facilitate understanding. *Protocol A*, worded in the present, is aimed at *women who are still in a relationship* with the abusing partner through cohabitation or because they are dating as a couple. *Protocol B*, worded in the past, is aimed at women who physically live separately or *are no longer in a relationship* with the abusive partner *but* maintain a certain level of contact for some reason.

The results of the validation of the scale with the factorial analyses, performed independently for each one of the sub-dimensions of the scale, have allowed for a reduction of the items which displays a consistent internal structure for each sub-dimension in the reduced version. The alpha scores of each dimension (Reaction to the violence = 0.77; Control of one's own life = 0.61; Evaluation of the couple relationship = 0.51) are above 0.5 and 0.7. The same results are observed in the 14 resulting factors (the majority score above 0.77) and only two factors score low (0.4 and 0.37). In all likelihood, the scores of these two factors would increase if an item were increased and if the number of subjects in the sample who were in the initial phases of recovery were increased.

In this first short version that we are presenting, in the final version of the items, some have been added that correspond to the initial phases of the recovery and which increment the validity of the content of the scale, as they are aimed at women who are experiencing different moments of the separation and recovery.

The three dimensions of the psychosocial separation have items that are related to the different phases through which the women go in the three main stages of the recovery process, resistance and ambivalence, separation from the violence and from the partner, and reconstruction of one's own life and life project.

The *physical-legal separation index (ISFL-VP)*, by Neus Roca Cortés and Soledad Ruiz Saiz, has been created from two empirical trials, the first during research also on women in a situation of abuse, (Neus Roca Cortés, Leonor Cantera, Núria Codina et al, 2005) and the second, during this research. This is an instrument created in an *ad hoc* manner, based on the *ordinal scaled record* (the less contact

¹⁸ The methods followed in these validations are explained in chapter 4.4.

there is, the more separation and recovery there will be) *completed by the responsible professional* using the information extracted from the initial interviews with the woman. In the case that the responsible professional does not know the required information, he/she shall ask the woman.

With the improvement to the first version of the record, a pilot test using 15 cases was carried out to check the comprehension of the indicators and the sensitivity to the different circumstances of the women. As a result, changes were made to the wording of the record and to the scale.

The validation of the index is basically content related, to develop the theoretical construction and the two empirical trials. This validation of content and use has followed the following criteria: maximum scope of the diversity of the possible solutions, relevance of the characteristics of the contact and of the legal situations regarding the aim of the evaluation of the liberation and the recovery and reduction of the possible interpretations of a single item.

The physical-legal separation index (ISFL-VP) is sensitive to the variations of the phenomenon object of the study in the sample for this research, given that results have been obtained that cover minimum and maximum scores and typical deviations of around 40% for the score interval.

In the record that we present, we have improved the wording of some of the indicators from the second round of feedback received from the professionals who have used it. The improvement consisted of making some of the indicators more explicit and refined.



8.2 PSYCHOSOCIAL SEPARATION SCALE (SPS - VP 1vc)

- **Protocol – A**
- **Protocol – B**
- **Instructions for use**
- **Results sheet**
- **Score calculation**

Protocol - A -

SPS - VP Version 1, short

THE COUPLE RELATIONSHIP

NAME

SURNAME(S)

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PROTOCOL - A -

Couple relationships go through different periods. It would be of interest to know **HOW** you **EVALUATE** and **REACT**, **AT THIS TIME**, **TO THE SITUATION OF PARTNER that you are experiencing (whether boyfriend, husband, partner, etc.), and also in relation to your LIFE.**

Please indicate **YOUR WAY** of doing, seeing and thinking or how often you **DO**, **FEEL** or **THINK** that way, **by indicating the option with a circle "O"**. No way is better or worse than the others, every person has their way of living and all are important.

	1 Never	2 Not often	3 Sometimes	4 Very often	5 Continually
<i>(he, always refers to the partner)</i>	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
1. I currently try to do things the way he likes them	1	2	3	4	5
2. All couples have arguments and moments when they lose their temper	1	2	3	4	5
3. The way he treats me is acceptable	1	2	3	4	5
4. If I adapt and help him, the situation improves	1	2	3	4	5
5. I am doing things to look after myself	1	2	3	4	5
6. I remind myself of all the things I am capable of doing and the virtues I have	1	2	3	4	5
7. I am devoted to him	1	2	3	4	5
8. I believe that he behaves in such a harsh manner for my own good and for the good of our relationship	1	2	3	4	5
9. I am changing things about myself to improve my situation	1	2	3	4	5
10. I look for things to do with him	1	2	3	4	5
11. I dedicate time to being with friends, family, work colleagues, neighbors	1	2	3	4	5
12. I try to be intimate with him	1	2	3	4	5
13. I am looking for (have looked for) someone to stop his bad ways (family members, friends, services, hotlines, the police, etc.)	1	2	3	4	5
14. I take precautions in case there are dangerous situations	1	2	3	4	5
15. I go alone (or with friends) to places where I can enjoy myself and take part in activities	1	2	3	4	5
16. When he treats me badly I confront him (and whoever defends him)	1	2	3	4	5
17. Whatever I do, I believe he will continue with his outbursts, anger, ill-temper or manipulations	1	2	3	4	5
18. I have the possibility to go out whenever I want and with whoever I want	1	2	3	4	5

	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
<i>(he, always refers to the partner)</i>					
19. I ask myself why am I the one who feels bad when he is the one who acts badly	1	2	3	4	5
20. I take measures to keep him away from me (and my children)	1	2	3	4	5
21. I know when someone demeans me or is disrespectful	1	2	3	4	5
22. The couple relationship I am in negatively affects me (and my children)	1	2	3	4	5
23. I know when someone wants to make decisions for me or without me realizing	1	2	3	4	5
24. I feel something good for him	1	2	3	4	5
25. I have asked for help to end this difficult situation, from friends, family, services (doctor, social worker, psychologist, lawyer, police, prosecution service, etc.)	1	2	3	4	5
26. If he stops treating me badly, I will stay with him but with a minimal relationship in which each one lives their life without affecting the other.	1	2	3	4	5
27. I distance myself from people who want to control, intimidate or blackmail me	1	2	3	4	5
28. I still love him	1	2	3	4	5
29. I am enraged by everything that is happening in my relationship with him	1	2	3	4	5
30. At the moment, I am staying with him as his partner but in a minimal relationship in which each one lives their life without affecting the other.	1	2	3	4	5
31. It hurts to see what my relationship with him has come to	1	2	3	4	5
32. I am capable of moving forward on my own (and with the children that depend on me)	1	2	3	4	5
33. It hurts to see that this love (and family) have not turned out as I had imagined	1	2	3	4	5
34. Economically, with the income (money) I earn myself (and the savings I have) I can maintain myself (and my children)	1	2	3	4	5
35. If he stops treating me badly, I want to be separated from him as a couple (and maintain a cordial relationship for the sake of my children)	1	2	3	4	5
36. I am organizing myself to also have economic capability in my future	1	2	3	4	5
37. I ask myself why this has happened to me	1	2	3	4	5
38. I feel that my life is on the right path	1	2	3	4	5
39. Even if he were to stop treating me badly, I would completely abandon my relationship with him.	1	2	3	4	5
40. I have learned from this couple experience	1	2	3	4	5



Protocol - B -

SPS - VP Version 1, short

THE COUPLE RELATIONSHIP

NAME

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Administering PROFESSIONAL



PROTOCOL - B -

Couple relationships go through different periods. It would be of interest to know **HOW** you **EVALUATE** and **REACT, AT THIS TIME, TO THE SITUATION OF PARTNER that you have experienced (whether ex-partner, ex-boyfriend, ex-husband, etc.), and also in relation to your LIFE.**

Please indicate YOUR WAY of doing, seeing and thinking or how often you DO, FEEL or THINK that way, **by indicating the option with a circle “O”**. No way is better or worse than the others, every person has their way of living and all are important.

	1 Never	2 Not often	3 Sometimes	4 Very often	5 Continually
<i>(he, always refers to the partner)</i>	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
1. I currently still try to do things the way he liked them	1	2	3	4	5
2. All couples have arguments and moments when they lose their temper	1	2	3	4	5
3. The way he treated me is acceptable	1	2	3	4	5
4. If I had adapted and helped him, the situation would have improved	1	2	3	4	5
5. I am doing things to look after myself	1	2	3	4	5
6. I remind myself of all the things I am capable of doing and the virtues I have	1	2	3	4	5
7. I am still devoted to him	1	2	3	4	5
8. I believe that he behaved in such a harsh manner for my own good and for the good of our relationship	1	2	3	4	5
9. I am changing things about myself to improve my situation	1	2	3	4	5
10. I look for things to do with him	1	2	3	4	5
11. I dedicate time to being with friends, family, work colleagues, neighbors	1	2	3	4	5
12. I try to be intimate with him	1	2	3	4	5
13. I have looked (or looked) for someone to stop his bad ways (family members, friends, services, hotlines, the police, etc.)	1	2	3	4	5
14. I take (or have recently taken) precautions in case there are dangerous situations	1	2	3	4	5
15. I go alone (or with friends) to places where I can enjoy myself and take part in activities	1	2	3	4	5
16. If he were to treat me badly again, I would say enough, I would stand up to him (and those that defend him)	1	2	3	4	5
17. Whatever I did, I believed he would continue with his outbursts, anger, ill-temper or manipulations	1	2	3	4	5
18. I have the possibility to go out whenever I want and with whoever I want	1	2	3	4	5



	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
<i>(he, always refers to the partner)</i>					
19. I ask myself why was I the one who felt bad when he was the one who acted badly	1	2	3	4	5
20. I have taken (or now take) measures to keep him away from me (and my children)	1	2	3	4	5
21. I know when someone demeans me or is disrespectful	1	2	3	4	5
22. At this time, the couple relationship I experienced still negatively affects me (and my children)	1	2	3	4	5
23. I know when someone wants to make decisions for me or without me realizing	1	2	3	4	5
24. I feel something good for him	1	2	3	4	5
25. I asked (or have asked) for help to end this difficult situation, from friends, family, services (doctor, social worker, psychologist, lawyer, police, prosecution service, etc.)	1	2	3	4	5
26. If he had stopped treating me badly, I would have stayed with him but in a minimal relationship in which each one would have lived their life without affecting the other.	1	2	3	4	5
27. I distance myself from people who want to control, intimidate or blackmail me	1	2	3	4	5
28. I still love him	1	2	3	4	5
29. I am enraged by everything that happened in my relationship with him	1	2	3	4	5
30. At the moment, I am staying with him as his partner but in a minimal relationship in which each one lives their life without affecting the other.	1	2	3	4	5
31. It hurts to see what my relationship with him came to	1	2	3	4	5
32. I am capable of moving forward on my own (and with the children that depend on me)	1	2	3	4	5
33. It hurts to see that this love (and family) have not turned out as I had imagined	1	2	3	4	5
34. Economically, with the income (money) I earn myself (and the savings I have) I can maintain myself (and my children)	1	2	3	4	5
35. If he had stopped treating me badly, I would have still wanted to be separated from him as a couple (and would have maintained a cordial relationship for the sake of my children)	1	2	3	4	5
36. I am organizing myself to also have economic capability in my future	1	2	3	4	5
37. I ask myself why this has happened to me	1	2	3	4	5
38. I feel that my life is on the right path	1	2	3	4	5
39. Even if he were to stop treating me badly, I would completely abandon my relationship with him.	1	2	3	4	5
40. I have learned from this couple experience	1	2	3	4	5

SCALE of PSYCHOSOCIAL SEPARATION from the violent partner ESPS-VP Version 1, short,

Neus Roca Cortés, Clara Porrúa, Montserrat Yepes and Núria Codina
(2016. Original version in Catalan 2013)

Instructions for use

• Objectives

This scale evaluates the degree in which the woman is psychologically and materially separated from the partner or ex-partner. Three dimensions are evaluated: a) Reaction to the violence, b) Control of one's own life and c) Evaluation of the couple relationship. Control of one's life includes the minimum material social conditions for her independent survival and that of her children. The three dimensions of psychosocial separation include items with the different phases women go through in the process of liberation and recovery.

It always refers to the partner or ex-partner that perpetrates or perpetrated the violence against her and which has motivated her entry into the service. This evaluation model separately evaluates the psychological and social separation from the physical-legal. The latter is recorded and scored with another instrument: the physical-legal index.

• Protocols

This scale includes two different protocols, dependent on whether there is still a relationship or not with the violent partner and which is the reason why they have entered the service. The empirical contrast performed in the second validation trial has repeatedly shown that women who are separated from the abusing partner reject the items that assume they still have a relationship. In order to avoid negative reactions to the questionnaire, two versions of the same scale have been created, with the same content in each but worded in a present or past tense for items that refer to the partner. Only in some cases has the occasional time adverb been added to improve the understanding of the content.

The criteria for choosing one version or the other are the following:

Protocol A —worded in the present— for the women that live with the abusing partner or have a relationship with him because they are a couple even though they are not cohabiting.

Protocol B —worded in the past when referring to the partner— for the women who live separated from the abusing partner (now ex-partner) or who no longer have a partner relationship with him. They may be receiving violence or not from this ex-partner or other abuse from people close to the abusing ex-partner. They may have more or less contact with the abusing ex-partner for different reasons, but they are separated from the partner (ex-husband, ex-boyfriend, ex-lover).

• Correction rules

The final score for psychosocial separation, whether protocol A or B, is obtained in the following manner:

- A) Firstly, reverse the answers to some of the inverse type items (see score calculation sheets). The inverse items are those that ask about thoughts, emotions or behavior contrary to the direction of the positive scoring for psychosocial separation, equivalent to the recovery from a situation of intimate partner violence. Reversing the answers of the inverse items means that when counting the final score of the psychosocial separation, the scores indicated by the woman must be converted into positives. The scores are reversed in the following manner: when the woman has answered 1, it must be counted as a 5, when she has answered 2, it must be counted as a 4, when she has answered 3, it must be counted as a 3, when she has answered 4, it must be counted as a 2, and when she has answered 5, it must be counted as a 1. The inverse items are: 1, 2, 3, 4, 7, 8, 10, 12, 24, 26, 28, 29, 30, 31, 33 (also indicated on the score calculation sheets).



B) Then, all the answers to the items must be totaled (those that have not been reversed, plus those that have been reversed). It must be ensured that the total is calculated with all the score reversals correctly performed.

A low score on the scale indicates a low degree of psychosocial separation, and to the contrary, a high score on the scale indicates a high degree of psychosocial separation of the woman, and therefore, she may be considered more liberated. The minimum direct score of the test is: 40. The *median* direct score of the test is: 120. The maximum direct score of the test is: 200.

The *weighted* score of the test is more internally balanced, given that it is a score in which each of the sub-dimensions have the same relative weight, in other words, each sub-dimension is a third (0.33) of the final weighted total score. The minimum weighted score is 39, the median weighted score is 90 and the maximum weighted score is 150.

• Recommendations

Regarding usage

This is given, as with the whole battery, to women who have a relationship of cohabitation or not with the violent partner, and who receive or have received violence in any form. The women may or may not be physically separated from the aggressor. The degree of contact with the aggressor and its quality, whether they have cohabited or not, is recorded and scored separately using another record. The *combination* of the two scores for separation allow a more precise evaluation of the situation of the women.

When given to a woman in a situation of violence who is distressed, greater care must be taken when dealing with her. This is also the case with women who have had a forced physical separation, given that this scale asks questions about the situation which are reasons for distress at this time.

It is recommended to ensure that the woman *understands* the content of the items and the guidelines, that she understands the meaning of the answer scale and to respond based on her thoughts, feelings and experiences.

Take care that *no item is left* unanswered to guarantee the rigor of the final score. Be present in order to resolve any doubts, whilst procuring *not to influence* the direction of the questions.

Regarding the scores

Pay particular attention to the reversal of the inverse items to guarantee a correct evaluation. The different scores in the sub-dimensions must be considered as they also allow us to know whether they are more or less prepared for the psychological separation with regard the different aspects involved in the separation from a violent partner.

RESULTS SHEET**PSYCHOSOCIAL SEPARATION scale - 1vc of women in a situation of male chauvinist intimate partner violence - ESPS-VP,**

Neus Roca Cortés, Clara Porrúa, Montserrat Yepes and Núria Codina
(2016. Original version in Catalan 2013)

NAME.....SURNAME(S)

File No.DATE ADMINISTERED

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EPS - Vers. 1 Short	Partial DIRECT score	Number of items	PARTIAL WEIGHTED SCORE partial score divided by No. items = (1 decimal)
REACTION TO VIOLENCE <small>Minimum weighted score = 10.0 Median weighted score = 30.0 Maximum weighted score = 50.0</small>		/1.6	=
CONTROL OF OWN LIFE <small>Minimum weighted score = 10.0 Median weighted score = 30.0 Maximum weighted score = 50.0</small>		/1.2	=
EVALUATION OF THE RELATIONSHIP <small>Minimum weighted score = 10.0 Median weighted score = 30.0 Maximum weighted score = 50.0</small>		/1.2	=
TOTAL WEIGHTED SCORE-PSYCHOSOCIAL SEPARATION (Sum of partial weighted scores) <small>Minimum weighted score = 30.0 Median weighted score = 90.0 Maximum weighted score = 150.0</small>			

FINAL DIAGNOSTIC EVALUATION**COMPARISON with previous evaluations**

In months/years it has



Calculation of scores

PSYCHOSOCIAL SEPARATION scale - ESPS-VP,

Neus Roca Cortés, Clara Porrúa, Montserrat Yepes and Núria Codina
(2016. Original version in Catalan 2013)

NAME..... SURNAME(S)

File No. DATE ADMINISTERED

Administering PROFESSIONAL

PSYCHOSOCIAL SEPARATION SCALE		Answer to the protocol	Score by SUB-DIMENSIONS
REACTION TO VIOLENCE	Resistance-Endurance	1 reversed*	
		3 reversed*	
		4 reversed*	
	Justification	2 reversed*	
		8 reversed*	
	Questioning	17	
		19	
		22	
	Seeking external help	13	
		25	
	Limiting the violence	14	
		16	
		20	
	Detecting situations of violence	21	
		23	
27			
DIRECT SCORE (sum of the items) =			
<small>Minimum score = 16, Median score = 48, Maximum score = 80</small>			

* Direction of the reversals:

- If the woman has put a 1, it must be counted as a 5
- If the woman has put a 2, it must be counted as a 4
- If the woman has put a 3, it must be counted as a 3
- If the woman has put a 4, it must be counted as a 2
- If the woman has put a 5, it must be counted as a 1

CONTROL OF OWN LIFE	Breaking of ties	7 reversed*		
		10 reversed*		
		12 reversed*		
	Resuming one's self	5		
		6		
		9		
	Resuming social relationships	11		
		15		
		18		
	Independent survival	32		
		34		
		36		
	DIRECT SCORE (sum of the items) =			
<small>Minimum score = 12, Median score = 36, Maximum score = 60</small>				
EVALUATION OF THE RELATIONSHIP	Desire for relationship	24 reversed*		
		26 reversed*		
		28 reversed*		
	Grief	29 reversed*		
		31 reversed*		
		33 reversed*		
		37		
	Separation	35		
		39		
	Self-improvement	30 reversed*		
		38		
		40		
	DIRECT SCORE (sum of the items) =			
	<small>Minimum score = 12, Median score = 36, Maximum score = 60</small>			

* Direction of the reversals:

- If the woman has put a 1, it must be counted as a 5
- If the woman has put a 2, it must be counted as a 4
- If the woman has put a 3, it must be counted as a 3
- If the woman has put a 4, it must be counted as a 2
- If the woman has put a 5, it must be counted as a 1



8.3 PHYSICAL-LEGAL SEPARATION INDEX (ISFL-VP)

- **Protocol**
- **Instructions for use**
- **Results sheet**

PHYSICAL-LEGAL SEPARATION INDEX protocol of women in a situation of male chauvinist intimate partner violence (ISFL-VP), Neus Roca Cortés and Soledad Ruiz Saiz (2016. Original version in Catalan 2013)

NAME SURNAME(S)

File No. DATE information recorded

Responsible PROFESSIONAL filling out protocol

In the case that the responsible professional does not know the required information, he/she shall directly ask the woman.

With a circle “O”, indicate the option that best reflects the woman's CURRENT situation regarding the contact with the partner perpetrating the violence, for each one of the following indicators:

<p>1. CONTACT</p>	<p>0 = THEY LIVE TOGETHER or GO OUT TOGETHER as a couple 1 = They live together in separate rooms 3 = They live together but each leads their own separate lives or when referring to couples who do not cohabit, they have been alternating between separations and reconciliations of the relationship over the last 6 months 7 = SEPARATED, but they mix (chat, telephone, they see each other) whatever the reason may be 10 = Completely separated, they do not cohabit, they do not mix, nor do they see each other under any circumstances or very minimally.</p>
<p>2. The woman IS PHYSICALLY SEPARATED from the abusing partner</p>	<p>- Who took the INITIATIVE in the physical separation?: 0 = They LIVE TOGETHER or go out together as a couple 1 = HIM 2 = CHANGE OF WORK PLACE (him or her) 3 = PRESSURE from institutions or sentences from legal system 4 = PRESSURE from the CHILD or other FAMILY MEMBERS 5 = HER</p> <p>- HOW LONG have they been physically separated? = MONTHS</p>
<p>3. With what FREQUENCY is the woman in contact with the abuser (either physically, by telephone, by computer, etc.)</p>	<p>0 = They LIVE TOGETHER or go out together as a couple 1 = once a WEEK or more 2 = once every FIFTEEN DAYS or a MONTH 3 = once a QUARTER 4 = once every SIX MONTHS or A YEAR 5 = They NEVER see or contact each other</p>
<p>4*. In the case that the woman DOES have CONTACT with the abuser (options 0, 1, 3, and 7 of item no. 1): what is the degree of the VOLUNTARY NATURE of the contact by the woman?</p>	<p>0 - VOLUNTARY = They still live together or go out together as a couple, the woman goes to places where she knows she will find the abusive ex-partner, or she looks for him, or does not avoid meeting him. 3 - CONSENTED = Once separated, he approaches her without her having looked for him (about visiting the children, by telephone, computer, physically, through other people) and she accepts this, or is okay with it and takes no action to avoid meeting him. 5 - INVOLUNTARY = Once separated, she talks to him or sees him because he has no other option, out of obligation (harassment by him, children's visits, pending trials, etc.), she takes steps not to see him or have any form of contact with him.</p>
<p>5*. In the case that the woman does NOT have CONTACT with the abuser (option 10 of item no. 1): what is the degree of the VOLUNTARY NATURE of the non-contact by the woman?</p>	<p>1 = INVOLUNTARY = he, the abusing partner, leaves her and distances himself from her; he is in prison due to complaints filed by others, by the decision of the police or for other reasons not related to the violence towards her; she is in a sheltered house because she was taken there or obliged to go there (she is NOT there of her own choosing). 5 = VOLUNTARY = prison or restraining order due to her filing a complaint; the woman is in a sheltered house for women in a situation of violence of her own initiative; upon separation, she moved out of his area. 7 = VOLUNTARY + 6 MONTHS or LONGER WITH NO contact unless initiated by her. How long has it been since the last contact (they do not see, speak or write to each other, nor do they indirectly mix with each other)? = MONTHS</p>

* Or either item 4 counts or item 5.



With a circle “O”, indicate the option that best reflects the woman's CURRENT situation regarding the contact with the partner perpetrating the violence, for each one of the following indicators:

<p>6. FREQUENCY with which the woman is in contact (physically, by telephone, by computer, etc.) with abusers close to the abusive partner (family members, friends, subordinates, etc., who harass or are violent towards the woman)</p>	<p>THESE BEING:</p> <p>0 = once a WEEK or more 1 = once every FIFTEEN DAYS 2 = once a MONTH 3 = once a QUARTER 4 = once every SIX MONTHS or A YEAR 5 = They NEVER see or contact each other</p>
<p>7. LEGAL separation and/or divorce of the couple (including separation of property)</p>	<p>0 = They LIVE TOGETHER or go out together as a couple 1 = They have NOT begun to legalize the separation 2 = They are BEGINNING legal separation/divorce proceedings. 3 = PENDING (pending resolution, pending trial or under appeal) 4 = SENTENCE passed and accepted 5 = Legal separation NOT NECESSARY, (boyfriend/girlfriend, engaged, lovers or common law partners)</p>
<p>8. LEGAL PROCEEDINGS in relation to the parental rights and custody of CHILDREN</p>	<p>0 = They LIVE TOGETHER, therefore they are not necessary 1 = They are separated but THEY HAVE NOT BEGUN legal proceedings when THEY ARE NECESSARY 2 = THEY HAVE INITIATED the proceedings 3 = PENDING (pending resolution, trial or under appeal) 4 = SENTENCE passed and legally accepted 5 = NOT REQUIRED (no children who are minors)</p>
<p>9. Care and custody of CHILDREN</p>	<p>Who currently has care and custody of the children of violent both, woman and violent partner?</p> <p>0 = They LIVE TOGETHER, therefore they both have 1 = HIM 2 = HIS FAMILY (that of the abusing partner) 3 = SHARED (with the abusive partner) 4 = THE STATE has custody 5 = HER FAMILY 6 = HER 7= NO HAVE CHILDREN</p>
<p>10. OTHER TYPES of legal matters between the two (initiated by her or the abusing partner)</p>	<p>POSSIBLE LEGAL MATTERS (indicate with a cross or crosses):</p> <p>.....- her filing a complaint against the partner or ex-partner for abuse - his debts which are legally under her name - she has had a complaint filed against her for abuse, for PAS, kidnapping the children (or other accusations) - lawsuit(s) against filed by her for her safety or that of the children: restraining order, in relation to the visits of the children with their father (abusive ex-partner), in relation to the compliance with the visits or care provided during the visits, etc. - Others:</p> <p>Whether it is for one or more legal matters, it is necessary to reflect on the legal type of contact that the woman wants to maintain with the abusive partner:</p> <p>0 = They live together and there is no pending legal matter between them 1 = THEY HAVE INITIATED the proceedings 2 = PENDING (pending resolution, pending trial or under appeal) 3 = SENTENCE passed and legally accepted with no other pending legal matter 5 = THERE ARE NO OTHER PENDING LEGAL MATTERS and they are separated</p>

OBSERVATIONS:

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PHYSICAL-LEGAL SEPARATION INDEX (VP) of women in a situation of male chauvinist intimate partner violence (ISFL-VP), Neus Roca Cortés and Soledad Ruiz Saiz (2016. Original version in Catalan 2013)

Instructions for use

• Objectives

This index evaluates the intensity and quality of the contact with the aggressive partner which can often be via two manners, both involuntary and voluntarily communication between the two and the legal matters that still tie the woman to the relationship.

The intention of this index is only to measure the quantity and quality of the contact as an indicator of liberation and recovery.

This index is not a descriptive record of the different forms of contact or of the different types of legal relationships between the woman in a situation of violence and the abusing partner.

• Correction rules

The scores of all the answers to all the items must be totaled. In the case of items 4 and 5 referring to the degree of willingness of contact, only one of the two should be counted, either they maintain contact (4) or they don't maintain contact (5).

A high score on the scale will indicate a high degree of physical-legal separation for the woman. The more separated she is in a physical, technological and legal sense and the less direct or indirect communication she has with the abusing partner and/or other abusers close to said abusing partner, the more liberated and recovered she will be. Whereas a low score on the scale will indicate a low degree of physical-legal separation and a high degree of contact with the abusing partner (and/or other abusers close to said abusing partner). The minimum score on the index is: 0. The median score on the index is: 29. The maximum score on the index is: 58.

• Recommendations

Regarding usage

This is given, as with the whole battery, to women who are in a relationship of cohabitation or not with the violent partner, and who receive or have received violence in any form.

Both dimensions reflect the different physical and legal separations which occur during the liberation and recovery process, even when they are attempts at separation prior to the definitive separation. It also reflects the diversity of the cases for post-separation. What is of interest is the intensity and quality of the contact, for the risk involved, for the fear and pressure that this contact has on the woman, for the sensation of control that this may still have over the woman or for the possibility or impossibility of putting an end to the traumatic experience.

If the woman who is in a situation of violence is being interviewed in person and is feeling distressed, she will have to be accompanied through this process with more care. This is also the case with women who have had a forced physical separation, considering that this scale, like the previous, asks questions about the situation which are reasons for distress at this time.



RESULTS SHEET - PHYSICAL-LEGAL SEPARATION index of women in a situation of male chauvinist intimate partner violence (SFL-VP), Neus Roca Cortés and Soledad Ruiz Saiz (2016. Original version in Catalan 2013)

NAME..... SURNAME(S)

File No. DATE ADMINISTERED

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PHYSICAL-LEGAL SEPARATION INDEX		Items	Scores
TECHNOLOGICAL and PHYSICAL SEPARATION Minimum score = 0 Median score = 16 Maximum score = 32	Degree of physical-technological contact	1	
	Initiative of the separation	2	
	Frequency of physical or technological contact	3	
	Voluntary nature of contact	4*	
	Voluntary nature of NON contact * Count only one of the two willingnesses (either item 4 or item 5)	5*	
	Frequency of contact with other close abusers	6	
	Final score (sum of all the items) =		
LEGAL SEPARATION Minimum score = 0 Median score = 11 Maximum score = 22	Legal separation from the partner	7	
	Proceedings in relation to the parental rights and custody of children	8	
	Care and custody of children	9	
	Other legal matters	10	
	Final score (sum of all the items) =		
TOTAL SCORE - PHYSICAL-LEGAL SEPARATION INDEX:			
Minimum score = 0, Median score = 27, Maximum score = 54			

DIAGNOSTIC EVALUATION

COMPARISON with previous evaluations

In months/years it has

9. HEALTH

9.1 EVALUATION OF HEALTH

What is evaluated and why

Another dimension of the definition of recovery and a constituent element of the multidimensional model for the evaluation of the liberation and recovery of women in a situation of violence is health.

We understand the health of the survivor as the disappearance of the symptoms of suffering or dysfunctionality as a result of the violence.

Health is one of the impacts of violence most studied, systematically and scientifically. Violence in affective partner relationships has consequences on the health of survivors. Both the associated physical injuries and the emotional impact are considered indicators of the lesions directly produced by the violence (Etienne G. Krug et al., 2002, report by the WHO; Mireia Martínez Artola, 2010).

Intimate partner violence generates psychological states of insecurity, symptoms of psychological suffering and occasionally, severe mental disturbances. The impact of the violence results in temporary physical or psychosomatic illnesses and in the increase of symptoms of chronic physical diseases, which disappear when the violence disappears and the woman can care for herself; it is also the direct cause of chronic diseases or lesions that require constant care or which can cause permanent functional disabilities.

We have divided health into two dimensions: a) *psychological health* and b) *physical health*, while remaining aware of the influence both have on each other.

The relationship between violence and health has been widely studied (Amy Holtzworth-Munroe, Natalie Smutzler and Elizabeth Sandin, 1997; Pilar Matud, 2004; Patricia Villavicencio and Julia Sebastián, 1999; Lenore E. Walker, 1991, 2000). It is observed that depression, anxiety, post-traumatic stress disorder and learned helplessness or desperation are the most frequent disturbances, not only in women victims of physical or psychological abuse, but also in other violence towards

women, such as sexual abuse (Jocelyn Brown, Patricia Cohen, Jeffrey Johnson and Elizabeth Smailes, 1999) and sexual assault (Norah Feeny and Edna Foa, 2000). Women who have experienced gender-based violence have a higher prevalence of suffering from post-traumatic stress, anxiety attacks, phobias, substance abuse, sleep disorders, chronic pain, depression and are at risk of suicide (Jacqueline Campbell, 2002; Mary Koss, 1990). Among the diverse symptomatology, depression and post-traumatic stress disorder (PTSD), and its comorbidity (Enrique Echeburúa, Paz Corral y Pedro Amor, 2002) are the most commonly detected consequences in the long-term in victims of gender-based violence.

There is a negative relationship between violence and self-esteem (Ola W. Barnett, 2001) and there is evidence that the self-esteem increases in women after leaving a violent relationship (Lenore E. Walker, 2000). The experiences of the woman within the context of chronic violence causes her way of thinking about herself to become negative, the feeling of guilt that many women develop causes a lack of confidence in themselves which leads to them being inefficient, added to which is the scarce sources of social conditioning due to the isolation of this type of violence (Shannon Lynch and Sandra Graham-Bermann, 2000; Patricia Villavicencio and Julia Sebastián, 1999).

It is vitally important to correctly conceptualize the psychological reactions of the woman which are the result of the chronic situation of violence as a symptomatology, in contrast to the theories that point to a certain personality profile of the women who have experienced gender-based violence. Furthermore, it is worth mentioning the importance of not confusing the symptomatology associated to gender-based violence with specific diagnoses of standard mental pathologies (Judith Hermann, 1992; Patricia Villavicencio and Julia Sebastián, 1999).

With regard the desperation of the women who are in a violent intimate relationship, Lenore E. Walker (1984, 2000) applies Seligman's theory of learned helplessness to explain their cognitive, emotional and behavioral functioning: women learn to diminish the intensity of the abuse by employing strategies to address it, which in turn lead to a conduct of helplessness. The perception



of being immersed in inefficient conduct to address the aversive context, the unpredictable violence and the significant weight of unease of the aforementioned, lead to the victim developing what is known as "victimization behavior" (Andrés Montero, 2001).

With regard the physical illnesses, women victims of physical and psychological abuse perpetrated by the partner and women who have experienced sexual abuse or assault show an increase in medical problems, worse health and a higher intake of medication than women who have not had these experiences (Pilar Matud, 2004; Luciana Ramos-Lira, Maria Teresa Saltijeral-Méndez, Martha Romero-Mendoza, Miguel Ángel Caballero-Gutiérrez and Nora Martínez-Velez, 2001).

According to the World report on violence and health by the WHO (Krug et al., 2002; WHO, 2005), the most frequent medical problems are chronic cervical, lumbar and pelvic pain, etc; illnesses of a digestive tract nature, such as stomach ulcers, irritable bowel syndrome and inflammatory bowel disease. According to these studies, between 40 and 72% of women who have experienced physical violence perpetrated by their partner have been injured at some time in their life. Among the most frequent injuries, those most worthy of mention are, ruptured eardrum, and in relation to location, it is most likely that they have head, neck and chest injuries (Muelleman, 1996). Violence during pregnancy can cause: spontaneous abortions, delays in prenatal care, premature labor and births, fetal injuries and low birth weights (Krug et al., 2002). In the United States, the calculations for abuse during pregnancy vary between 3 and 11% of women and up to 38% in adolescent mothers.

How it is evaluated

The battery of instruments of the multidimensional model evaluates psychological health using a series of scales, administered to the population of women survivors of intimate partner violence corresponding to the main affected areas. A record (of our own creation) for mental health diagnoses has been added. Physical health is evaluated using a newly created self-rating questionnaire.

The psychological health scales evaluate five sub-dimensions: a) anxiety and depression; b) self-esteem; c) post-traumatic stress; d) desperation; e) psychopathological diagnoses and addictions.

Each sub-dimension is evaluated by the corresponding scale or according to the records. The scales that we present on anxiety and depression, self-esteem and post-traumatic stress are reduced versions of the scales commonly used in psychology, with good psychometric properties, adapted to the Spanish population and used in studies on abused women. All the scales have been reduced and revalidated for the women in a situation of violence population using the methods explained in chapter 4.4.

The anxiety and depression scale of Anthony Zigmond and Phillip Snaith (1983) reduced for women in a situation of male chauvinist intimate partner violence (HAD-VP) by Mireia Martínez Artola, Neus Roca Cortés and Montserrat Yepes Baldó, is a scale that allows us to simultaneously measure the presence of psycho-physiological, behavioral and cognitive-emotional symptoms of the anxiety and depression at the current time. The scale, reduced by the authors, includes nine items and is divided into three sub-dimensions: anxiety and depression (negative symptoms), well-being (positive symptoms) and suicidal ideation.

The self-esteem scale by Marshall Rosenberg (1965), reduced for women in a situation of male chauvinist intimate partner violence (AUTESt-VP) by Neus Roca Cortés, Mireia Martínez Artola and Clara Porrúa García, aims to evaluate the feeling of satisfaction that a person has of themselves. The reduced scale has six items and is divided into two sub-dimensions: positive evaluation and devaluation.

The post-traumatic stress scale by Jonathan Davidson et al. (1997), reduced for women in a situation of male chauvinist intimate partner violence (EPT-VP) by Neus Roca Cortés, Mireia Martínez Artola and Montserrat Yepes Baldó, evaluates the frequency and severity of symptoms of avoiding references to the traumatic event, psychophysical hyperactivation and flashbacks. Following Davidson's instructions, the frequency and severity have been scored separately and then both at the same time, with similar results with regard the resulting items for the reduction. For professional use, we propose directly employing the frequency score for severity because it more precisely reflects the presence

or absence of the symptomatology. The reduced scale has nine items and is divided into two sub-dimensions: hyperactivation and avoidance and, in addition, flashbacks.

The desperation scale, by Martha Cordova, José C. Rosales and Luz Eguiluz (2005), has been adapted and reduced for women in a situation of male chauvinist intimate partner violence (EDESP-VP) by Mireia Martínez Artola, Neus Roca Cortés and Soledad Ruiz Saiz. This scale measures the feelings and thoughts associated to the loss of hope concerning things that can change and improve. We reduced it and changed a few words and expressions to adapt it to the Spanish context. The scale has eleven items and is divided into two sub-dimensions: despondency-helplessness, and also hope-strength.

The record of mental health diagnoses and consumption of toxic substances (RDSM) for women in a situation of male chauvinist intimate partner violence has been created, also by Neus Roca Cortés.

This is a record that gathers, but does not measure, the diagnoses on mental health made by experts, the medication and self-medication taken by the women and the intake of alcohol or drugs. The information provided by this record is used for two concepts. Firstly, it will add *qualitative* information to the psychological health score. The research and care indicate rare cases of stable mental disorder deriving from the situation of intimate partner violence. More psychotropic medication is observed from GPs or through self-medication than through mental health diagnoses or constant care. The reduced presence of these mental disorders would suggest that this information be discarded, but we have maintained due to its necessary consideration in the care of survivors. Furthermore, as a *quantitative* score, this information will be used in the *dimension of sociosanitary capital of the social inclusion index*.

The physical health impact index of women in a situation of male chauvinist intimate partner violence (ISF-VP), by Mireia Martínez Artola and Neus Roca Cortés, studies the presence and frequency of physical harm according to the woman and her perception of the severity of that harm. It has been created from the classification of the symptoms of the impact of violence on physical health carried out by the WHO study (Etienne G. Krug et al., 2002). This classification provides exhaustive and relevant information on the phenomenon object of the study, originating from an analysis of the review of specific research. The vocabulary has been conserved and some examples have been included

in parentheses for informative purposes to facilitate the understanding of the content. The list of symptoms has become eighteen items which mostly measure two types of consequences, the physical ones (including possible disabilities) and sexual or reproductive.

Technical characteristics

All the scales measuring psychological health have been revalidated or validated¹⁹ for the population of women in a situation of male chauvinist intimate partner violence (SVP) in its internal structure and the result has been some consistencies with alpha scores above 0.68 and up to 0.88, both in complete scales and in their factors. The explained variances range from 57 to 74% and also positives over 50%.

Psychometric criteria of structural validity have not been applied in the questionnaire about consequences on physical health, as these are not psychological phenomena. The ordinal grading from 1 to 5 for the responses allows for the creation of an index for the impact of violence on physical health.

¹⁹ The methods followed in these validations are explained in chapter 4.4.



9.2 PSYCHOLOGICAL HEALTH SCALES (ESP-VP)

- **Protocols**
- **Instructions for use**
- **Results sheets**
- **Score calculation**

Protocol ESP-VP

YOUR HEALTH

NAME SURNAME(S)

File No. DATE ADMINISTERED

Administering PROFESSIONAL



Below, you will read some phrases that describe **HOW YOU FEEL AFFECTIVELY AND EMOTIONALLY**. Read each phrase and **mark with a “O”** the response that best describes how you have felt **during the LAST WEEK**. There are no right or wrong answers. Do not think too much about each answer

	1 Never	2 Not often	3 Sometimes	4 Very often	5 Continually
	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
1. I feel tense or nervous	1	2	3	4	5
2. I still enjoy the same things as always	1	2	3	4	5
3. I feel a kind of fear, as if something bad is going to happen	1	2	3	4	5
4. I am capable of laughing and seeing the funny side of things	1	2	3	4	5
5. I feel happy	1	2	3	4	5
6. I experience an unpleasant sensation of nervousness in my stomach	1	2	3	4	5
7. I feel restless, as if I can't stop moving	1	2	3	4	5
8. I suddenly have sensations of great distress or fear	1	2	3	4	5
9. I am capable of enjoying a good book or program on the radio or television	1	2	3	4	5
10. I sometimes think about killing myself	1	2	3	4	5

Next, you will find a list of statements about the **FEELINGS AND THOUGHTS YOU HAVE ABOUT YOUR-SELF**. Mark with a “O” the response you most identify with.

	1 Never	2 Not often	3 Sometimes	4 Very often	5 Continually
	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally
1. I feel that I'm a person worthy of appreciation	1	2	3	4	5
2. I am inclined to think that, overall, I am a failure.	1	2	3	4	5
3. I think I have some good qualities	1	2	3	4	5
4. I can do things as well as most people	1	2	3	4	5
5. I sometimes feel truly useless	1	2	3	4	5
6. I sometimes think that I am of no use for anything	1	2	3	4	5

Each one of the following questions refers to specific sensations or thoughts that you may **HAVE EXPERIENCED IN THE LAST WEEK**.

For each question take into account the **NUMBER OF TIMES** it has happened (frequency) and the **INTENSITY** (severity). In the boxes next to each question, mark with a circle a number from 1 to 5 to indicate both things, first the **frequency** and then the **severity**.

FREQUENCY

1 Never	2 Not often	3 Sometimes	4 Very often	5 Continually
-------------------	-----------------------	-----------------------	------------------------	-------------------------

SEVERITY

1 Not at all	2 Not very	3 A bit	4 Quite	5 Very
------------------------	----------------------	-------------------	-------------------	------------------

	FREQUENCY HOW OFTEN HAS IT HAPPENED?					SEVERITY HOW INTENSE WAS IT?				
	1 Never	2 Not often	3 Some- times	4 Very often	5 Continu- ally	1 Not at all	2 Not very	3 A bit	4 Quite	5 Very
1. I have sometimes had painful images, memories or thoughts about the events	1	2	3	4	5	1	2	3	4	5
2. I have sometimes had nightmares about the events	1	2	3	4	5	1	2	3	4	5
3. I have felt that the events were happening all over again, as if I were reliving them	1	2	3	4	5	1	2	3	4	5
4. There are things that have made me remember	1	2	3	4	5	1	2	3	4	5
5. I have been avoiding thoughts or feelings about the events	1	2	3	4	5	1	2	3	4	5
6. I have been avoiding things or being in situations that remind me of the events	1	2	3	4	5	1	2	3	4	5
7. I have found it difficult to enjoy things	1	2	3	4	5	1	2	3	4	5
8. I have had difficulties getting off to sleep or remaining asleep	1	2	3	4	5	1	2	3	4	5
9. I have had difficulties focusing	1	2	3	4	5	1	2	3	4	5
10. I have felt nervous, easily distracted or "on alert"	1	2	3	4	5	1	2	3	4	5
11. I have felt nervous or I have been easily frightened	1	2	3	4	5	1	2	3	4	5



Please read the phrases on the questionnaire carefully, one by one, and **mark with a circle “O” according to HOW WELL** the phrase describes your **ATTITUDE during the LAST WEEK**, including today.

	1 Never	2 Hardly ever	3 Sometimes	4 Often	5 Always
	1 Never	2 Hardly ever	3 Some- times	4 Often	5 Always
1. I think that my future will improve compared to my present situation	1	2	3	4	5
2. I feel despair because the future seems uncertain	1	2	3	4	5
3. I think that the situations or conditions in which I will live in the future will be very promising	1	2	3	4	5
4. I think that it will be my fault that things don't go as well as I would like in the future	1	2	3	4	5
5. I feel despair because I think that things will not change over time	1	2	3	4	5
6. I think that if things change in the future, it will be for the worse	1	2	3	4	5
7. I have great hopes	1	2	3	4	5
8. I don't think that I am able to or capable of making a better future for myself	1	2	3	4	5
9. I believe in the saying "every man is the architect of his own destiny"	1	2	3	4	5
10. I am excited about what I will do or be in the future	1	2	3	4	5
11. I am disappointed by not being able to see a brighter future	1	2	3	4	5

PSYCHOLOGICAL HEALTH SCALES (VP)

General instructions for use

- **Aim**

These scales evaluate the presence of the psychological harm due to the violence received in a couple relationship. This psychological harm is related to anxiety, depression, satisfaction with one's self or self-esteem, to the psycho-physiological and reactive psychological effects that are reactive to a traumatic situation and despair.

Scores

The overall score for *psychological health* can be obtained *only* when all the subscales of psychological health have been done. This is related to the presence of health, understood as the absence of negative symptoms and the disappearance of violence in psychological health.

This is calculated (see results sheets) by totaling the direct score on the positive subscale (self-esteem) plus the *direct but reversed scores* of the subscales for psychological harm suffered and the presence of negative symptoms (anxiety and depression, post-traumatic stress and despair).

This overall score for psychological health is associated to the general direction of the score for recovery: the greater the psychological health the greater the recovery, and vice-versa.

General recommendations

We recommend evaluating *all aspects* of psychological health because of the *precision* this will add to the diagnosis and because it provides *direction for the priorities* of the psychosocial intervention plan to be developed.

It is recommended to ensure that the woman understands the content of the items and the guidelines, that she understands the meaning of the 1 to 5 answer scale and to respond using her thoughts, feelings and experiences as a basis.

Take care that no item is left unanswered to guarantee the rigor in the calculation of the final score. It is necessary to be present to resolve any doubts, and that the professional giving the tests must try not to influence the person's answers.



ANXIETY AND DEPRESSION SCALE - HADS Scale, by Anthony Zigmon and Philip Snaith, reduced for women in a situation of male chauvinist intimate partner violence-VP

Neus Roca Cortés and Mireia Martínez Artola (2016. Original version in Catalan 2013)

Instructions for use

• Aim

This scale simultaneously evaluates the frequency of the psycho-physiological, behavioral and cognitive-emotional symptoms of the anxiety and depression, and of the suicidal ideation also present in some cases of women in a situation of violence.

Correction rules

We will calculate this subscale to evaluate the presence of symptoms of anxiety and depression. In other words, *the greater the direct score, the more symptoms of anxiety and depression there will be*. We then transform this direct score into a positive health score when we later calculate the overall psychological health score (see psychological health results sheet).

The direct score of the anxiety and depression scale is obtained in the following manner (see direct scores calculation sheet):

- A) Firstly, reverse the answers to the inverse type items. In this case, the inverse items are those that ask about positive thoughts, emotions and behavior. Reversing the answers of the inverse items means that when counting the direct anxiety and depression score, the score of the woman must be transformed in the following manner: when the woman has answered 1, it must be counted as a 5, when she has answered 2, it must be counted as a 4, when she has answered 3, it must be counted as a 3, when she has answered 4, it must be counted as a 2, and when she has answered 5, it must be counted as a 1. The items that must be reversed are: 2, 4, 5, and 9.
- B) Then, all the answers to the items must be totaled (those that have not been reversed, plus those that have been reversed).

A high direct score indicates a high level of anxiety and depression and, to the contrary, a low score indicates a low level of anxiety and depression. The minimum possible direct score on the scale is 10. The median score on the scale is: 30 The maximum possible direct score on the scale is: 50.

Recommendations

It is recommended to ensure that the woman understands the guidelines and the meaning of the 1 to 5 scale; it is normally useful to be present to during the first items but without influencing the answers. To recap: there must be no item left unanswered.

It is recommended to pay particular attention to the calculation sheet to guarantee that it is totaled with the score reversals properly carried out.

SELF-ESTEEM SCALE

AUTOEST Scale, by Marshall Rosenberg, reduced for women in a situation of male chauvinist intimate partner violence VP

Neus Roca Cortés, Mireia Martínez Artola y Clara Porrúa García
(2016. Original version in Catalan 2013)

Instructions for use

- **Aim**

This scale evaluates the feeling of satisfaction that a person has of him/herself.

Correction rules

We will calculate this subscale to evaluate the presence of a positive self-esteem. In other words, the greater the score, the more satisfied a person is with him/herself. In the overall score for psychological health (see results sheet, this *direct score* remains the same, *it will not be transformed*).

The direct final score is obtained in the following manner (see direct scores calculation sheet):

- A) Firstly, reverse the answers to some of the inverse type items. In this case, the inverse items are those formed to obtain information about thoughts, emotions or behavior which are contrary to self-esteem. Reversing the answers of the inverse items means that when counting the direct final score, the score of the woman must be transformed in the following manner: when the woman has answered 1, it must be counted as a 5, when she has answered 2, it must be counted as a 4, when she has answered 3, it must be counted as a 3, when she has answered 4, it must be counted as a 2, and when she has answered 5, it must be counted as a 1. The items that must be reversed are: 2, 5, and 6.
- B) Then, all the answers to the items must be totaled (those that have not been reversed, plus those that have been reversed). It must be ensured that the total is calculated with all the score reversals correctly performed.

A high score in self-esteem will indicate a high degree of recovery of the woman, whereas a low score will indicate a low recovery. The minimum possible direct score on the scale is 6. The median score on the scale is 18 and the direct maximum score on the scale is 30.

Recommendations

It is recommended to take down any comments that the women often make when answering the test, given that this may add nuances or emphasize particular aspects of their experiences.

As with the other tests, it is recommended to ensure that the woman understands the content and is motivated to answer them. Take care that no item is left unanswered to guarantee the rigor in the calculation of the final score.



POST-TRAUMATIC STRESS SCALE

PTS Scale, by Jonathan Davidson, adapted and reduced for women in a situation of male chauvinist intimate partner violence (VP)

Mireia Martínez Artola and Neus Roca Cortés
(2016. Original version in Catalan 2013)

Instructions for use

• Aim

This scale evaluates the frequency and severity of the psycho-physiological and psychological symptoms of the neurovegetative hyperactivation, avoidance of and flashbacks of the trauma and everything deriving from it, and typical of the post-traumatic stress disorder in people who have suffered a stressful experience.

The reference timeframe for the answers is the previous week. Each item is evaluated using a double scale: one for frequency and another for severity.

Correction rules

We will calculate this subscale to evaluate the presence of symptoms of post-traumatic stress. In other words, *the greater the direct score, the more symptoms of psychological and psycho-physiological suffering there will be*. It will be afterwards, in the psychological health overall score, when we transform this direct score of negative symptoms into a positive health score (see psychological health results sheet).

The direct score is obtained in the following manner (see direct scores calculation sheet): for each item, *multiply* the scores indicated in the *frequency* column by the score indicated in the *severity* column. With this overall score per *item*, all of the items are totaled.

A high direct score in post-traumatic stress will indicate a high degree of suffering and, to the contrary, a low score will indicate a low degree of suffering. The minimum possible direct score on the scale is 11, the median score on the scale is 143 and the maximum possible score is 275.

Recommendations

It is essential that the woman properly understands the *difference* between frequency (how often) and severity (how intense, how strong). It may have occurred only a few times but intensely, or vice-versa. Therefore, she should be *accompanied* during the first items, but without answering for her, until we see that it is understood. It is necessary to be present to resolve any possible queries but without influencing the woman's answers.

It is recommended to take down any comments that the women often make when answering the test, given that this may add nuances or emphasize particular aspects of their experiences.

All items must be answered to guarantee the rigor in the calculation of the final score.

DESPERATION SCALE

DESP Scale, by Martha Cordova, José C. Rosales and Luz Eguiluz, adapted and reduced for women in a situation of male chauvinist intimate partner violence (VP)

Mireia Martínez Artola, Neus Roca Cortés and Soledad Ruiz Saiz.
(2016. Original version in Catalan 2013)

Instructions for use

- **Aim**

This scale evaluates the frequency of the thoughts and feelings of confidence of the person about her future, which fluctuate between dismay and helplessness, and hope and strength.

Correction rules

We will calculate this subscale to evaluate the presence of negative thoughts and feeling regarding her future. In other words, *the higher the direct score, the greater the desperation*. It will be afterwards, in the psychological health overall score when we transform this score into a positive health score (see general psychological health results sheet).

The *direct score* for desperation is obtained in the following manner (see direct scores calculation sheet):

- Firstly, reverse the answers to some of the inverse type items. In this case, the inverse items are formed to obtain information about thoughts, emotions or behavior which are contrary to desperation. Reversing the answers of the inverse items means that when counting the direct final score, the score of the woman must be transformed in the following manner: when the woman has answered 1, it must be counted as a 5, when she has answered 2, it must be counted as a 4, when she has answered 3, it must be counted as a 3, when she has answered 4, it must be counted as a 2, and when she has answered 5, it must be counted as a 1. The items that must be reversed are: 1, 3, 7, 9, and 10.
- Then, all the answers to the items must be totaled (those that have not been reversed, plus those that have been reversed).

A high direct score in desperation will indicate a high degree of dismay and helplessness, to the contrary, a low score will indicate a low degree. The minimum possible direct score on the scale is 55, the median score on the scale is 33 and the maximum possible score is 11.

Recommendations

It is recommended to pay particular attention to ensure that it is totaled with all the score reversals properly carried out. It is recommended to take down any comments that the women often make when answering the test, given that this may add nuances or emphasize particular aspects of their experiences. Take care that no item is left unanswered to guarantee the rigor in the calculation of the final score.



RESULTS SHEET for the PSYCHOLOGICAL HEALTH SCALES adaptations for women in a situation of violence.

(2016. Original version in Catalan 2013)

NAME SURNAME(S)

File No. DATE ADMINISTERED

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Overall score calculations	Dir. Score divided by the No. of items on the scale =	= WEIGHTED Score to <u>2 decimal places</u>	Number of each box minus weighted score =	= Transformed score in health-recovery direction
ANXIETY AND DEPRESSION	..... : 10	=	6 - =	=
SELF-ESTEEM	..... : 6	=	Does no transform.	=
POST-TRAUMATIC STRESS	..... : 55	=	5.2 - =	=
DESPERATION	..... : 11	=	6 - =	=
PSYCHOLOGICAL HEALTH Overall score Minimum <u>transformed</u> score = 3.2, lowest level of psychological health Median <u>transformed</u> score = 14.6, median level of psychological health Maximum <u>transformed</u> score = 20, highest level of psychological health				

FINAL DIAGNOSTIC EVALUATION

COMPARISON with previous evaluations

In months/years it has

Calculation of direct scores (I)

PSYCHOLOGICAL HEALTH scales - (ESP-VP),

adaptations by Neus Roca Cortés et al. (2016. Original version in Catalan 2013)

NAME SURNAME(S)

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PSYCHOLOGICAL HEALTH SCALES (I) – <u>DIRECT</u> scores		Scores	Sub-dimension scores
ANXIETY AND DEPRESSION	Anxiety and depression	1	
		3	
		6	
		7	
		8	
	Well-being	2 reversed*	
		4 reversed*	
		5 reversed*	
		9 reversed*	
	Risk of autolysis	10	
AD DIRECT score =			
Minimum <u>direct</u> score = 10, Median <u>direct</u> score = 30, Maximum <u>direct</u> score = 50			
SELF-ESTEEM	Positive evaluation	1	
		3	
		4	
	Devaluation	2 reversed*	
		5 reversed*	
		6 reversed*	
	SE DIRECT score		
Minimum <u>direct</u> score = 6, Median <u>direct</u> score = 18, Maximum <u>direct</u> score = 30			

* Direction of the reversals:

- If the woman has put a 1, it must be counted as a 5
- If the woman has put a 2, it must be counted as a 4
- If the woman has put a 3, it must be counted as a 3
- If the woman has put a 4, it must be counted as a 2
- If the woman has put a 5, it must be counted as a 1



Calculation of *direct* scores (II)

PSYCHOLOGICAL HEALTH scales - (ESP-VP),

adaptations by Neus Roca Cortés et al. (2016. Original version in Catalan 2013)

NAME SURNAME(S)

File No. DATE ADMINISTERED

Administering PROFESSIONAL

PSYCHOLOGICAL HEALTH SCALES (II) – <u>DIRECT</u> scores			Scores			Sub-dimension scores	
		Items	Frequency score	Severity score	Frequency score multiplied by severity		
POST-TRAUMATIC STRESS	Avoidance and hyperactivation	5					
		6					
		7					
		8					
		9					
		10					
		11					
	Flashbacks	1					
		2					
		3					
		4					
	PTS direct score =						
	Minimum <u>direct</u> score = 11, Median <u>direct</u> score = 143, Maximum <u>direct</u> score = 275						
	DESPERATION	Dismay and helplessness	2				
4							
5							
6							
8							
11							
Hope and strength		1 reversed*					
		3 reversed*					
		7 reversed*					
		9 reversed*					
		10 reversed*					
DESP direct score =							
Minimum <u>direct</u> score = 11, Median <u>direct</u> score = 33, Maximum <u>direct</u> score = 55							

* Direction of the reversals:

- If the woman has put a 1, it must be counted as a 5
- If the woman has put a 2, it must be counted as a 4
- If the woman has put a 3, it must be counted as a 3
- If the woman has put a 4, it must be counted as a 2
- If the woman has put a 5, it must be counted as a 1

9.3 RECORD OF MENTAL HEALTH DIAGNOSES AND ADDICTIONS (RSMAD)

- **Protocol**



Protocol for the RECORD of MENTAL HEALTH DIAGNOSES AND ADDICTIONS

Neus Roca Cortés (2016. Original version in Catalan 2013)

If this information is not in the file, it will be necessary to ask the woman and/or obtain medical records

NAME SURNAME(S)

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Indicate with a circle "O", the option that best describes the situation of the user.

THERE IS NO DIAGNOSIS made by experts.

THERE IS A DIAGNOSIS made by experts and is as follows:

<p>UNDERLINE the name of the DIAGNOSIS in the corresponding table:</p> <ul style="list-style-type: none"> • if the diagnosis is detailed in a report by the expert, it is advisable to consult it • In the case of non-agreement, write the diagnosis in the table below 	INDICATE whether the expert diagnosis carried out explicitly indicates DISABILITY
1. Anxiety disorders (anxiety attack, anxiety disorder with or without agoraphobia, specific phobia, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder, acute stress disorder, generalized anxiety disorder)	
2. Anxiety disorder with agoraphobia	
3. Mood disorders (major depressive disorder, dysthymic disorder, manic bipolar disorder, depressive or mixed, cyclothymic disorder)	
4. Substance related disorders (alcohol, hallucinogenics, amphetamines, caffeine, cannabis, cocaine, phencyclidine, inhalants, nicotine, opiates, sedatives, hypnotics, anxiolytics)	
5. Schizophrenia and other psychotic disorders (schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic episode, shared psychotic disorder)	
6. Somatic symptom disorder (physical symptoms that suggest a medical illness but which after the required evaluation cannot be fully explained by the presence of a physical illness: diffused general physical malaise, somatization disorder, undifferentiated somatic symptom disorder, conversion disorder, pain disorder, illness anxiety disorder, body dysmorphic disorder)	
7. Dissociative disorder (alteration of the integrative functions of the consciousness, identity, memory and perception of one's surroundings: dissociative amnesia, dissociative fugue, dissociative identity disorder and depersonalization disorder)	
8. Sexual and sexual identity disorders (paraphilias and sexual dysfunctions)	
9. Eating disorders (anorexia and bulimia)	
10. Personality disorders (paranoid personality disorder, schizoid, schizotypal, anti-social, borderline, histrionic, narcissistic, avoidant personality disorder, dependent personality disorder, obsessive compulsive personality disorder)	

In the case of NON-AGREEMENT with the above labels, write the expert diagnosis received HERE :	INDICATE whether the expert diagnosis carried out explicitly indicates DISABILITY

To be used in the Social Inclusion index: INDICATE using the corresponding number WHICH of the above boxes you believe is CLOSEST to the diagnostic label received by the woman:

OBSERVATIONS:

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Indicate with a circle “O”, the option that best describes the situation of the woman.

Questions: Are you currently taking any medication? Prescription or over the counter, continuously or occasionally? Do you drink beer, wine, a few drinks...? How often, more or less? Do you smoke marijuana or anything similar? Do you take crack, cocaine or anything similar? How often, more or less?

CURRENT consumption of toxic substances (not including tobacco):

<input type="checkbox"/> There is NO consumption of any type	<input type="checkbox"/> Prescribed psychoactive drugs Medication that does not affect human behavior is not included (antibiotics, anti-inflammatories).	<input type="checkbox"/> Occasional use non-prescribed psychoactive drugs (self-medication)
<input type="checkbox"/> Continual use non-prescribed psychoactive drugs (self-medication) (the frequency could be often or infrequently but repeats continually)	<input type="checkbox"/> Occasional consumption of drugs / alcohol	<input type="checkbox"/> Habitual consumption (the frequency could be often or infrequently but repeats continually) of drugs / alcohol

OBSERVATIONS:

.....

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9.4 PHYSICAL HEALTH INDEX (ISF-VP)

- **Protocol**
- **Instructions for use**
- **Results sheet**

INDEX

Protocol (SPF-VP)

YOUR PHYSICAL HEALTH

NAME SURNAME(S)

File No. DATE ADMINISTERED

Administering PROFESSIONAL



Please indicate, in relation to your **physical health**, with a circle "O", if you **CURRENTLY** suffer from any of the following manifestations. Indicate the **SEVERITY** (how bad it is) and the **FREQUENCY** (how often). Symptoms of physical illness are always those **as a result of the abuse received from the partner**.

FREQUENCY

1 Never	2 Not often	3 Sometimes	4 Quite often	5 Continually
-------------------	-----------------------	-----------------------	-------------------------	-------------------------

SEVERITY

1 Not at all	2 A little	3 Average	4 Quite	5 Very
------------------------	----------------------	---------------------	-------------------	------------------

Physical consequences	Frequency: HOW OFTEN HAS IT HAPPENED?					Severity: HOW INTENSE WAS IT?				
	1	2	3	4	5	1	2	3	4	5
	Never	Not often	Sometimes	Quite often	Continually	Not at all	A little	Average	Quite	Very
1. Abdominal / thoracic injury (pain in the lower abdomen or abdomen, etc.)	1	2	3	4	5	1	2	3	4	5
2. Hematomas and contusions (bruises, swelling, etc.)	1	2	3	4	5	1	2	3	4	5
3. Chronic pain syndrome (continuous pain with a duration of six months or longer, located in different parts of the body, such as the head, limbs, back, etc.)	1	2	3	4	5	1	2	3	4	5
4. Disability (disability associated to any organ or part of the body. For example: hearing loss, sight loss, poor functioning of kidneys, liver etc.)	1	2	3	4	5	1	2	3	4	5
5. Fibromyalgia	1	2	3	4	5	1	2	3	4	5
6. Fractures (broken bones, tendons etc.)	1	2	3	4	5	1	2	3	4	5
7. Gastrointestinal disorders (belly / stomach pains)	1	2	3	4	5	1	2	3	4	5
8. Irritable bowel	1	2	3	4	5	1	2	3	4	5
9. Laceration and abrasions (burns, etc.)	1	2	3	4	5	1	2	3	4	5
10. Eye injury (injury or pain in eye area, etc.)	1	2	3	4	5	1	2	3	4	5
11. Reduced physical functioning (decreased or reduced mobility)	1	2	3	4	5	1	2	3	4	5
12. Gynecological disorders	1	2	3	4	5	1	2	3	4	5
13. Infertility (inability to become pregnant or carry it to term)	1	2	3	4	5	1	2	3	4	5
14. Pelvic inflammation	1	2	3	4	5	1	2	3	4	5
15. Pregnancy complications / abortion	1	2	3	4	5	1	2	3	4	5
16. Sexual dysfunction (sexual problems such as pain during intercourse, vaginismus, etc.)	1	2	3	4	5	1	2	3	4	5
17. Sexual transmitted diseases (including AIDS)	1	2	3	4	5	1	2	3	4	5
18. Unsafe abortion (abortion performed without the regulatory medical and health conditions)	1	2	3	4	5	1	2	3	4	5

PHYSICAL HEALTH INDEX - impact index for women in a situation of male chauvinist intimate partner violence (ESF-VP),

Mireia Martínez Artola and Neus Roca Cortés (2016. Original version in Catalan 2013)

Instructions for use

• Aim

This scale evaluates the presence of lesions and physical, sexual and reproductive diseases, as well as the possible disabilities that may arise as a result of the violence received by women in a situation of male chauvinist intimate partner violence.

Correction rules

We will calculate this subscale to evaluate the presence of symptoms of physical disease and lesions. Next, we will transform it into a positive score for physical health, for recovery.

Firstly, the *direct score* is calculated, which is obtained in the following manner (see scores calculation sheet): for each item, multiply the scores indicated in the frequency column by the score indicated in the severity column. The overall scores of the items are then added to this overall score (frequency x severity) per item.

Secondly, the *weighted score* is obtained by dividing the direct score by the total of items of each subdivision dimension. A high weighted score will indicate a high level of physical illnesses or disabilities and a high level of negative consequences on physical health, whereas a low score will indicate a low level of negative consequences. The minimum possible weighted score on the scale is 18.0. The median weighted score: 12.5, and the maximum possible weighted score on the scale: 25.0.

The *transformed score* for physical health will indicate the level of physical health (positive) in the recovery, which is obtained by calculating 25 less the weighted score obtained (see results sheet). A high transformed score for physical health will indicate that the woman is in good physical health and therefore, a high level of recovery.

Recommendations

It is advisable to ensure that the woman properly understands the difference between frequency and severity and is accompanied and supervised during the first items.

It is also recommended to aid the user in the comprehension of the items to understand the more technical vocabulary, which, in spite of being typical, may be unknown if she has not suffered from any of these problems. Ensure that all the items are answered to guarantee the rigor in the calculation of the final score.



PHYSICAL HEALTH INDEX RESULTS SHEET for women in a situation of male chauvinist intimate partner violence (ESF-VP), Mireia Martínez Artola and Neus Roca Cortés (2016. Original version in Catalan 2013)

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Overall score calculations	Dir. Score divided by the No. of items on the scale =	= Weighted score to 1 decimal place	25.00 minus the Weighted Score	= Transformed score in health-recovery direction
PHYSICAL CONSEQUENCES Minimum <u>weighted</u> score = 1 Median <u>weighted</u> score = 13 Maximum <u>weighted</u> score = 25	..... : 11	=.....	25.00 -	=
SEXUAL AND REPRODUCTIVE CONSEQUENCES Minimum <u>weighted</u> score = 1 Median <u>weighted</u> score = 13 Maximum <u>weighted</u> score = 25	..... : 7	=.....	25.00 -	=
PHYSICAL HEALTH INDEX - Overall Score				
Minimum <u>transformed</u> score = 0, Median <u>transformed</u> score = 24, Maximum <u>transformed</u> score = 48				

FINAL DIAGNOSTIC EVALUATION

COMPARISON with previous evaluations

In months/years it has

**Score calculation for
PHYSICAL HEALTH scale (ESF-VP),**
created by Mireia Martínez Artola and Neus Roca Cortés
(2016. Original version in Catalan 2013)

PHYSICAL HEALTH INDEX (VP)				
	Item	Frequency score	Severity score	Overall score per item = Frequency multiplied by severity
PHYSICAL CONSEQUENCES	1			= ...
	2			= ...
	3			= ...
	4			= ...
	5			= ...
	6			= ...
	7			= ...
	8			= ...
	9			= ...
	10			= ...
	11			= ...
	Direct score = Minimum <u>direct</u> score = 11, Median <u>direct</u> score = 143, Maximum <u>direct</u> score = 275			
SEXUAL AND REPRODUCTIVE CONSEQUENCES	12			= ...
	13			= ...
	14			= ...
	15			= ...
	16			= ...
	17			= ...
	18			= ...
	Direct score = Minimum <u>direct</u> score = 7, Median <u>direct</u> score = 91, Maximum <u>direct</u> score = 175			

OBSERVATIONS:

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10. SOCIAL INCLUSION

10.1 EVALUATION OF SOCIAL INCLUSION

What is evaluated

The concept of *social inclusion*, typically employed in sociological studies on social inequalities, is an ideal concept for the evaluation of the recovery from male perpetrated intimate partner violence because it integrates and unifies key aspects of the liberation and recovery.

The process of liberation and recovery contains subjective aspects of social welfare, but defined from a psychosocial and gender point of view, it also involves a set of material and circumstantial conditions of individual independence and social insertion that the concept of social inclusion provides. These *material and social conditions* are the following: one's own income, housing, employment, social networks and support, citizenship, state of health and access to healthcare.

In the western and post industrial societies, social inclusion includes the participation of people in three basic areas that act separately (Joan Subirats et al., 2004): the market or social tool provided by each person as a mechanism for the exchange and connection to the collective contribution of the creation of value; redistribution, which is basically performed by the powers and public administrations, and finally, the relationships of reciprocity that are deployed within the framework of the family and the social networks. The concept of social inclusion, social exclusion and social vulnerability, are employed in the European social policies and in the national plans since the first decade of the twenty-first century.

The purpose of using the concept of social inclusion as an indicator of *recovery* is to provide content and coherence to the *social aspect*, as well as that of *survival and recovery*. It is an essential condition for freedom and dignity.

Social inclusion is synonymous with recovery in the sense that we have defined: rebuilding one's life with health, independence and freedom.

In the case of women, who are placed in the social structure as a group in an unfavorable situation according to the studies on social inequalities, freedom occurs both through the explicit exercise of sociopolitical participation in the welfare state as well as through independence and economic self-sufficiency.

Social inclusion and exclusion go beyond the concepts of economic poverty and quality of life because they also include social alienation mechanisms, such as those of an employment, educational, residential, relational, sociosanitary, citizenship and participatory nature (Joan Subirats, Clara Riba, Laura Giménez, Anna Obradors, María Giménez, Dídac Queralt, Patricia Bottos and Ana Rapoport, 2004). This is a global concept that integrates socioeconomic, cultural and social welfare aspects of the material life of people and of the possibilities of access and participation.

Additionally, with the concept of social inclusion as an individual index, by subject (and not by population group), variables that before were only sociodemographic, isolated and descriptive, will now be able to globally and comparatively evaluated by subject and also in the research on the influence that these have on the recovery, both to describe it as well as to relate this variable to others, such as, recovery.

We have used three sub-dimensions of social inclusion when regrouping the six proposed by Joan Subirats et al. (2004): *socioeconomic capital*, which

includes economic, employment, educational and residential capital; *relational capital* (including that of citizenship) and *sociosanitary capital*. In relational and citizenship capital we have included the social support perceived as studied in social psychology. This is an important aspect in the phenomenon of intimate partner violence and recovery.

The situations of violence against women does not necessarily imply social exclusion but it does place them at risk of falling into it because it does affect many of the dimensions of inclusion.

The *economic capital* is one of the main targets of a situation of affective and male chauvinist intimate partner violence. The main effect of the economic violence and social isolation is for the survivor to not have any savings or to economically depend on the abuser, which represents one of the critical obstacles for many women when they try to leave their abusive partner (Michael J. Strube and Lisa S. Barbour, 1984).

One's own income, paid employment and housing are important factors in liberation and recovery. In a longitudinal follow-up, the women who left their abusive partners earlier had more probabilities of finding employment outside of the home, being less time in the relationship and would have tried more strategies to alleviate the abuse, whereas those who continued with the relationship went through economic hardship, believed that the abuser would change and had nowhere to go (Michael J. Strube and Linda S. Barbour, 1984).

In the case of women who are jointly responsible for bringing up the children, these circumstances have greater impact. Single-parent families, either with a history of violence or not, have limited income, do not receive economic or social support for the children and have the limited public social resources for their care and education. The increased need for socioeconomic resources when the separation takes place is much harder in the case of women in a situation of violence, due to the economic impoverishment as a result of the economic violence (Paul R. Amato, 1999).

The social isolation typical of intimate partner violence can be intense and covers many areas of the life of the woman, causing a weakening or loss of social relationships, of the quality of the employment she already has, of educational and career opportunities, and as previously mentioned, the quality and quantity of her own economic income. In the case of displaced women, emigrants who find themselves in a situation of violence,

the lack of a social network, non-citizenship, difficulties accessing the employment market, as well as the restrictive immigration laws, and the sense of abandonment of her own family (especially the children) in the country of origin, are factors that leave them in a greater state of vulnerability (Roberta de Alencar, 2011).

The social support forms part of the relational area of social inclusion, which takes into account the quantity and strength of the available social networks of the person. The situation of male perpetrated intimate partner violence particularly affects this sub-dimension, given that the social isolation is one of the strategies par excellence of psychological violence.

In the field of public health, social studies on the family, social network and health have provided data on the benefits of having social support from people considered to form part of a social network and who can be counted on for support (Susan Folkman and Richard S. Lazarus, 1986).

Evidence has been found of the presence of less social support and structural social support (institutional resources, professionals or religious practices) in women who cohabit with the aggressor. The protective effect of social support has been demonstrated in women abused by their partner when offering them access to opportunities, emotional support and information that can protect them from the violence and of the threats of their aggressors. It therefore results in a lower level of post-traumatic stress symptoms, anxiety, depression, inability to adapt and greater self-esteem among women with social support compared to those who have none (Pedro J. Amor, Enrique Echeburúa, Paz Corral, Irene Zubizarreta and Belén Sarasua, 2002). This lack of social support demonstrates situations that are significantly different in comparison to women already separated from the abuser and women who have not experienced abuse, in such a manner that it prevents women who cohabit with the aggressor from having the benefit of the dampening effect that this social support provides (María Pilar Matud Aznar, Laura Aguilera Ávila, Rosario J. Marrero Quevedo, Olga Moraza Pulla and Mónica Carballeira Abella, 2003).



How it is evaluated

The *social inclusion index of women in a situation of male chauvinist intimate partner violence* (INCLS-VP), by Neus Roca Cortés, measures the participation of women in a situation of violence in the market of the social usefulness provided as a mechanism for connecting with the collective contribution of the creation of economic value²⁰, the participation in the redistribution materialized in the social rights of citizenship, such as education, health and social protection and, finally, in the relationships of reciprocity that are developed within the framework of the family and social networks.

It includes a record of indicators to gather the pertinent information, a good amount of which can be found in the *files of the services*, and a formula to calculate the *numerical values*. The responses to the indicators are graded ordinally. Each type of capital has the same weight in the total value of the index. Social inclusion goes in the direction of recovery and vice-versa.

Some information required to complete this index forms part of *other questionnaires or scales*, in particular those referring to sociosanitary capital. The INCLS-VP protocol takes into account the sociosanitary indicators and their numerical values, but does not reproduce the questionnaires on physical health or those on psychopathological diagnoses and addictions from which it extracts the information.

The relational capital includes the *social support scale*, by Pilar Matud (1998), which has been *adapted and reduced for women in a situation of male chauvinist intimate partner violence* (SS-VP) by Clara Porrúa García, Neus Roca Cortés and Soledad Ruiz Saiz. This scale measures the *instrumental and emotional support* available to the woman, the possibility she has through her relationships that they will accompany her and aid her economically and affectively, and also regarding employment, information and leisure. By following the same conceptual ideal, it has been reduced and adapted to five items in only one dimension. The eliminated item was the one that asked about professional support. It should be noted that this is asked in the same service where they receive the support and the whole sample responded positively, regardless of the other support received. The technical characteristics of the *social support scale* indicate a structural validity with a

single factor and with one noteworthy result of an alpha of 0.80 and an explained variance of 56.82%.

Technical characteristics

The INCLS-VP is an index created during this research using previous socio-demographic data records for women in a situation of violence (Neus Roca Cortés et al., 2005, 2007) and the result of the adaptation of the macrosocial indicators for women in a situation of male chauvinist intimate partner violence from a microsocial and gender perspective.

It is an index which is sensitive to the variations of the phenomenon object of the study in the sample for this research, given that results have been obtained with typical deviations of around 30% for the score interval.

²⁰ As we know, this value only refers to the direct economic benefits, not to the value of sustaining life through care tasks which, in spite of being an essential task for maintaining wealth, these are neither paid nor are they economically valued in the standard macroeconomic indexes (Cristina Carrasco, 2003).

10.2 SOCIAL INCLUSION INDEX (INCS-VP)

- **Protocol**
- **Instructions for use**
- **Results sheet**



SOCIAL INCLUSION INDEX protocol of women in a situation of male chauvinist intimate partner violence (IS-VP), Neus Roca Cortés (2016. Original version in Catalan 2013)

If this information is not in the file, it is necessary to ask the woman

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Indicate with a circle "O", the option that best describes the situation of the woman, for each one of the following indicators. The numbers in the first column of each answer correspond to the quantitative value of the answer to the item

1. Indicate the woman's TOTAL MONTHLY INCOME (this may be from employment, rents, inheritance, various benefits, etc.):

		CURRENT AMOUNT (if using the service)
0	No income	
1	Low (<Minimum wage = €460.50*)	
2	Average (Minimum wage = €651**)	
3	Average-high (€650 <€1,000)	
4	High (€1,000 <x> €2,000)	
5	Amounts greater than €2,000	

* The criterion for the limit is the non contributory job seekers allowance in effect (it is necessary to update the figure, according to the legislation).

**The criterion for the limit is the minimum wage in effect (it is necessary to update the figure, according to the legislation).

2. Indicate the woman's MAIN SOURCE of income (from where the greatest amount originates and is most constant). Mark only one option:

0	No income
1	Help from third parties (family members, friends, charity, etc.)
2	Savings, inheritance, temporary benefits, occasional maintenance payments for children
3	Permanent benefits, permanent maintenance (including maintenance payments for children)
4	Employment
5	Income from properties (rents, investments, etc.) or employment plus rent from properties

OBSERVATIONS:

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3. SUFFICIENCY of income (the woman must answer):

	0	1	2	3	4	5
With the money that I <u>alone</u> earn, I can economically support myself (and my children)	Null	Very little	Sometimes it is difficult to get to the end of the month	Sufficient	Quite good	More than sufficient

4. Indicate the woman's type of EMPLOYMENT:

0	Does not have paid employment
3	Paid employment or does not work because not necessary due to assets in her name (properties, rents, etc.)

5. Indicate the CONTRACT TYPE the woman has:

0	No contract
0.5	Temporary contract or self-employed WITHOUT social security cover or other contributory benefits
1.5	Permanent contract or self-employed WITH social security cover and other contributory benefits
2	Civil servant or own business in HER NAME or LEGALLY signed participation, with social security cover and other public or private contributory benefits

6. Indicate the woman's current level of STUDIES:

1	Illiterate
	Primary education incomplete (primary, EGB [General Basic Education], basic, etc.) or basic literacy
2	Primary education (up to 14 years of age, primary, EGB, primary school certificate) and curriculum adapted to special needs
	Secondary education studies incomplete (up to 16 years of age*: ESO [Obligatory Secondary Education], EGB, *FPI [Vocational Training], etc.)
	Secondary education studies (up to 16 years of age*: ESO, EGB, FPI, etc.) or specific vocational training
3	Non-obligatory secondary education (up to 18 years of age, further education, etc)
	Non-obligatory secondary education (up to 18 years of age: Higher vocational training or professional modules level I, etc.)
5	Higher education (after 18 years of age: professional modules level II, diploma, degree, etc.)

* This includes the curriculum adapted to special needs at all educational levels. The ages are indicated for informative purpose to include women from other educational programs and, in addition, the names of the programs for women who may have studied these types of programs at other ages.

7. Current AVAILABILITY of HOUSING Indicate:

CURRENTLY the woman (and children in her care) live in:	
0	Temporarily allocated housing (institutional, family, friend)
0.5	Housing owned by the abusing partner or ex-partner or his family
1	Rented housing, with a contract in another person's name or no rental contract
2	Rented housing, contract in her name or jointly owned property (with partner or ex-partner of his family or other people)
3	Housing wholly owned by her

8. The SAFETY of the woman in the HOUSING (the woman must answer):

I/We (with children and other dependent relatives) live in a safe and peaceful place	0 Not at all	0.5 A bit	1 Average	1.5 Fairly	2 Completely
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OBSERVATIONS:

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9. Regarding SOCIAL SUPPORT – Scale of social support for women in a situation of male chauvinist intimate partner violence (SS-VP), by Clara Porrúa García, Neus Roca Cortés and Soledad Ruiz Saiz (2013)

The following questions refer to the **PRESENCE OF PEOPLE** who provide or can provide **SUPPORT or HELP** on several occasions.

Please respond **TO WHAT EXTENT** you can depend on this person in the following circumstances , and say **what your relationship is*** with these people (friend, sister, brother, mother, neighbor, work colleague, etc.).

	DURING this month				
You have someone to leave the house with if you want	0 Never	0.5 Not often	1 Sometimes	2 Often	3 Always
You have someone to turn to when you have problems with your partner	0 Never	0.5 Not often	1 Sometimes	2 Often	3 Always
You have someone with whom you can be yourself	0 Never	0.5 Not often	1 Sometimes	2 Often	3 Always
You have someone who cares for you, listens to you and helps you if you need it	0 Never	0.5 Not often	1 Sometimes	2 Often	3 Always
You have someone to turn to when you have economic or employment problems	0 Never	0.5 Not often	1 Sometimes	2 Often	3 Always

* The name of these people can be written or not depending on whether the information will be used further on. In the case of the evaluation, it is only used to focus the woman on the real opportunities she has.

10. Indicate the type of CITIZENSHIP the woman currently has:

0	Irregular legal status or in process
1	Residence or work permit
3	Residence permit and also a work permit or refugee
5	Immigrant with Spanish citizenship
7	Spanish

OBSERVATIONS:

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11. Regarding SOCIAL PARTICIPATION (the woman must answer):

0	I do not participate in any association, group, community centre, political party, club, etc.
1	I sometimes participate in an association, group, community centre, political party, club, etc., but I am not a member
2	I am a member of an association, group, community centre, political party, club, etc., but I don't go very often
3	I regularly participate in an association, group, community centre, political party, club, etc.

OBSERVATIONS:

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12. Indicate the ACCESS the woman has to HEALTHCARE:

0	No access to either public or private healthcare or health insurance
1	Partial access only to public healthcare for children not of legal age
2	Partial access only to public healthcare for children not of legal age and herself
3	Complete access only to public healthcare for children not of legal age
4	Complete access to public healthcare for children not of legal age and herself but does not have any possibilities to access private healthcare or health insurance
5	Has complete access to the public and private healthcare system and health insurance for herself and children not of legal age

13. In relation to HEALTH, indicate the woman's ILLNESSES AND ADDICTIONS as a result of the violent situation experienced (found in the record of mental health diagnoses and in the physical health index):

0	Habitual consumption of drugs and alcohol
	Infertility
5	Any of the illnesses listed below, which are fairly severe and frequently occur:
	Prescribed psychoactive drugs
	Non-prescribed psychoactive drugs or self-medication
	Occasional consumption of drugs
	Chronic illnesses
	Irritable bowel
	Laceration and abrasions
	Gynecological disorders
	Pregnancy complications or during abortion
	Sexually transmitted diseases
Unsafe abortion	
7	Any of the illnesses listed below, which are severe and frequently occur:
	Abdominal pain
	Hematomas and contusions
	Fractures
	Gastrointestinal disorders
	Ocular damage but can lead a normal life
	Pelvic inflammation
Sexual dysfunction	
10	No lesions or harm

14. Indicate the woman's PHYSICAL DISABILITIES AND MENTAL DISORDERS (found in the record of mental health diagnoses and in the physical health index):

0	Psychopathological diagnosis of severe mental disorder*
	Disability associated to any organ or part of the body
5	Reduced physical functioning
	Chronic pain syndrome; fibromyalgia
	Psychopathological diagnosis of minor or non-severe mental disorder (items 1, 4, 6, 8 and 9)
10	No disabilities or disorders

OBSERVATIONS:

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* The psychopathological diagnoses corresponding to items 2,3,5,7 and 10 from the record of psychopathological diagnoses are considered severe; in the case of items 1,4,6,8 and 9 only if the expert diagnosis has explicitly indicated that the diagnosed disorder has caused the disability.

SOCIAL INCLUSION INDEX of women in a situation of male chauvinist intimate partner violence (INCLS-VP), Neus Roca Cortés (2016. Original version in Catalan 2013)

Instructions for use

• Aim

This index evaluates the social, economic and cultural aspects that provide access to the social welfare of the life of people as it informs on sufficient available resources to attain this level of well-being. This is evaluated through the concept of "capital", understood as the current conditions that make future conditions possible which cause social marginalization or not. It includes the subdimensions of socio-economic capital, relational capital and sociosanitary capital.

In the definition of liberation and recovery of women in a situation of violence we have included the material and social conditions of autonomy and independence which are reflected in this index. Socio-economic independence is attained not only to *cover* the basic needs of survival, but also for the fact that these are *actually controlled in a legal manner* by herself. The direction of the index is: the *greater the social inclusion, the greater the recovery*, and vice-versa.

Correction rules

The final score of the social inclusion index is obtained by totaling the scores obtained in each item (numerical value of each answer placed in the left-hand column). The maximum score for the social inclusion index is 75. The median score is 37.5. And the minimum possible score for the index is 0.

The INCL-VP index includes the *social support scale (SS-VP) for women in a situation of male chauvinist intimate partner violence*, by Clara Porrúa García, Neus Roca Cortés and Soledad Ruiz Saiz, and its *aim* is to evaluate the perception of the current assistance that the woman considers she has available in the instrumental and affective areas of her life at that moment. In this social inclusion index, each item receives a score that ranges from 0 to 3, with the aim of balancing the scores of the index.

However, this scale is subject to its own calculation, given that it is a psychological phenomenon and has been validated as such (see corresponding chapter). When only using the social support scale, each item will be scored 1 to 5, and the final social support score will be obtained by totaling the scores obtained in each item. A high score in social support will indicate a high degree of recovery of the women, whereas a low score will indicate a low degree of recovery.

This scale can be complemented by asking about the people (and the ties they have with them) who provide each one of the types of social support. The number of people can be multiplied by the frequency and provide more precise information about social support.

Recommendations

No item must be left unanswered in order to calculate the social inclusion final score.

SOCIAL INCLUSION INDEX RESULTS SHEET of women in a situation of male chauvinist intimate partner violence (INCLS-VP) Neus Roca Cortés (2016. Original version in Catalan 2013)

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SOCIAL INCLUSION INDEX		Items	Answer	Total
SOCIOECONOMIC Capital Minimum score = 0 Median score = 12.5 Maximum score = 25	Level of own income	1		
	Precariousness of own income	2		
		3		
	Level of employment	4		
		5		
	Level of studies	6		
	Autonomous access to housing	7		
		8		
Partial score =				
RELATIONAL Capital Minimum score = 0 Median score = 12.5 Maximum score = 25	Social support (total of items on the scale)	9		
	Citizenship	10		
	Participation	11		
	Partial score =			
SOCIOSANITARY Capital Minimum score = 0 Median score = 12.5 Maximum score = 25	Access to healthcare system	12		
	Illnesses and addictions	13		
	Physical disabilities and mental disorders	14		
	Partial score =			
TOTAL SCORE				
Minimum score = 0, Median score = 37.5, Maximum score = 75				

FINAL DIAGNOSTIC EVALUATION

COMPARISON with previous evaluations

In months/years it has



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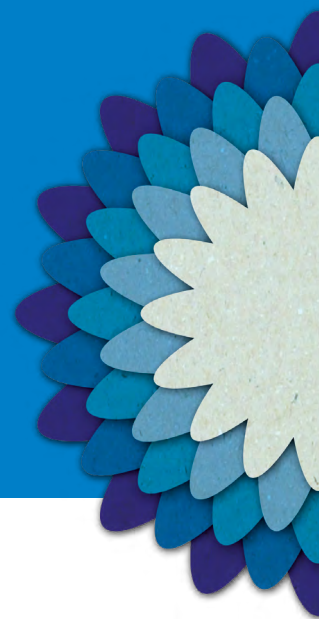


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RECOVERY OF WOMEN IN A SITUATION OF MALE CHAUVINIST INTIMATE PARTNER VIOLENCE

Description and instrumentation