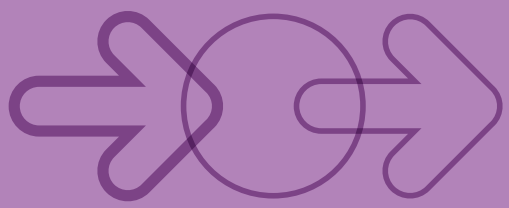
The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships

BCN

Applied research



Universitat de Girona

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Ajuntament de Barcelona

FOR PART ONE
Applied research in the context of social services and gender-based violence.

Barcelona City Council

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FOR PART TWO
The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships.

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Glossary of acronyms

- CMAU: Centre Municipal d'Atenció a les Urgències
  [Municipal Centre for Emergency Care]
- CMAU-VM: Centre Municipal d'Acolliment d'Urgència per Violència Masclista
  [Municipal Centre for Emergency Shelter due to Gender-based Violence]
- CSMIJ: Centre de Salut Mental Infantil i Juvenil
  [Children's and Young People's Mental Health Centre]
- CSS: Centre de Serveis Socials
  [Social Services Centre]
- DGAIA: Direcció General d'Atenció a la Infància i Adolescència
  [General Directorate for Children and Young People's Care]
- EAD: Equip d'Atenció a la Dona [Women's Care Team]
- EAIA: Equip d'Atenció a la Infància i Adolescència
  [Children and Young People's Care Team]
- ERIDIqv: Equip de Recerca d'Infància, Drets dels Infants i la seva Qualitat de Vida
  [Children, Children's Rights and their Quality of Life Research Team]
- ES: Educadors i Educadores Socials [Social Educators]
- IMSS: Institut Municipal de Serveis Socials [Municipal Institute of Social Services]
- IRQV: Institut de Recerca sobre Qualitat de Vida
  [Research Institute on Quality of Life]
- PIAD: Punts d'Informació i Atenció a les Dones
  [Women's Information and Care Points]
- SAN: Servei d'Atenció a Nenes i Nens [Children's Care Services]
- SARA: Servei d'Atenció, Recuperació i Acollida
  [Care, Recovery and Shelter Service]
- SAS-ABITS: Servei d'Atenció Socioeducativa de l'Agència ABITS
  [ABITS Agency Socio-educational Care Service]
- SIAS: Sistema d'Informació d'Acció Social [Social Action Information System]
- TS: Treballadors i Treballadores Socials [Social Workers]
- UdG: Universitat de Girona [University of Girona]

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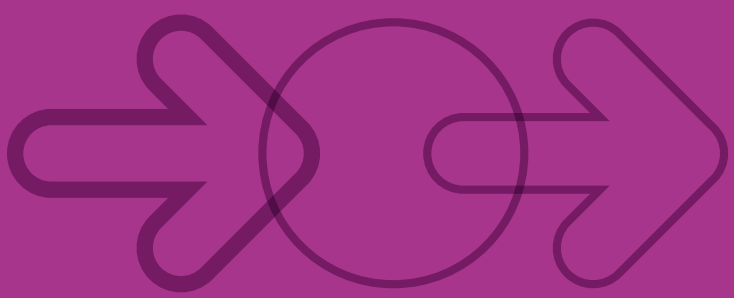
PART ONE

APPLIED RESEARCH IN THE CONTEXT OF SOCIAL SERVICES AND GENDER-BASED VIOLENCE



1.
APPLIED RESEARCH IN THE CONTEXT OF SOCIAL SERVICES

Knowledge management and the generation of learning processes in the social field

The context of social work is an environment of help and change, where a cross-disciplinary approach is key. Such projects and the methodologies applied are carried out from a range of diverse professional disciplines: social education, social work, psychology, pedagogy and other sciences, applied or otherwise, such as sociology and the political sciences, among others.

Professionals apply methodologies that are the product of knowledge accumulated by their profession learnt in academic contexts, the product of study and continued education and, in particular, the often interdisciplinary contrasted experience in their working team. It can also be noted that the context of social intervention is increasingly adopting fora for reflection on its practice.

These fora for reflections on practice are necessary in order to think about what we do and to learn from what we do. Thinking about practice is a good start to reviewing the theory and continuing to learn. Fora for case studies, supervision sessions, improvement groups and exchanges of experience, etc. all bring us closer to the possibility of continuous improvement.

To move forward, however, we need to connect with each other and expand knowledge networks outwards, where professional and academic fora are essential for mutual feedback.

These general premises have been systematised and are part of the **Plan for Knowledge Management of the Department of Social Rights**. The Plan aims to provide professionals with useful and productive knowledge with which to carry out their task, in order to promote efficiency, continuous improvement and quality in projects and services.

This plan works to foster a cultural shift in the organisation, with particular emphasis on the transfer of knowledge, expertise and understanding accumulated by the professionals who work there.

This shift involves moving from consuming knowledge to generating it.

This Plan for Knowledge Management contains a set of projects, spaces and scenarios to stimulate and generate knowledge divided into three main working areas:

1. Exposing and sharing acquired knowledge.

2. Interconnecting knowledge to generate new knowledge through internal collaborative work.

3. Generating connections with external knowledge networks.

It is on this foundation that one of our strategic knowledge management plans is built: *Knowledge management in the organisation's border areas*. This project seeks to interconnect with networks of external knowledge surrounding the Department of Social Rights, such as teachers from academia and experts, participatory organisations and networks and professionals from other administrations, through stable projects and areas of learning and debate.

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The Administration, specifically the Department of Social Rights, is generating debate and reflection to update its staff's knowledge in order to uncover unknown and innovative practices, as well as to contrast, systematise and assess common work processes and disseminate that knowledge among its professionals.

It is here where we place special emphasis on promoting *APPLIED RESEARCH AND OTHER ONGOING COLLABORATIONS WITH UNIVERSITIES* for issues of strategic interest to the social sphere. It is especially important for the professionals familiar with day-to-day practice to participate in applied research, academic fora, conferences and professional symposia, as well as writing and publishing on the subjects they work on. This line of action is part of a policy of recognition of professionals.

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

Everyone working in social care knows that our expertise does not always guarantee the tools needed to systematise analysis and verify improvement of a situation, i.e., it is not always possible to assess results and gauge how effective (and even efficient) the methodologies applied in our interventions have been.

Research offers this level of systematisation, method, objectivity and external expertise, which are all necessary to help us think about our practice, and make technical and conceptual improvements. We are therefore convinced that in the field of social work, universities are an essential partner.

On the other hand, universities cannot keep their academic processes and research removed from daily practices. It needs to draw on real implementation of hypotheses in actual practice. This collaboration therefore gives universities the opportunity to bring academia to different social realities, ensuring feedback to help keep teaching alive.

Research and practice must coexist in a symbiotic relationship, and the former should be an integral part of the latter: the learning of skills and reflections on practice can constitute the basis for research development. Research can produce new knowledge and stimulate new and renewed practices.

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

Thinking and joint reflection between professionals from universities and professionals from social services can produce knowledge that stimulates both areas, creating a network of knowledge that is essential for mutual growth. It is not therefore a case of social services charging universities with research but rather a case of working together in a learning process to obtain a shared product.

Thinking and reflecting on experience and theories, designing hypotheses and implementing a methodology, designing an analytical model, analysing the results and drawing conclusions from them: these are all part of generating common knowledge.

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Applied research in the context of social services: the road to continuous improvement and innovation

Applied research is clearly aimed at informing practice, and is designed according to a previously agreed plan to transfer the results.

Innovation in terms of process is an idea that evolves, develops and grows through communication and teamwork until it becomes a tangible reality. Innovation means growing, it is a leap, a discovery, a crossroads in the process. Innovation means making progress through accumulated knowledge.

Assessments, reviews and continuous improvement are the basis of innovation.

It is possible to innovate by carrying out our tasks but in a different, more effective way, applying creativity and learning. In this sense, innovation firstly needs to: systematise knowledge resources; materialise advances arising from accumulated knowledge and; through a process of analysis and reflection, give form to the creation, introduction and dissemination of new, better processes.

Innovation is clearly related to the creative attitude of the professionals, but must always take place through a systematic work process that allows analysis and reflection. Innovation is linked to active learning. Applied research is an active learning process.

In general terms, applied research is wholly justified within the Administration, as the analysis and systematisation **generate the feedback effect necessary to improve the quality and efficiency of the services the organisation offers the public**.

The only organisations with the flexibility and ability required to adapt to changes are those that have established mechanisms for lifelong learning. Those organisations that are able to **bring together all the knowledge, understanding and experience of all their professionals** in a timely way with new solutions to face new and changing social challenges, such as those faced by the Department of Social Rights. Such **organisations learn and create communities of knowledge**.

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Purposes and effects of applied research:

Leaving to one side the objective of the work and the ultimate goal, it seems helpful to list here some of the **specific purposes** that might speak in favour of applied research:

- To diagnose individuals, groups and communities.
- To assess needs and resources.
- To validate or assess the effectiveness of a certain social intervention, methodology or model. To enable the systematisation of technical instruments, assessment scales, etc.
- To demonstrate efficiency and effectiveness.
- To investigate an emerging issue or topic of interest.
- To reflect on new issuesor new requirements, to explore new problems.
- To analyse the impact of a particular subject, be it a resource, a type of intervention or an organisational change, etc.
- To make proposals for possible improvements.
- To standardise interventions.

Furthermore, beginning applied research with social service professionals will always have a range of **beneficial, complementary effects** given the very nature of the context of social intervention. Such benefits include:

- Describing a systematic model for working and producing explanations as to how it works.
- Promoting technical knowledge, which can lead to changes and improvements in technique.
- Encouraging creativity and dedication of professionals in services.
- Capitalising professional experience.
- Increasing and enhancing the professional and academic status of professionals working in social services (presentations, publications, etc.).
- Bringing prestige to the organisation.

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Requirements for initiating applied research

After the experience of recent years and analysing both applied research which has already been completed and that which is either in progress or about to begin, it is expedient to lay out the minimum requirements in order for research to be successful in the context of social services:

- **Motivation.** There must be an issue or problem of social importance that generates a degree of concern, be it with the goal of innovating or trying to find a solution.

- **Viability.** It must be possible in terms of the time to be devoted to it and compatible with the care work inherent to the service the professionals have to carry out. It is important to bear in mind:

  » The duration of the research must be realistic for the team promoting it.

  » The scope and magnitude.

  » The human and financial resources available.

- **An ethical position.** As this involves working with people, it is not ethically acceptable to carry out contrast or impact studies where a subject is not given a resource which they could, in theory, be given.

- **The involvement and support of the organisation in research and the results.** This is an essential condition for research to be successful in both its execution and especially in terms of its use and implementation of its conclusions. Research must be conceived as a tool for continuous improvement and innovation.

- **A formal agreement between the university and the Administration.** In order to endow the research with maximum clarity and formality, all collaborations with universities must be agreed and underwritten in collaboration agreements or other forms of agreement. It is important that this document include structural elements, such as the purpose of the research, its phases and deadlines, the economic relationship if any, responsibilities and functions, as well as terms relating to intellectual property rights.

- **The required academic and professional discipline and contrasts.** The discipline(s) used to carry out the research must be defined. Given the social approach is mostly interdisciplinary or multidisciplinary, this is an added complexity that must be agreed upon with the academic world, and which makes the research unique. For example the need to contrast with other disciplines and/or paradigms and perspectives throughout the process.

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- **The theory or paradigm** through which the results will be interpreted, which should be consistent with the intervention model. We can also include in this section **a model for analysing the results**.

- **Coherence in design.** Planning and design must take up a large part of the first phase of any research. The design should be simple and understandable for it to be shared, and so that it becomes a point of reference throughout the process. If the design is done well, research flows, although, of course, obstacles and incidents may arise that need resolving.

- **The research team** must distinguish at least two levels:

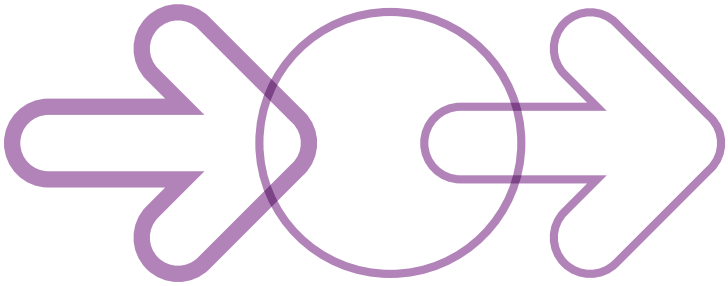
  » A driving team made up of the City Council and the University that defines the aim of the research, which participates in the overall design and oversees it, takes decisions regarding any changes in aim that may arise, and follows and participates in the technical analysis, conclusions, publication and practical application.

  » The field team with its internal organisation depending on the phase and scope of the research (commissions by subject, geographical area, etc.).

- **Methodology** and rigour. It is the task of the University, as part of the expertise it can contribute, to indicate the appropriate methodology depending on the type of research and its objective. The methodology must be defined and accepted by all parts from the beginning.

- **Communication plan.** In order to generate useful, applied knowledge, the results must be visible. The presentation and publication must therefore be agreed, and a communication plan must be designed, internally within the organisation at first, and later on externally. **Local returns to the professionals who have most closely participated in the research must always be included.**

- **The results must be transferred and fed back into practice.** Providing for short- or medium-term research is vital in the Administration in order to enact the practical application of findings, in accordance with the initial design. Regardless of the application of results, the socialisation of knowledge drawn from the research must be ensured.



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2.
APPLIED RESEARCH IN SITUATIONS OF GENDER-BASED VIOLENCE

The previous chapter dealt with applied research in the context of social services. This chapter will cover applied research in situations of gender-based violence, while progressing, through five sections, from defining the problem to taking on applied research, the results of which are set out in detail in the second part of this publication. Finally, a number of topics are highlighted that complement the recommendations offered by the authors of the research arising from the results and conclusions obtained.

The five sections that comprise this chapter are:

- What is meant by gender-based violence?
- The public social services available that provide care and support in situations of gender-based violence in the city of Barcelona.
- Applied research in situations of gender-based violence.
- Applied research on the impact of gender-based violence on childhood and adolescence, on mothers and on mother-child relationships.
- Some reflections for the improvement of services and care based on research results.

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2.1 What is meant by gender-based violence?

Gender-based violence is selective violence against women. It is of a structural nature and is a major social problem.

Gender-based violence is always a situation of risk for children and adolescents, whether they are witnesses to it or they also suffer violence directly.

It is a selective form of violence against women.

Any violent relationship is a relationship of domination, control and abuse of one person over another, and the person dominating feels empowered to force another to do something they would not do of their own will and to attack them (in any and all of the forms this might take: physical, psychological, sexual and/or financial) whenever they feel like it.

Unlike an isolated episode of violence, abuse always involves a psychologically abusive pattern towards the person being attacked. Violence involves a process whose goal is the subjugation of one person by another.

In the case of gender-based violence, it is selective violence against women just because they are women.

Authors such as Luis Bonino[1] state that there is already an international consensus defining male violence against women as *any form of coercion, control or illegal imposition whereby a person tries to maintain the hierarchy imposed by a culture of sexism, forcing them to do that which they do not want to do, preventing them from doing what they do wish to do or convincing them that it is the man who decides what to do*.

The United Nation's Fourth World Conference on Women (Beijing, 1995) defines *violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological damage or suffering for women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in their public or private life. Violence against women is a manifestation of historically unequal power relations between men and women, which have led to the domination of men over women. This violence [...] derives essentially from cultural patterns [...] that perpetuate the inferior status assigned to women in the family, in the workplace, in the community and in society*.

It is in this context that the Catalan law on women's right to eradicate gender-based violence[2] *uses this expression because sexism is the concept that most generally defines behaviours of domination, control and abuse of power of men over women and which, in turn, has imposed a model of masculinity that is still valued by part of society as superior. Violence against women is the most serious and devastating expression of this culture, which not only destroys lives, but prevents the enjoyment of women's rights, equal opportunities and freedoms.*

It defines (in Article 3, point A) gender-based violence as *violence which is exercised against women as a manifestation of discrimination and the situation of inequality within the framework of a system of power relations of men over women and which, by physi-*

1 Bonino, L. (2005) "La violencia masculina en la pareja" [Male violence in couples], in *Cárcel de amor* [Prison of love].

2 Law 5/2008, of 24 April, on women's right to eradicate gender-based violence.

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cal, financial or psychological means, including threats, intimidation and coercion, results in physical, sexual or psychological damage or harm, regardless of whether this is caused in the public or private sphere.

This violence, exercised by men, has a complex and multidimensional set of causes, but the primary causes are sexist cultural patterns that maintain and foster male superiority and female subordination. And, of course, neither biology nor provocation or aggressiveness on the part of women are causal factors.

The values, beliefs and mandates as to what "a man must be", transmitted by traditional patriarchal society[3], are at the very foundation of this violence.

In this context, sexism legitimises the inequality of power that places men in a dominant social position with regard to women. Sexism is the seed that feeds gender-based violence.

It is of a structural nature.

This is recognised by the UN General Assembly in its *Declaration on the Elimination of Violence against Women*[4] (1993):

Recognising that violence against women is a manifestation of historically unequal power relations between men and women, which have led to the domination of women and discrimination against them by men, and prevented full development of women, and that violence against women is one of the fundamental social mechanisms by which women are forced into a position of subordination to men.

In the *In-depth study on all forms of violence against women* presented to the UN General Assembly in July 2006 in a report by the Secretary-General, a section is devoted to *The broad context and structural causes of violence against women*[5]. Among other things, it states:

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

3 **Patriarchy:** form of social organisation in which social values associated with the male gender hold a dominant power, keep values associated with the female gender subjugated and control mechanisms that propagate this social hierarchy. Patriarchal culture is androcentric insofar as it places men at the centre of the world.

4 General Assembly Resolution 48/104 of 20 December 1993.

5 *The broad context and structural causes of violence against women* from the Secretary-General's study on violence against women, p. 32-38.

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been ingrained in formal ideologies and in public discourse.

It manifests itself in different forms and spheres.

The Catalan law on women's right to eradicate gender-based violence defines the following forms and spheres of violence:

Forms of gender-based violence

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

b) Psychological violence: this covers any behaviour or intentional omission that causes a woman degradation or harm by means of threats, humiliation, vexation, demands of obedience or submission, verbal coercion, insults, isolation or any other limitation to their sphere of freedom.

c) Sexual violence and sexual abuse: this covers any act of a sexual nature without a woman's consent, including exposure, observation and imposition, through violence, intimidation, emotional manipulation, sexual relations, regardless of whether the aggressor is married, in a relationship with, emotionally tied to or related to the woman.

d) Economic violence: this consists of intentional and unjustified deprivation of resources for the physical or psychological well-being of a woman and, where applicable, their children, and the limitation of her access to her own resources or those shared in the sphere of the family or relationship.

Spheres of gender-based violence

a) Violence in the sphere of the relationship: this consists of physical, psychological, sexual or economic violence against a woman, perpetrated by a man with whom she is married or has been married, or with whom she shares or has shared similar emotional relationships.

b) Violence in the family sphere: this consists of physical, sexual, psychological or economic violence against women and minors in the family, perpetrated by members of the same family, in the context of emotional relationships and bonds in the family setting. It does not include violence exercised by the partner in the sphere of the relationship defined in the first paragraph.

c) Violence in the workplace: this consists of physical, sexual or psychological violence that may occur in the workplace and during working hours, or outside the workplace and working hours if it is related to work, and it may take two forms: sex-based harassment and sexual harassment.

d) Violence in the social or community sphere. This includes the following forms:

» Sexual assault: this is the use of physical and sexual violence against women and minors, defined by the premeditated use of sex as a weapon to demonstrate power and abuse it.

» Sexual harassment.

» Trafficking and sexual exploitation of women and girls.

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» Female genital mutilation or risk thereof: this includes any procedure that may involve partial or total removal of the female genitalia and/or cause injury, even where there is express or tacit consent from the woman.

» Forced marriages.

» Violence arising from armed conflict: this includes all forms of violence against women occurring in these situations, such as murder, rape, sexual slavery, forced pregnancy, forced abortion, forced sterilisation, deliberate infection with diseases, torture or sexual abuse.

» Violence against the sexual and reproductive rights of women, such as selective abortions and forced sterilisation.

e) Any other comparable forms that harm or are likely to harm the dignity, integrity or freedom of women.

Gender-based violence is a major public problem.

Violence against women, far from diminishing, still persists.

In Europe, 62 million European women have experienced gender-based violence in their life, and one in three has experienced physical or sexual abuse[6].

In Spain, from 2002 to 2015 inclusive, 858 women have died due to gender-based violence, which translates into an average of 61.38 people killed a year.[7]

Miguel Lorente, then the Government Delegate for Gender Violence, published on 8 March 2011 in the newspaper *Público* an article entitled "Machismo y terrorismo" [Sexism and terrorism], in which he wondered why, if gender-based violence killed more people than ETA's[8] terrorism, people were more afraid of terrorism than of sexism. He posed the following reflection: whereas terrorist violence is seen as alien to the system and directed against it, violence against women, on the other hand, is born from the very values that our culture has established for our society; it is what is called *structural violence*.

In Catalonia, in 2010 the Catalan Government's Department of the Interior conducted the first ***Survey of gender-based violence in Catalonia.*** 14,000 women living in Catalonia (aged between 18 and 70) were asked by telephone about their perceptions and personal experiences in the field of gender-based violence. Additionally, a sample of 1,500 men were interviewed in order to compare the perceptions of men and women regarding gender-based violence.
According to the results of this survey, in Catalonia:

26.6% of women surveyed said they had suffered some particularly serious gender-based aggression in their lifetime.

6 European Union Agency for Fundamental Rights (2014).

7 Spanish General Council of the Judiciary. Summary tables by the Spanish Ministry of Health, Social Services and Equality. Observatory against domestic and gender-based violence.

8 Since 1960, ETA has killed 857 people, of which 12 in the last five years, whereas gender-based violence has killed 345 women in the same last five years alone.

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- 16.9% had experienced sexual violence: rape attempts (6.2%), violent or threatening sexual groping (4%), rape (2.9%) and other sexual abuse or assault (3.8%).
- 9.2% had experienced physical assaults without weapons or objects. A further 2.1% had experienced assaults with weapons, knives and other objects.
- 4.2% had received death threats or other particularly serious threats.

In Barcelona City, these proportions were even higher. The City Council reached an agreement with the Department of the Interior so that the sample of women surveyed in the city of Barcelona was statistically representative and the results are illuminating:

- 29.9% of women living in Barcelona surveyed said that they had suffered a particularly serious gender-based assault in their lifetime.
- In 2009, particularly serious gender-based assault affected 1.7% of women living in Barcelona aged between 18 and 70. This means that there were 9,648 female victims of serious assaults in 2009, with the following breakdown:
  - » 4,540 physical assaults
  - » 2,270 psychological abuse or unwanted groping
  - » 2,270 death threats
  - » 568 attempted rapes
  - » 568 violent sexual groping
  - » 568 rapes

Gender-based violence is always a situation of risk for the child or adolescent.

Catalan Law 14/2010, of 27 May, on the rights and opportunities in childhood and adolescence states that *Gender-based violence constitutes an inherent risk for the child or adolescent* (Art. 102), and obliges the government to provide care for children and adolescents living with situations of gender-based violence (Art. 95) and all professionals, especially in the fields of health, social services and education, to intervene when they become aware of a child or adolescent in a situation of risk or neglect. (Art. 100.3). All this is regardless of whether the child or adolescent is a witness or also a direct recipient of the violence.

Moreover, experience tells us that the harm caused or which could be caused by gender-based violence can be equally severe irrespective of whether the child or adolescent has been a witness to violence or directly received it.

Bearing in mind that a majority of women who experience gender-based violence are also mothers and have children who are minors, the extent of the impact this violence has on children and adolescents can be deduced. In other words, **gender-based violence is also a major public problem for the children of these women**.

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2.2 The public social services available that provide care and support in situations of gender-based violence in the city of Barcelona.

These services are based on the conviction that this is a structural problem that requires a **global approach** across several fronts:

- The person receiving the violence: women and their children, if any.
- The person exerting the violence: usually the man.
- The social context in which this occurs:
  - » Seeking partnerships with individuals and civic organisations that are willing to fight sexism and violence against women.
  - » Identifying and trying to neutralise the beliefs and myths that justify, trivialise or minimise the impact of sexism on our society, and which contribute to rendering gender-based violence invisible.

In order for interventions by the system of social services to be effective, they must cover all three of these fronts from two perspectives:

- Preventive: primary prevention acting against the beliefs and social values that justify violence in order to prevent it occurring; secondary prevention ensuring early detection, and tertiary prevention to avoid violence becoming chronic or being repeated in the future.
- Care and support: ensuring comprehensive care and protection for people who are subject to violence, and providing support for those who voluntarily wish to modify their violent behaviour (when there are no judicial measures that force them to).

In the context of the applied research covered by this publication, the focus is on the public social services that provide care and support in situations of gender-based violence where it already exists. It includes publicly owned services and privately owned services linked to Barcelona City Council through contracts or agreements.

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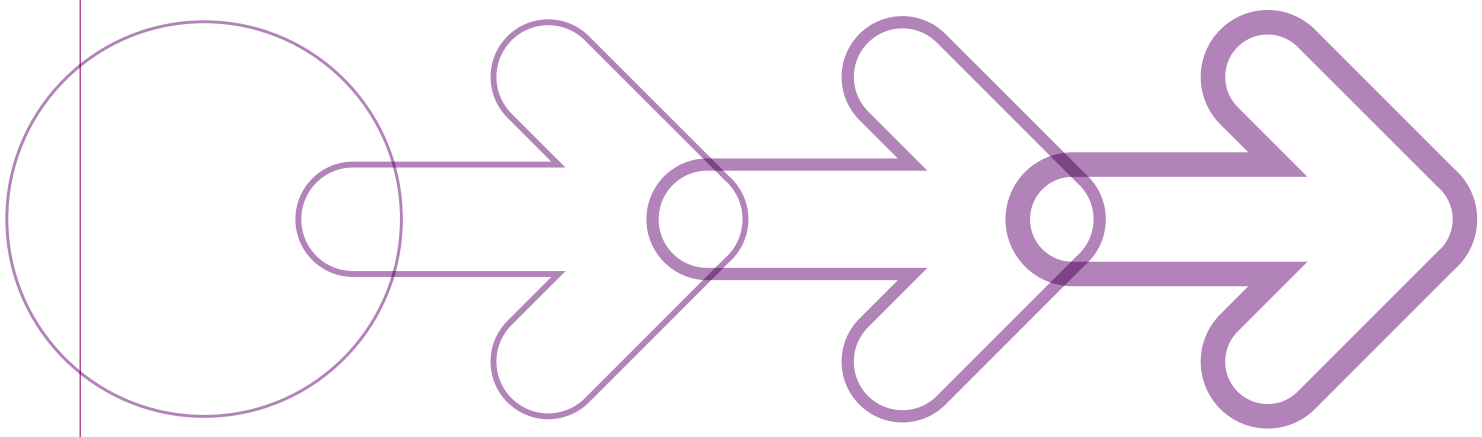

PUBLIC SOCIAL SERVICES INTERVENING IN SITUATIONS

SOCIAL SERVICES CENTRES (CSS)

Gender-based violence:
- Detection
- Exploration
- Treatment, except in high-risk situations where the woman requires shelter

1. General
2. Direct
3. Municipal Institute of Social Services

WOMEN'S INFORMATION AND CARE POINTS (PIAD)

Gender-based violence:
- Prevention and awareness
- Detection
- Motivation to ask for help
- Treatment in low- and medium-risk women without children or added complications
- Referral to CSS or SARA when appropriate
- Accompanying the woman to the referrals

1. GBV-specific team
2. Direct
3. Dir. of Feminisms and LGBTI

MEN'S CARE SERVICE FOR THE PROMOTION OF NON-VIOLENT RELATIONSHIPS (SAH)

- Prevention and awareness
- Information and advice on abuse
- Individual interviews at shelter to assess the situation and offer personalised support
- Individual therapy
- Group therapy

1. GBV-specific team
2. Indirect
3. Dir. of Feminisms and LGBTI

CARE, RECOVERY AND SHELTER SERVICE (SARA)

- Information and advice
- Personalised, comprehensive support (women, children, young people and collateral victims)
- Social, educational and psychological care
- Legal advice
- Protective resources
- Workplace insertion services
- Advice for professionals and services

1. GBV-specific team
2. Direct
3. Dir. of Feminisms and LGBTI

1. TYPES OF SERVICES

General: deals with all the public and all types of problems

GBV-specific team: only deals with GBV situations (outpatient and emergency shelter)

GBV-specialised team: long-term shelter stay due to GBV

2. TYPES OF MANAGEMENT

Direct: service offered by municipal staff

Indirect: externalised service

Social Services Consortium of Barcelona: financed through the Directorate of Feminisms and LGBTI

3. DEPENDENCY

Municipal Institute of Social Services

Directorate of Feminisms and LGBTI

Social Services Consortium of Barcelona: funded through the Directorate of Feminisms and LGBTI

Private bodies receiving subsidies: funded through the Directorate of Feminisms and LGBTI

LONG-STAY SHELTER SERVICES

BARCELONA SHELTER

1. GBV-specialised team
2. Social Services Consortium of Barcelona

Funded through Dir. of Feminisms and LGBTI

RESIDENTIAL APARTMENTS

1. GBV and Drugs specialised team
2. Private body working in partnership

Funded through Social Equality Directorate and Health Dept

BARCELONA CIRCUIT TO COMBAT GENDER-BASED VIOLENCE
Cross-institutional coordination

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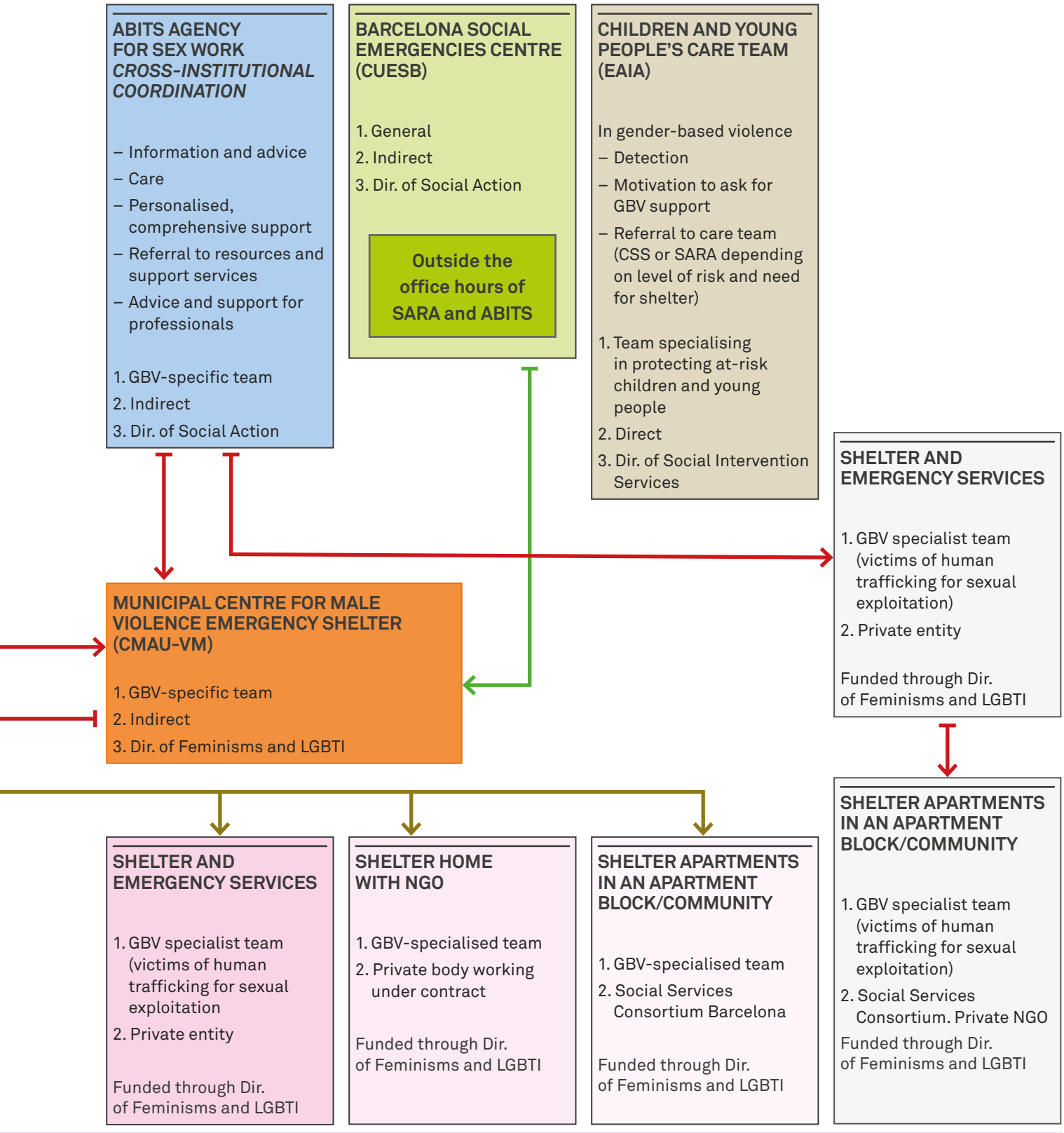
OF GENDER-BASED VIOLENCE IN THE CITY OF BARCELONA



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2.2.2 Services.

Here follows a brief description of the services covered by this team that have participated in or collaborated with the research on *The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships.*

Outpatient care:

- Social services centres (CSS):

  These centres provide basic, multi-faceted care[9]. Their aim is to handle the social needs of individuals, groups or collectives in a given district or city in order to foster and enhance the social inclusion and advancement of the population, particularly in social situations and dynamics involving discrimination or exclusion.

  They are staffed by professional social workers, social educators, psychologists and lawyers, as well as centre management.

  As of 1 November 2009, all social services centres in the city detect, explore and offer therapy in situations of gender-based violence, providing care for women who go to the CSS and their children (be it on an emergency basis or regular appointments) for situations that may or may not be specific issues of gender-based violence, unless it becomes necessary to activate shelter services, at which point they must pass the case on to SARA (Care, Recovery and Shelter Service), which will then be the service point of reference should long-term shelter finally be required.

  Social services centres are the service point of reference for cases involving women experiencing violence and who are receiving support from the service, as long as they do not require long-term shelter services. As for emergency shelter stays, although the service of reference is SARA (Care, Recovery and Shelter Service), the CSS does not close the file until they have received the evaluation and recommendation after the initial emergency exploration. When the CSS is the service of reference for a case, it is their duty to activate the specific violence resources for each case, except for those involving shelter (RAI (Active Insertion Income), ATENPRO (Mobile Care), and the sending of notifications to the Domestic Violence Prosecution Service, etc.).

- Women's Information and Care Points (PIAD):

  This is a local service that responds to various requests for information and care for women, linked to situations of discrimination in the sphere of the workplace, the social sphere, couples and/or the family unit, requests for information and resources, participation, women's associations, and gender-based violence. PIAD centres are located in all districts of the city.

  They combine individual care with group and community work, with a gender perspective. They care for women on an outpatient basis, and are part of the women-specific basic care team.

9 Basic care in that it offers outpatient care and can be accessed directly by the public.

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The role played in detection by these two basic social services (CSS and PIAD) is key considering the extent of gender-based violence in Catalonia, and given only a small part of this violence reaches public social services teams. Most of the women who experience situations of gender-based violence and who resort to such services do so for other issues that may or may not be related with themselves.

- Care, Recovery and Shelter Service (SARA).

  SARA is an outpatient service at the city level and is owned by the city council, offering basic care specific to victims of situations of gender-based violence (women, children and young people, and people surrounding them that are directly affected by such violence), as well as counselling professionals and people surrounding the victims.

  It is the social service of reference in Barcelona and also deals with low to medium risk situations when people access SARA directly requesting support.

  It has a multidisciplinary team (composed of professionals in social work, social education, psychology, law and workplace insertion) that provides comprehensive care in order to work on the recovery processes of people they support, whether they need shelter services or not.

  It is the entry point to public and private emergency shelter, on an emergency or long-term basis, for women experiencing situations of gender-based violence and their children.

  This comprehensive care focuses on a Working Plan adapted to changes in the situation as long as the woman and her children, or whichever people are receiving support, require support focused on gender-based violence, regardless of whether specialised resources are required (ATENPRO (Mobile Care), RAI (Active Insertion Income) and emergency or long-term shelter services, among others).

  It is a new municipal outpatient service that launched in January 2014, which:

  » On the one hand incorporates two services that until 31 December 2013 had been independent and comprised the municipal care team in situations of gender-based violence: the Women's Care Team (EAD) and Children's Care Service (SAN).

  » It Implements all of the aspects defined in the *Model of care for children and adolescents in situations of gender-based violence through public social services in the city of Barcelona*, in compliance with the provisions of the Municipal Government Measure presented to the Municipal Plenary on 26 April 2013.

  » It extends the profile of users:

    › It provides care and counselling to people in the immediate surroundings of women, children and adolescents directly affected by gender-based violence.

    › It provides care for children or adolescents and people in the immediate surroundings directly affected by the death of a woman due to gender-based violence (murder or induced

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suicide), or for any reason (illness, accident, etc.).

› It provides care for young people that are victims of abusive emotional relationships, short- or long-term partners, or other manifestations of gender-based violence not involving either the mother or father or their current partners, i.e., cases where there is no violence at home.

- ABITS Agency Socio-educational Care Service

The SAS (Socio-educational Care Service) is the specific service the City Council makes available for women involved in sex work, or who are victims of sexual exploitation, in Barcelona City, especially those offering their services on public thoroughfares. The service is part of the Contra la Violència Masclista [Against Gender-based Violence] team in Barcelona pursuant to Catalan Law 5/2008, of 24 April, on women's right to eradicate gender-based violence, Article 5 on human trafficking for sexual exploitation as a form of gender-based violence.

The aim of the SAS is to detect situations of vulnerability in order to provide specialised, comprehensive care for those involved in sex work while guaranteeing their rights and well-being, providing social support, health services and educational, psychological and legal support. This support acts as an entry point to the network of public services, especially those services offering support to people: social services, education and health.

It is an interdisciplinary service made up of a director and professionals from various disciplines: social work, social education, psychology, law and health.

The areas of the city where the service proactively contacts women, from Monday to Friday, both during the day and at night, are: Ciutat Vella, Sant Martí/Eixample, Les Corts, Sants-Montjuïc and any other district where their participation is requested.

The service offers these women:

» Support outside the home

» Operational interventions (primary shelters, information and referrals)

» Care and treatment (educational, social, psychological, health and legal)

- Children and Young People's Care Teams (EAIA):

This service is part of the Catalan child protection system, part of its administration, specialising in children and young people at serious risk or suffering neglect (LDOIA Art. 103.2). These teams are:

» Interdisciplinary, dedicated to diagnosing and treating minors at serious risk and possibly in situations of neglect and their families.

» Split into geographical areas. Barcelona has 13 teams: 12 of these are distributed around the various districts with one centralised team (the city team), which responds to situations that require urgent intervention and assessment and/or families

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without a fixed address (no district).

A significant proportion of EAIA cases involve gender-based violence[10], hence the importance of this service in terms of detecting and motivating women to seek help in order to free themselves and recover from gender-based violence, and referring the case to the CSS in their district or SARA, as appropriate.

- Men's Care Service for the Promotion of Non-violent Relationships (SAH)

This is a city-wide outpatient service owned by the city council offering basic care specifically for men, with the goal of eliminating or reducing the use of violence and pursuing gender equality in the context of relationships. It works to achieve more respectful and equal family and romantic relationships. It offers an information, advice and treatment service aimed at men who want to change the model of masculinity away from violent patterns.

The service is based on two distinct actions:

» *Canviem-ho* [Let's Change It] This is aimed at all men, whether as members of the public, members of professional associations or organisations that want to receive information, training and participate in the shift towards gender equality. The goal is for men and women to enjoy the same rights and fulfil the same duties, regardless of their differences.

» *Servei d'Atenció a Homes que han exercit o exerceixen violència masclista* [Support Service for Men who have exercised or exercise gender-based violence]. Aimed at men who:

› Exercise or have exercised violence against their family or partner, or who are concerned that their attitudes or behaviour can become violent.

› Want to change this situation.

› Come voluntarily. Men who come as part of a set of alternative penal measures are not dealt with here.

It has a team of psychology professionals and provides men with a space for critical reflection where they can:

» Identify and recognise violent behaviour and attitudes.

» Take responsibility for their acts and their consequences.

» Understand why they use violence.

» Learn about the process whereby they end up exercising violence.

» Find non-violent alternatives in their relationships.

Both at the beginning and end of treatment, the service contacts the wives, partners or ex-partners, in order to avoid creating false expectations and so that they do not alter their decisions based on their part-

10 *El maltractament d'infants a Catalunya. Quants, com, per què* [Child abuse in Catalonia. How many, how, why] (2000). Government of Catalonia. This study shows that in 44.4% of cases, there is also abuse towards an adult of the abused child, which in 76.7% of cases is the mother.

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ner's or ex-partner's attendance. If the service detects or receives a request for support from the woman, it refers the case to the CSS in their district or SARA, as applicable.

Since January 2015, SAH has run the SAH-Fathers programme, which has the following objectives:

» To obtain useful information regarding the link and history of the relationship between the father and his child, his involvement in caring and raising the child and how they are positioned with regards to the woman as a mother.

» To assess whether he is able to accept guidelines on how to treat the child or adolescent better and, if so, to provide them with said guidelines.

» To help consent by the father where he has parental authority in terms of direct intervention with the child by SARA.

This initial exploration is done through interviews conducted jointly by an SAH-Fathers professional and a childhood and adolescence professional from SARA.

Once the exploration has been carried out, the SAH-Fathers offers the father the opportunity to receive support from the service in order to help him make the process of change either through participation in specific support groups for fathers who exercise or have exercised gender-based violence, or via therapy as a man who exercises gender-based violence, by offering individual and group spaces for critical reflection along the lines pointed out above.

Shelters from gender-based violence.

In accordance with the Catalan Law on Social Services, a difference must be drawn between **emergency shelter services and long-stay services**.

In order to access a long-stay service, the woman and children, if any (and other members of the family unit in the same household, where applicable) have to have already been in emergency shelter or currently be in one.

In situations of gender-based violence, **emergency shelter must be used when**:

1. *The woman has decided to leave the home immediately, fleeing from violence and:*

   » There is a risk of the aggressor locating and threatening/intimidating her or assaulting her (or their children and/or whoever is staying with them, such as relatives, friends, colleagues or co-workers, or others).

   » Or there is reasonable evidence of risk, but the woman has no other alternative resources for accommodation at that time (friends, relatives, colleagues or co-workers, and others), meaning that if SARA did not provide shelter, she would only have two options available: to return home with the aggressor or live on the street.

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2. *The woman is in a state of shock*[11] *after severe psychological and/or physical and/or sexual aggression; she is disoriented and does not know what decision to take* (to leave home, go back to the aggressor or move in with a relative or friend). In this case, the woman is advised to take a few days for reflection and is offered the possibility to access CMAU-VM, where she has a controlled space and can listen to professionals who can clear up any doubts and support her in the taking stock of the situation and decision-making.

The **length of the stay at the emergency shelter** is one month, broken down as follows:

- A maximum of 15 days for SARA and the emergency shelter service to create a plan for the initial exploration, diagnostic evaluation and recommendation[12].
- When the recommendation is for a long-stay with the gender-based violence team and the woman accepts it, SARA has up to 15 days to find a place for her and admit her.

In practice this emergency shelter stay can be extended in some cases due to a lack of available long-stay spaces or for other reasons.

During the stay in emergency shelter, **if there is risk of being located** by the aggressor, the following conditions apply:

- The woman and children or adolescents in the emergency shelter must stop going to places where the abuser can locate them: work, school, open centres, kids clubs, visits to relatives and friends, etc. ;
- Neither the women or children or adolescents can give anyone the address or any information as to the location where they are sheltered and, of course, they cannot receive visitors for the duration of the emergency shelter stay.

This is hard for the woman.

It is hard for the children and adolescents. Often they have not been a part of the mother's decision and do not always understand what is happening and why they cannot see their father (if the father is the abuser) or cannot go to school or see their friends.

When there is no risk of being located by the aggressor, the shelter stay can be more open, but the woman and children or adolescents must also commit not to give anybody the address or any information as to the location where they are sheltered and, of course, they cannot receive any visits for the duration of the emergency shelter stay. The woman's ability to leave the centre must be specified depending on each case and situation, while bearing in mind that the emergency shelter is there to ensure the woman embarks on

11 A state of shock is understood as an acute state caused by a severe attack that can last hours or days, and which causes abnormalities in mental, cognitive and often somatic functioning. The women often feel confused with altered consciousness, disoriented, upset, emotional numbness, anxiety or other manifestations.

12 Deadline set by Catalan Law 5/2008 on women's right to eradicate gender-based violence.

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a process of reflection on the situation and to help decisions about her future. Emergency shelter is not merely alternative accommodation to their own home. During her stay, the woman must confront her situation and take part in a process of interviews, activities and live alongside other women and children or adolescents also in the shelter, which requires her to stay within the shelter for a significant portion of her time.

In any case, even if there is no risk and the woman and children or adolescents can have a more open regime of coming and going, the emergency shelter is still tough on both the woman and her children and adolescents, for the reasons mentioned above.

- The Municipal Centre for Emergency Shelter due to Gender-based Violence (CMAU-VM)

  Since 8 March 2011, Barcelona City Council has offered the Municipal Centre for Emergency Shelter due to Gender-based Violence (CMAU-VM), to which all women and their children requiring emergency shelter are referred, unless the danger area of the woman is close to the address of CMAU-VM or all the rooms are occupied. This Centre is an emergency residential service whose objectives, among others, are:

  » To provide a place of safety, respite, emotional support and care where women can reflect on their situation and the various possible alternatives open to them, and take the necessary decisions as to their future.

  » To help women properly explain to their children, if any, why they are there and how this decision affects them.

  » To ensure coverage of basic needs of the woman and her children in terms of accommodation, sustenance.

  » To provide women and their children educational and psychological support for the duration of their stay at the emergency shelter, supplementing the legal and social care provided by SARA in this period.

  » To ensure continuity in the education of children and adolescents who, for security reasons, have had to temporarily stop attending school, by following the guidelines provided by their tutor in order to minimise the effects of temporary absence.

  » To complement the intensive exploration carried out with SARA to make a joint initial assessment of the situation and allow professionals to take appropriate decisions in terms of the recommendations to be made to the woman and the intervention to be carried out in accordance with her wishes, or those of her children, when appropriate.

  The CMAU-VM has a multidisciplinary team made up of professionals from the fields of social education, psychology and family work, as well as management. It offers professional care 24 hours a day, 365 days a year.

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SARA and CMAU-VM must work together to ensure the existence of a unique Initial Exploration and Intervention Plan with agreed objectives and strategies and defined responsibilities according to the competencies of each service.

- Long-stay shelter services.

  Long-stay shelter services are limited resources to help women and their children transition and work on the violence they have experienced and receive social and personal tools for the women to regain control and autonomy over their life process.

  The legal framework defines **the duration of the long-stay shelter** as a maximum of six months, which can be extended whenever necessary. As detailed in the previous section, in most cases the stay exceeds six months, as the women and children need more time to deal with their processes to recover from violence. It is important to bear in mind that women, children and adolescents who go to the gender-based violence team often do so in extreme circumstances, with serious emotional harm due to the violence they have experienced. As a result, the recovery processes are longer, which directly results in longer stays in the shelter services.

  While at the shelter, people carry out as normal a life as possible: the women work, look for work or receive training; children and adolescents study, go to camp, summer camps, do sports or whatever else is necessary or most appropriate in each case.

  When there is a risk of being located by the aggressor, children and adolescents have to change schools.

  As for children and adolescents, it is particularly important to encourage them to do extracurricular activities according to their interests, hobbies and needs. If the mother does not have the financial resources, SARA provides the aid necessary to do so.

  Barcelona City has:

  » 24-hour residential services: These services (shelter houses or flats) offer professional care 24 hours a day, every day of the year.

  » Autonomous flats. These include professional monitoring of their daily life a few hours a week.

  Women and children or adolescents (and/or others in their family unit or dependents living with them) are housed in any of these services at the recommendation of SARA (Care, Recovery and Shelter Service), and together they draw up a unique working plan with distinct, complementary responsibilities.

  When there are no places available in public or private resources (through conventions or contracts), they may resort to other private entities and the Directorate of Feminisms and LGBTI is liable for the entire cost of each occupied space during the long-stay shelter.

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This methodology of linking up and networking between services under the same department is also applied when the woman and her children stay in privately owned shelters, and SARA is the service of reference that refers the case. This is to ensure people are treated equally regardless of the service through which they receive shelter and regardless of whether it is publicly or privately owned.

2.2.3 The criteria for access to SARA and the CSS.

These two services provide outpatient care and treatment to people experiencing gender-based violence: women, children of all ages and other people immediately affected.

There are two requirements as to the women, children and teenagers and/or children of legal age:

- They must be living in the city of Barcelona.
- There must be a situation of gender-based violence or continuing effects of violence experienced previously.

All women, children, teenagers and/or children of legal age who meet both these requirements are eligible to receive care, without regard to age, physical or mental health, disability, legal status, sexual orientation and/or origin, and regardless of whether:

» They have an official registered address or not. Priority is placed on actual circumstances over the legal situation.

» Their situation in the country is regularised or not, in the case of foreigners.

» They have filed charges for the violence experienced or not.

» They are living with the aggressor or have broken up with him.

SARA also provides comprehensive care to people immediately surrounding these women, children, teenagers or children of legal age who so request or require attention because of the impact the violence has had on them as well, even if they do not live or are registered in the city of Barcelona.

It also provides guidance and information to professionals and services, as well as to people residing in Barcelona who request it, and also to those residing in a different town who make an inquiry or request advice related to women, children or teenagers residing in the city of Barcelona who are victims of gender-based violence.

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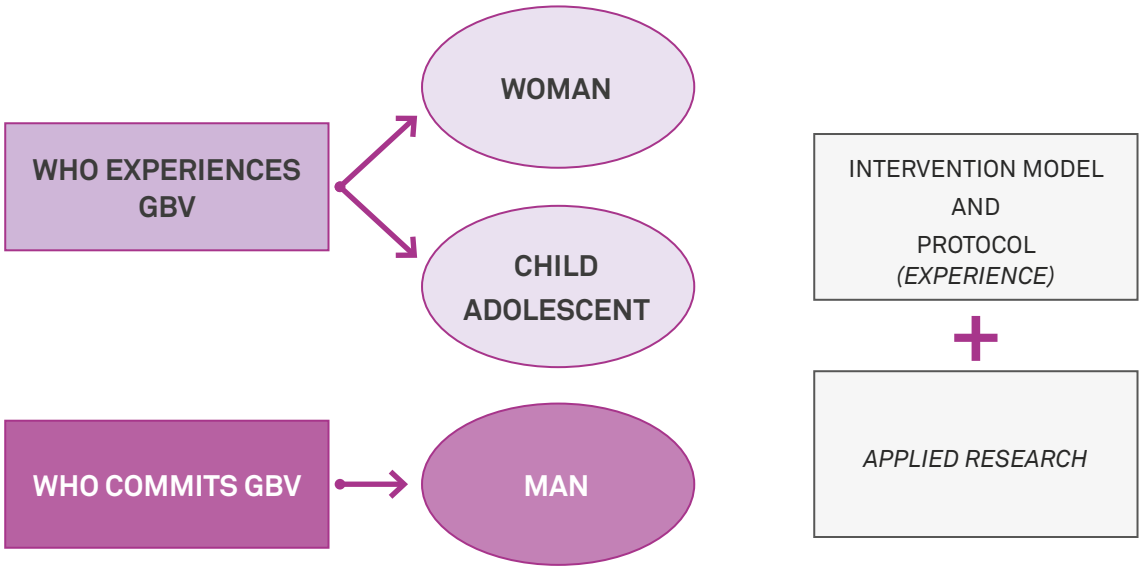
2.3 Applied research in situations of gender-based violence.

In 2005, the then Directorate of the Women's Programme (now the Directorate of Feminisms and LGBTI) initiated a **process of continuous improvement in care** provided to women, children and adolescents who live or have lived in situations of gender-based violence, and the men who exercise it. This process is mainly based on two pillars that are considered essential:

- Creating a protocol for intervention informed by experience.
- Applied research.

Process of continuous improvement



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2.3.1 Creating a protocol for intervention informed by experience

This means using experience to identify best practices to transform them into knowledge that can be socialised, shared and applied throughout all social services involved in the detection and/or care of women, children and adolescents living in situations of gender-based violence, or the men who exercise it, regardless of whether they are publicly or privately owned services, and regardless of their organisational affiliation.

This process of "protocolisation" initiated in 2005 has led to a series of documents, most of which are available on the website of the Women's section of the Barcelona City Council website (barcelona.cat/dones). The documents produced so far are:

- Who suffers from gender-based violence:

  » The woman:

  › *Protocol·lització de la intervenció individualitzada amb dones que viuen o han viscut violència de gènere* [Protocolisation of personalised interventions with women experiencing or who have experienced gender-based violence] (published in 2007 in Catalan).

  › *Protocol·lització de la intervenció grupal amb dones que pateixen o han patit violència de gènere* [Protocolisation of group interventions for women who suffer or have suffered gender-based violence] (published in 2007, in Catalan).

  › *Criteris orientatius d'intervenció amb dones que pateixen, o se sospita que pateixen, algun trastorn mental* [Orientative criteria for intervention with women suffering or suspected to suffer from a mental disorder] (internal document from 2007, in Catalan).

  » Children and young people:

  › *Pautes orientatives d'exploració i intervenció amb els fills i filles de les dones ateses per situacions de violència de gènere* [Guidelines for exploration and intervention with the children of women being treated for situations of gender-based violence] (published in 2007 in Catalan).

  › *La intervenció amb infants i adolescents en situacions de violència masclista des del sistema públic de serveis socials de la ciutat de Barcelona* [Intervention with children and adolescents in situations of gender-based violence through the public system of social services in the city of Barcelona] (published in 2012 in Catalan and Spanish).[13] The intervention model these define became the Municipal Government Measure submitted to the Municipal Plenary Council on 26 April 2013, and is therefore binding on all municipal social services involved.

  › *Intervenció amb adolescents que viuen, o que exerceixen, relacions afectivosexuals abusives o altres manifestacions de violència masclista des dels serveis socials*

13 Preparation of the content of this book was coordinated and directed jointly by technical professionals from the then Directorate of the Women's Programme of Barcelona City Council and the Children's and Women's Service of the Social Services Consortium of Barcelona.

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públics de Barcelona per atenció ambulatòria de tractament en violència masclista[14] [Intervention with adolescents experiencing, or exercising, abusive emotional relationships or other forms of gender-based violence through the public social services in Barcelona for outpatient care in situations of gender-based violence] (Published in 2015 in Catalan and Spanish and available in English in 2016 in digital format). This work defines interventions aimed at girls and boys aged 12 to 17 subject to gender-based violence in which neither the mother nor the father (or current partner of the mother/father) are involved, and intervention with teenagers that perpetrate it.

- The man who exercises gender-based violence:

  » *Guia de recomanacions per a la detecció de violència masclista en homes* [Recommendations for the detection of gender-based violence in men] (published in 2014 in Catalan).[15]

All documents in this process of creating a protocol have been drawn from the working groups, which included the participation of, at least, professionals and managers of the various public social services involved, as well as one or two external experts to ensure incorporation of international contributions that may be useful in our context and prevent the analysis focussing too closely on our organisation.

All these documents define, at the very least:

- The conceptual and legal framework they are issued under.
- The intervention methodology that each document puts forward based on its objectives.

2.3.2 Applied research

This is **useful** research for **taking action**.

At the Directorate of Feminisms and LGBTI, we understand that applied research is an essential tool in any system of services that incorporates criteria as to quality, effectiveness and efficiency in practice.

Since 2005, the following applied research has been carried out and can be found on the Women's section of the Barcelona City Council website (barcelona.cat/dones):

- Who experiences gender-based violence:

  » The woman:

  › ***RVD-BCN. Protocol de valoració del risc de violència contra la dona per part de la seva parella o exparella*** [Protocol for assessing risk of violence against women by their partner or ex-partner]

14 Similar to the previous book, this work was coordinated and directed jointly by technical professionals from the then Directorate of the Women's Programme of Barcelona City Council and the Children's and Women's Service of the Social Services Consortium of Barcelona.

15 Work done by the Working committee on men who exercise gender-based violence as part of the "Circuit Barcelona contra la violència masclista" [Barcelona circuit against gender-based violence]. It was directed and coordinated by the then Directorate of the Women's Programme of Barcelona City Council.

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(published in 2012 in Catalan, Spanish and English).

The RVD-BCN (Women's Risk of Violence-Barcelona) was drawn up in the context of the *Circuit Barcelona contra la Violència vers les dones* [Barcelona circuit against violence against women][16]. The objective of this Protocol is to provide professionals caring for women who experience situations of gender-based violence by their partner or ex-partner a tool to help assess the short-term risk (up to 6 months) of serious violent acts occurring.

RVD-BCN has been subjected to a process of scientific validation that began in February 2010 and ended in June 2011. This involved participation from professionals and services from all areas involved in justice, health, social services and the police (the Mossos d'Esquadra Catalan police force and the Guàrdia Urbana municipal police force). This process was led by the Group for Advanced Studies on Violence (GEAV) from the University of Barcelona, and was funded in equal parts by Barcelona City Council,the Barcelona Health Consortium and the Catalan Women's Institute. It was the task of the then Directorate of the Women's Programme from Barcelona City Council to coordinate the whole process and the Inter-institutional technical commission to carry out oversight.

› ***El procés de recuperació de les dones que viuen violència de parella: descripció i instrumentació*** [The recovery process of women experiencing domestic violence: description and instrumentation] (published in 2013 in Catalan and Spanish and available in English in 2016 in digital format).

This work presents the results of applied research sponsored by Barcelona City Council, led by the PsicoSAO Consolidated Research Group at the University of Barcelona and carried out with the participation of the Women's Care Team, a service falling under the then Directorate of the Women's Programme of Barcelona City council, and managed by the Foundation for Health and Community.

The research, which began in late 2008 and ended in early 2012, offers three types of results:

1. Conceptual definitions of recovery and liberation of women living in situations of gender-based violence from their partner, from the perspective of psychosocial health, gender and procedure.

2. A comprehensive model of the phases of the liberation and recovery of women living in situations of gender-based violence from their partner. It described seven phases: ties,

16 Created in 2001, driven by Barcelona City Council and the Barcelona Health Consortium, with the conviction to promote coordination and cooperation among the various institutions involved in the fight to eradicate gender-based violence in Barcelona as a necessary condition to provide quality care to women experiencing situations of violence and their children, while considering the preventive aspect.

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resistance, conflict and ambivalence, questioning, confrontation and rupture, staying free, and rebuilding their future in freedom.

This model allows deeper understanding of this process, informing the exploration when making the diagnostic assessment and the intervention to be carried out, contributing decisively to improving the efficiency and quality of care provided by both social services and all services involved in the fight against gender-based violence (health, justice, police forces, the judiciary, etc.).

3. It provides a set of instruments that measure four aspects: violence, separation, health and social inclusion. Some of these instruments are new and are an important innovation in the field of caring for women experiencing gender-based violence from their partner. Others are internationally used scales that have been reduced and adapted to our reality.

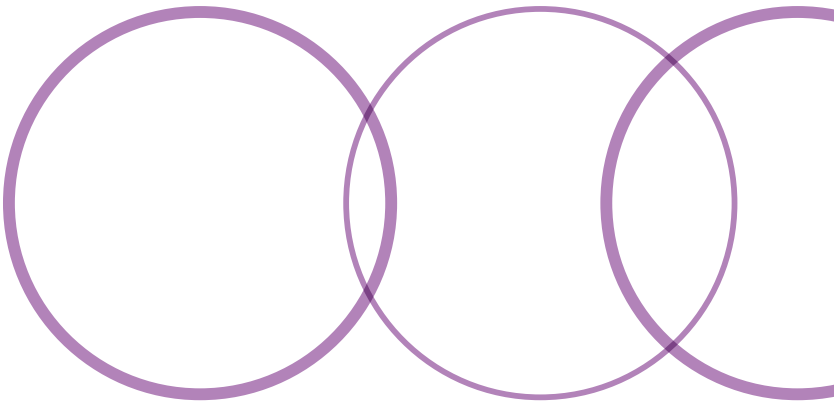
These instruments help professionals to objectify their initial diagnostic assessments, their process and results, and also help to evaluate interventions and provide useful information in taking decisions, both in the management of cases and in defining public policies.

Children and young people:

› ***The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships*** The results of this research are the reason for this publication.

- The man who exercises gender-based violence:

› ***Research to assess the effectiveness of psychosocial therapy for men who exercise gender-based violence towards their partner and who use the Men's Care Service for the promotion of non-violent relationships (SAH).*** The research is managed by Dr Neus Roca Cortés from the University of Barcelona. This research began in 2013 with an expected end date of late 2017.



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2.4 Applied research: The impact of gender-based violence on children and young people, mothers and mother-child relationships

2.4.1 The starting point:

The "model for interventions for children and adolescents in situations of gender violence through Barcelona's public social service system" was officially presented on 13 July 2012, drawn up by a working group with representatives from all the services involved at the time: social services centres (CSS), children and young people's care teams (EAIA), the Women's Care Team (EAD), the Children's Care Service (SAN) and the Barcelona Long-stay Shelter (CA). Two people from outside the network of services and resources in the group also took part, who had specific expertise in the field of at-risk children and families, and in the field of gender-based violence from the gender perspective.

This group, coordinated by the then Directorate for the Women's Programme of Barcelona City Council and the Children and Women's Service of the Social Services Consortium of Barcelona,represented a quantum leap in many aspects compared to the previous protocol published in 2007, which defined the *Guidelines for exploration and intervention with the children of women being treated for situations of gender-based violence*. This work began with the aim of advancing conceptually and methodologically, and delivering a single, all-encompassing document.

This model of intervention, the result of a process that lasted two years, became Municipal Government Measure submitted to the Municipal Plenary Council on 26 April 2013. It obtained the approval and consensus of all political forces without exception. From that moment on, implementation of this intervention model is binding on all municipal social services affected.

One of the four lines of action comprising the Municipal Government Measure for the implementation of this model of care was the implementation of SARA (Care, Recovery and Shelter Service) whose task it would be to integrate the best of EAD and SAN and fully implement the defined intervention model, in addition to expanding the profile of the target audience.

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2.4.2 Objectives:

We were aware that in a process of continuous improvement, it would not be sufficient to create a protocol for interventions based on experience and reflection, and that we therefore needed a deeper understanding of the reality at hand through applied research. We wanted to gain a systematic understanding of the current reality while keeping enough distance from intervention in order to improve the functioning of the services and professional practices and provide higher quality, more effective and efficient care for children, young people and mothers.

As such, work began in late 2012 on initiating applied research, whose results are presented in this publication. The research pursued the following **objectives**:

1. To offer information on the impact of gender-based violence on childhood and adolescence, on mothers and on mother-child relationships.

2. To identify relevant elements for both understanding and carrying out interventions in the recovery process of both children and young people and mothers and mother-child relationships.

3. To provide instruments and/or protocols to properly assess this impact and identify the areas with the greatest potential to facilitate recovery from the violence experienced.

2.4.3 Participating services and services that have collaborated.

Services that have participated:

- Between 2012 and 2013: EAD, SAN and CMAU-VM.

- In 2014 (field-work phase): SARA (new service that incorporates former SAN and EAD) and CMAU-VM.

These services have participated throughout the whole process, from the definition of the objectives and scope of the research, offering its database in order to carry out a secondary analysis of digitally-useful information, providing the contact details from closed cases, encouraging participation of women, children and young people being treated individually and/or in groups at SARA in 2014 where the field work was carried out, answering the self-administered questionnaire aimed at professionals, participating in discussion groups for professionals and finally, providing elements of analysis, evaluation and interpretation of research results.

Services that have collaborated:

CSS, PIADs, EAIA, SAS of the ABITS Agency and gender-based violence shelter services, both emergency and long stays, public and private.

The SAH collaborated by providing access to the men attended by the service (in relation to gender-based violence) and who agreed to take part in the interviews that were part of the qualitative research.

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2.4.4 Research management.

This research required study, analysis and interpretation of the current reality that could integrate different perspectives: that of at-risk children and young people and that of gender-based violence from a gender perspective. The truth, however, is that integrating these perspectives in the fields of research and interventions is not at all easy. It was a challenge that we took on fully aware of the difficulties involved.

Since the services that were to take part in the research had a gender perspective incorporated, and in particular expertise in gender-based violence interventions, we prioritised making sure the management of the research was handled by someone with recognised competence both nationally and internationally in the field of children and young people's rights and their quality of life, and more specifically in at-risk children and young people.

After establishing this priority, the choice was clear: the Quality of Life Research Institute at the University of Girona, with Dr Carme Montserrat and Dr Ferran Casas in charge of research management.

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2.5 Reflections for the improvement of services and care based on research results.

The research results provide many elements for reflection and highlight several areas for improvement both in terms of services and professional practices with regard to the whole social welfare system and the legislative sphere, among others, with regard to how situations of gender-based violence are handled.

In addition to the recommendations that the research authors have grouped into 10 points at the end of the second part of this publication, we wish to highlight four areas of reflection which, in our opinion, should also be priorities.

2.5.1 From liberation from gender-based violence to precariousness.

Some interesting data from the 2015 SARA Report:

- 1,725 families received care (individuals/two or more people).
- A total of 1,483 women received care for gender-based violence.
  - » 90.83% were experiencing gender violence from their partner (1,347 women) either from their current partner (53.80%) or a former partner (46.19%).
  - » 75.38% of women (1,118) had children, in most cases minors.
  - » When there is a breakup of a couple with children, in the vast majority of cases the father has visitation rights and sometimes shared custody.
- Women who have received care:
  - » 59.99% have Batxillerat (A Levels)/ medium or higher vocational training and/or university studies.
  - » This percentage rises to 69.72% if we add the 9.73% of women who had finished their ESO (GCSEs) when they finished studying.
- Working situation of the women who received care:
  - » 48.25% were in employment
  - » 43.55% were unemployed
- Income of women who have received care:
  - » 32.93% have no income (€0)
  - » 67.15% between €0 and €600

This data leads to the following **evaluation**:

For a majority of women, freeing oneself from gender-based violence means becoming a single-parent family with very low income, no job or job insecurity, great difficulty reconciling work/home life and/or little or no family/social support network, as well as an extra burden to meet the material and emotional needs of the children and continue their own process of recovering from the violence experienced. These are situations with a high risk of vulnerability and exclusion, and all that brings with it for them and for their young children and teenagers.

In light of this, it is not enough to provide comprehensive care (social, educational, psychological, legal and/ or employment) whenever the women

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(as a woman and as a mother) or her children and the family unit as a whole need it, for them to be able to free themselves from gender-based violence they have experienced and undergo the recovery process.

In order to avoid the precariousness freeing oneself from gender-based violence can bring with it, a whole set of measures must be implemented and made effective to ensure the following:

- Access to public housing.
- Workplace insertion.
- Work/family balance.
- Measures to ensure that children and young people can access and enjoy restful recreation time in contexts where the values of equality and respect are fundamental.

2.5.2 Gaps in the protection of at-risk children and young people due to gender-based violence situations.

These gaps take a variety of forms:

- **We must reflect on the implementation of child visitation rights of fathers in situations of gender-based violence.**

  On the one hand, the judiciary tells us that in the application of the legal framework, gender-based violence is directed towards women and not the children, unless it is proved that they are also suffering from violence. Consequently, regardless of whether measures are adopted to protect the woman, in most cases the father has parental authority just like the mother, and has established visitation rights, visits which only in exceptional cases are supervised by professionals.

On the other hand Catalan Law 14/2010 on rights and opportunities in childhood and adolescence states that gender-based violence constitutes an inherent risk for the child or adolescent (Art. 102) and this is regardless of whether they witness it or also receive it directly, as the damage can be equally severe. Furthermore, Article 95 obliges the government to provide care for children and adolescents living with situations of gender-based violence.

In terms of the results of this applied research, we observed that 59.1% of young people that took part say they directly received violence, while only 44% of mothers surveyed said this was the case.

The experience of our services is that often children and adolescents arrive having suffered serious harm. Although many have not been subject to direct violence, they have been witnesses.

Finally, we should remember that in 2015, of 1,347 women who received care from SARA for gender-based violence from a partner, in 46.19% of cases the aggressor was the former partner. We saw that in a large number of cases, breaking up with the partner who exercised violence did not free the women from continuing to suffer from it. When the woman is a mother, often the man who abuses uses the children as an instrument of violence towards the mother, making her suffer by seeing the damage the violence causes children and adolescents. Often mothers force their children to follow the visitation schedule with their father against their will so as not to lose custody. This visitation schedule is hardly ever with professional supervision.

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In our opinion, this data clearly indicates the need to reflect on all aspects of our society (legislative, social welfare system, etc.) to analyse what we need to change to better protect children and adolescents living with situations of gender-based violence even after the parents have separated. Probably one of the options to be considered is for visits with the father to always take place with supervision by professionals, at least for a few months for an in-depth exploration to be carried out in which children and adolescents can also have their say.

- **The role of social services offering specific basic care in situations of gender-based violence in terms of the protection of children and adolescents living with violence.**

SARA is a social service offering specific basic outpatient care in situations of gender-based violence. It has at its disposal professionals in social education and psychology who intervene directly with children and adolescents and their mothers or caregivers in question by performing a diagnostic evaluation and providing care. Along with SAH, they carry out the exploration with the father who exercises violence.

Sometimes, if it is known interventions are taking place with the children and adolescents, the judiciary may require SARA to give a report on the situation in which there are minors and about the action taken.

When this requirement does not exist and SARA carries out a diagnostic evaluation showing that the child or adolescent presents serious damage and the established visitation schedule with the father poses or may pose a high level of risk to the child or adolescent, a report is drawn up with a reasoned assessment and this is given to the mother's lawyer. More often than would be desirable, we have found this report has no impact on on-going court proceedings as it is considered a service that favours the mother and, therefore, does not have the objectivity necessary to analyse what is happening and to propose such measures.

When a request has been made to the child protective services for them to intervene (as no other service doubts that it defends the greater interests of the child wherever there is a clash of interests or rights between the father and/or the mother), the response obtained has been that they cannot intervene while one of the parents, in this case the mother is legal guardian and is responsible for the needs of their child.

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It is our belief that these facts lead to a reflection on the need to:

» Clarify at all levels that the specific care services aimed at women and children or adolescents in situations of gender-based violence are charged with a task for which:

  › They have professionals with the necessary training required for diagnostic assessments in the context of social services and to provide, where necessary, treatment for children and adolescents. In the absence of a court ruling that accepts the existence of gender-based violence, they can assess whether the symptoms and distress detected in the child or adolescent during the diagnostic exploration are consistent with the existence of gender-based violence.

  › They always defend the interests of the child when there is a clash of interests between the father and/or the mother, as established by current legislation.

» Even if the mother is legally responsible for the children, the child protective system cannot be inhibited when, in a situation of gender-based violence, the child or adolescent is at high risk as a result of the father's visitation rights.

» We recommend that whenever it becomes apparent SARA is treating children and adolescents affected by a prosecution for gender-based violence, SARA should be required to report on the situation and on the treatment being carried out.

- **Anonymity in the medical records held by the Health system and the data held by the school system on infants and adolescents in shelters due to gender-based violence: a pending issue.**

  The team running the shelter services in cases of gender-based violence cannot guarantee safety if the address of the residence is included in the school registrations or medical records of the women and children and adolescents.

  Public services and organisations that intervene in cases of gender-based violence have long been requesting a registration system that ensures both anonymous and standardised care from schools and health.

2.5.3 Dilemma between protection/ safety and guaranteeing the rights of children and adolescents.

The child or adolescent has a right to have a stable environment that provides safety, affection and proper treatment, and as such the right to preserve ties with the people and surroundings that are a positive reference and which allow them to grow and gain confidence in him or herself.

However, they also have the right to live in an environment free of gender-based violence and for their mother to live without fear and not to feel belittled by the violence she has experienced, a mother who takes care of herself and her children and protects them from violence.

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In situations of shelter due to gender-based violence, when the situation is medium or high risk, it is difficult to reconcile these rights, and the right to safety and an environment without violence prevails. This means the woman and children or adolescents in emergency shelters must stop going to places where the abuser can locate them: work, school, open centres, kids clubs, visits to relatives and friends, etc.

It also means that neither the women or children or adolescents can give anyone the address or any information as to the location where they are sheltered and, of course, they cannot receive visitors for the duration of the emergency shelter stay.

If they go on to a long-stay shelter, even though they can lead as normal a life as possible, in situations of medium or high risk, the children and adolescents have to change school, adapt to new teachers and classmates, and must find new recreational outlets and friends, etc.

This not only causes upset and significant harm to the child and adolescent, but often provokes anger for the high price they have had to pay, and everything they or their mother have had to give up. They can have the sense that the ones who are suffering are the victims of gender-based violence, not the perpetrator.

Evidently, guaranteeing and reconciling all of the child or adolescent's rights when at medium or high risk due to gender-based violence is not possible, but it is equally true that there is plenty of room for improvement and that this should be a priority area for reflection and change in the short and medium term.

2.5.4 The challenge of networking

Gender-based violence is a multi-faceted phenomenon with many causes, and which in turn has very different effects on the individuals and families involved, who usually receive care from a variety of services. Each of these services, however, has a different focus based on the type of service and limits of their task. No one service on its own has an overall vision of the reality affecting any given case. This perspective has to be pieced together. This is where networking is essential.

It is a specific methodology for linking up and reaching agreements without hierarchies between professionals and services in order to analyse and provide care in the situations affecting the individuals and families they are working with.

One clear goal behind networking, but not the only one, is to avoid multiple interventions by services and the excessive emotional stress that this can cause the child or adolescent and mother.

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This means applying the principle of subsidiarity, which is understood here in two ways:

- Avoiding involving second-level services if proper procedure and networking by outpatient social services (CSS and/or SARA and/or SAH), the health system (paediatric and/or ASSIR) and the education system (nurseries and schools) are sufficient to provide an adequate response to the existing need.

- Appointing a service and a professional of reference to the case. We understand a service of reference to be the one that is responsible for the main intervention with a woman and her children. The service of reference is not responsible for interventions carried out by other services involved, as there is no hierarchical relationship or formal authority. The functions of the service of reference for the case are:

  » To encourage and seek coordination across all services involved to try to share an overview of what is happening, why it is happening and what is being done, in order to achieve consistency and avoid the secondary victimisation of both the mother and the child or adolescent.

  » To ensure that all agreements between the services involved are set out in writing and that all parties to the agreement have signed the text and have a copy.

This is to avoid:

- Involving more services than are necessary.

- Duplicating interventions.

- Leaving any needs unmet due to divergent approaches by services.

- Giving the mother and/or child or adolescent contradictory instructions.

- Pointlessly adding greater complexity to day-to-day management and decision-making, harming the mother and/or children's recovery from violence with multiple visits and interviews without prior coordination between the services.

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Networking is a necessity and a legal imperative. Everyone agrees on this, but much remains to be done to make it a reality in day-to-day practice.

The model that defines *Intervention with children and adolescents in situations of gender-based violence through the public system of social services in the city of Barcelona* (Municipal Government Measure 26 April 2013) devotes a chapter to networking and the approach to be taken.

Once the theoretical, conceptual and methodological framework has been defined, its application must be global, functional, viable and sustainable. To make this possible, it must be made an institutional priority that seeks the most effective strategies and applies them across the board.

Lastly, it should be reminded that the mandate to protect the data of people receiving care is not an impediment to sharing information and carrying out joint work, as is explicitly stipulated in the legal framework and, in particular:

- The Catalan Law on the rights and opportunities of children and adolescents (2010).

- The Framework Protocol for coordinated action against gender-based violence. Chapter VIII of Recommendations for the protection of personal data at the local level of the Framework Protocol, which has been approved by the Catalan Data Protection Authority, authorises the disclosure of information without seeking the consent of the person experiencing violence provided that the information is necessary, appropriate and relevant to the reasons for coordination, and depending on who gives and receives the information.

- The Catalan law regulating Social Services. (2007).

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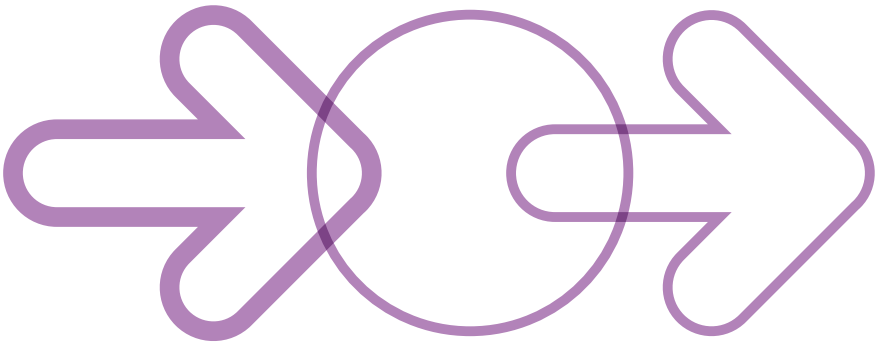

PART TWO

APPLIED RESEARCH: The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships

3.
CONCEPTUAL FRAMEWORK

3.1 Introduction

To frame the research on the impact of gender-based violence on childhood, adolescence, mothers and mother-child relationships, the first point of reference is the definition by Roca Cortés (2011) makes of some of the spheres in which it occurs: gender-based violence in relationships, understood as constant and intentional aggressive behaviour causing harm, which seeks to control and subjugate the partner and maintain the dominant position of the abuser. Gender-based violence is a selective form of violence against women that can take various forms: physical, sexual and/or financial. When the women are mothers, this violence also has a direct impact on the children, either because they are witnesses and/or because they also suffer the violence directly. In the context of this research, the main sphere is gender-based violence exercised by the male partner or ex-partner. This man may or may not be the father of the children or adolescents, and may have taken a parental role or not.

The study by Roca Cortés (Barcelona City Council, 2013) explored the process of recovery and liberation of women from situations of gender-based violence from partners, regardless of whether there were children involved. While establishing a line of continuity, this study focuses on women as mothers and the impact that gender-based violence has on their children, on those children and adolescents who are underage and living in a household where their father or their mother's partner is violent against the woman. This includes both those that are still living together and situations where the couple no longer lives together but in which they remain exposed to violent situations such as those that may occur during visitation, or where they suffer constant manipulation to control the mother or hurt her, for example. These children and adolescents live in patriarchal based family structures in which the man, for no reason other than that he is a man, exercises authority and command, and places the mother figure in a position of submission and obedience (Department Social Welfare and Family, 2015). In addition, we know that gender-based violence always causes damage to the child or adolescent, regardless of whether they have also been subject to the violence directly or have witnessed it or been affected indirectly through what they have heard or the effects of violence in the mother they have seen (Barcelona City Council, 2012). This view is in line with 2010 Resolution 1714 of the Council of Europe, which recognised that witnessing violence against the mother is a form of psychological abuse with potentially serious consequences for children.

In Spain, the publication by Save the Children (2006) on caring for children who are victims of gender-based violence in the system for the protection of women was certainly a turning point for many people. The report clearly showed that the children of women living in situations of gender-based violence are also victims.

However, if you look at the dates of these documents, the first thing that comes to mind is that while this phenomenon has existed for centuries, only relatively recently has it been considered a “social problem”. Several factors have contributed to it being considered so. On the one hand, the results of studies, especially from Nordic and Anglo-Saxon countries in the 90s and early 2000s, showed us the damage that gender-based violence in the family caused in children. On the other hand, cases of child deaths due to this violence began to draw attention in the media. In parallel, the slow

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but continuous process of increased sensitivity to children's rights has contributed to the public's awareness of everything that might be harmful to children.

In our country, this has meant: (i) An increase in studies on this phenomenon commissioned by public administrations, such as this research; (ii) Programmes and lines of action are being designed (Barcelona City Council, 2012; Department of Social Welfare and Family of the Government of Catalonia, 2015); (iii) Publication of statistics that include young children and adolescents as victims of gender-based violence; and (iv) The risk posed to children living in these situations has been gradually integrated into state law to protect children[17] and the Catalan law [18]on childhood.

This research proposes an understanding of the phenomenon from different angles. We start by understanding it as a complex, blurred social problem, where proportionality and causality are often questioned. This also means we understand it from various disciplinary approaches, including psychosocial and educational rather than clinical (this was not the objective taken by the research). It also provides an understanding of the phenomenon from the perspective of children and women's rights, while understanding that including and integrating the perspectives of gender and children's rights is not an easy task, as they often clash, particularly when taking decisions during intervention processes. In this sense, children show us that respecting their rights first and foremost means respecting the rights of their mothers as women, without losing sight of the fact that they too are citizens with all their inherent rights. It also provides an understanding of the phenomenon from the perspective of epistemological studies on quality of life, which considers the voices of the main stakeholders, i.e. young children, teenagers, mothers, fathers and professionals. Finally, an understanding based on methodological pluralism in its design, use of tools and techniques in executing the research.

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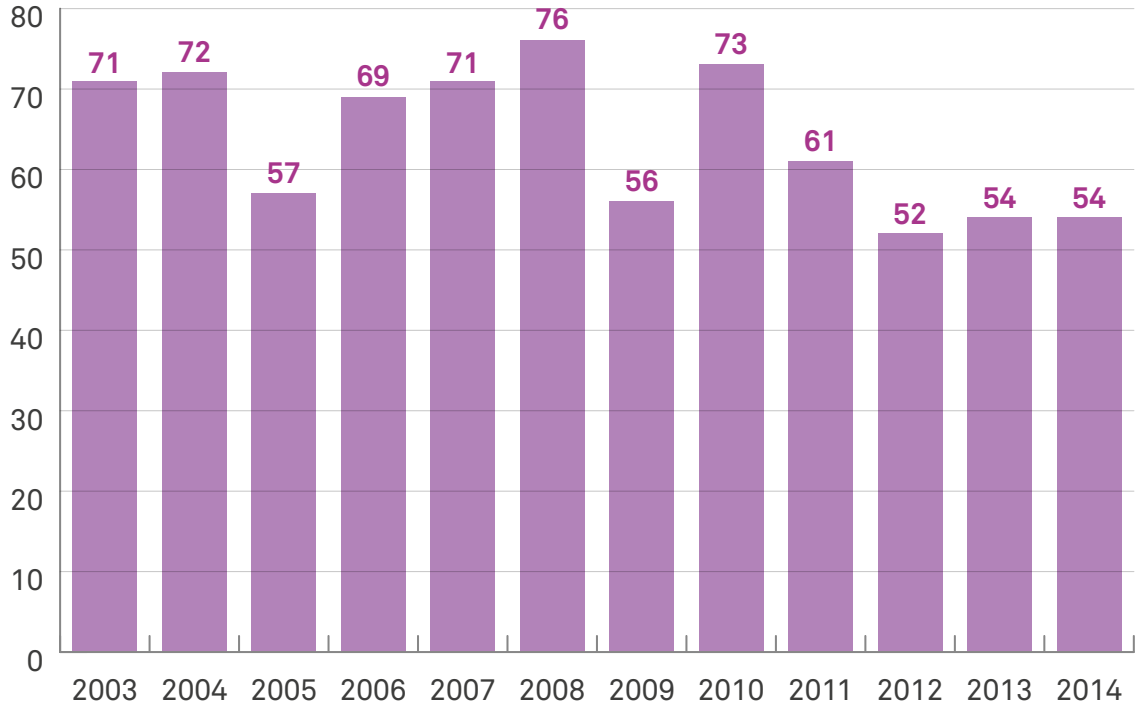
17 Organic Law 8/2015 of 22 July, on changes to the childhood adolescence protective system.

18 Law 14/2010 of 27 May, on the rights and opportunities of young children and adolescents.

3.2 Some official statistics from Spain and Catalonia

Between 2003 and 2015, 825 women have died in Spain as a result of gender-based violence. Graph 0 (Ministry of Health, Social Services and Equality, 2015) for the period 2003-2014, shows that the number of fatalities in 2014 was similar to 2005, 2009, 2011-13, which indicates that while the promulgation of Spanish[19] and Catalan laws[20] that specifically address violence against women has been an important step, it has not been enough to reverse the statistics. In 2015, the number of women killed rose to 59.

Graph 0. Women killed by gender-based violence between 2003 and 2014 in Spain



Source: Spanish Ministry of Health, Social Services and Equality. Government Office for Gender-based Violence.

By analysing the **2015 data** (Ministry of Health, Social Services and Equality, 2016), we can see that of the 59 fatalities, there were official reports in 22% of cases, but in only 15.3% of cases were these reports presented by the victims themselves. 10.2% were subject to protective measures. 62.7% of the victims had been born in Spain, and 20.3% were under the age of 30. 66.1% lived with the aggressor. 10.2% were from Catalonia, in absolute numbers, six fatalities. The Autonomous Communities with the highest number of casualties in 2015 were Andalusia (14) and Valencia (11).

19 Organic Law 1/2004, of 28 December, on Measures for Comprehensive Protection against Gender-based Violence

20 Law 5/2008, of 24 April, on women's right to eradicate gender-based violence.

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As for the aggressors, 74.6% of them were born in Spain (a higher percentage than the victims), 94.9% were more than 30 years old, 27.1% committed suicide and 10.2% had attempted suicide.

In 2015, four fatalities were children/minors, and 52 children and adolescents were made orphans due to gender-based violence. There were 6 fatalities in 2013 and 2014 4. In the three years since the publication of this data, 14 children have died from this cause.

In the **Preliminary results** of the ***2015 Macro Survey on Violence against Women*** (Ministry of Health, Social Services and Equality, 2016), the total number of women who suffer or have suffered physical or sexual violence or are scared of their partners or former partners and who had children at the time of the episodes of violence, 63.6% said that their children witnessed or heard some of the violent situations; of these, 92.5% said the children were under the age of 18 when the events took place. Of the women who said their children had heard or witnessed violent episodes, 64.2% said that they also suffered the violence directly.

Women with a level of disability equal to or greater than 33% claimed to have suffered more violence by their partners or former partners (23.3%) than those without a disability certificate (15.1%). Of the 54 people killed by gender-based violence in 2014, 7.4% had a recognised disability or dependency.

Women who were born outside Spain claimed to have suffered violence from their partners or former partners to a greater extent (27.7%) than those born in Spain (14%).

Women who had suffered gender-based violence indicated that their preferred form of help in order of importance was: psychological support (70%), financial support (45%) and legal support (34.4%).

According to data for **the year 2014 in Catalonia** (Catalan Women's Institute, 2015) the women who called the emergency telephone number (900 900 120) were usually aged older than 31. Few women aged under 30 called (15.4%), a figure that coincides with other sources. As for the number of children of women who were mothers and called the line, more than half had only one child (57%), 36% had two and a minority of mothers had three or more (7%). As for income, 42% had none, a figure which is extremely high considering that those who received a pension or allowance were included in the 54% that do have an income.

The forms of violence described by the women who called the line were as follows (please note that different forms can coexist simultaneously, as in the case of psychological violence):

- Psychological violence: 96.5%
- Physical violence: 35.8%
- Financial violence: 8.2%
- Sexual violence: 2.9%

Below are data and studies in the international sphere.

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3.3 The state of art in the international sphere

Approaches to the phenomenon

The issue of the impact of gender-based violence on children is multi-faceted. One aspect is its overlay with cases of child abuse (Stanley, 2011). Domestic, gender-based or sexist violence[21] is increasingly an indicator for abuse and neglect of children, and it has been incorporated as such into the legal framework. In the UK, children and young people who suffer this type of violence in their homes are between 3 and 4.5 times more likely to experience physical abuse and negligence (lack of oversight by schools and the health system) and this often coexists with child sexual abuse. Research identifies an overlap in about 50% of cases. However, while some services adopt a gender-based focus, which designates the man as the aggressor and the woman as the victim, others are more likely to be focussed mainly on child protection. These different perspectives can lead to inconsistencies in practice that endanger the safety of mothers and children. There is an increasingly apparent need for services in the areas of health, education and child development and leisure focussed on child welfare to work more collaboratively in a coordinated way that is less segmented to respond effectively and efficiently.

Using a compilation of data collected over years of studies, of their own and by external authors, Cleaver, Unell & Aldgate (2011) show a picture of the phenomenon with respect to mothers, their children and abusers. A quarter of adults in England and Wales are victims of violence by their partner, the majority of victims are women and as for the men who abuse, 22% have depression, 49% are alcoholics and 19% have a history of addiction to other drugs. Munro (2011) states that of the 120,000 victims per year who are at high risk of being killed or seriously abused in the UK, 69% have children.

Cleaver et al. (2011) carried out an analysis of the cases included in the protection system. In the 90s, authors such as Thoburn, Lewis & Shemmings (1995) were already reporting that in 35% of cases there had been incidents of gender-based violence,[22] or 52%, according to Farmer & Owen (1995) and 55% according to the organisation NSPCC (1997). A decade later, Brandon, Bailey et al. (2009) referred to 53%. On the one hand, this indicates some countries have been following the phenomenon for some time; on the other hand, the phenomenon still persists. We should also note that these figures appear once the case has been assessed and is under judicial

21 Much of the research and authors referred to were drawn up in the conceptual framework of Anglo-Saxon origin where commonly used terms include "**domestic violence**" and sometimes "gender violence" or "violence against women". In Catalan, the term used is "violència masclista", which has been translated throughout this publication as "gender-based violence". Though the terms vary across language and translation, they refer to the same problem.

22 As above

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process, but not when the protection system has been notified: at that point, only 16.7% of cases show this type of violence (Cleaver, Walkers & Meadows, 2004). This gives us an idea of how difficult it is to detect the problem. In Brandon, Bailey & Belderson (2010), in a review of serious cases of children that were killed or suffered serious injuries, this type of violence was present in more than half of the cases.

This overlay with the protection system shows us what the other sides to this phenomenon are. On the one hand, the difficulties faced by various types of community services in early detection mean cases become serious and often chronic, significantly affecting parental skills, which then require more specific, often long-term therapy. On the other hand, we are reminded of the lack of active participation of children in decisions that affect their lives. Children often suffer either from a lack of protection as they have not been reached by services or, to the contrary, they are overprotected when services finally intervene, sometimes with unique solutions that are detrimental to their basic rights. Clearly it is a complicated issue.

Disruptions in parenting skills

In most situations with this kind of violence, it is the woman who takes care of the children, and men rarely assume this role (Holt, Buckley & Whelan, 2008). In cases of separation, the children usually stay with the mother. However, their parenting ability is often affected due to the abuse received; two-thirds of women suffer post traumatic stress, low self-esteem, anxiety and depression. This is in addition to the risk of losing the mother in cases where she is killed or seriously wounded. Mothers lose confidence in themselves, suffer from depression, feelings of degradation, trouble sleeping, increased social isolation, drug and alcohol abuse (Casanueva, Martin & Runyan, 2009). It is difficult for them to end the relationship in time, due to factors such as a sense of family responsibility or severe emotional and financial dependence. This means that the average time spent living in a situation of violence is 7.3 years, according to a study two decades ago (NCH Action for Children, 1994). In addition, the separation can increase the risk of death of the mother and children and, according to Walby & Allen (2004), this risk increases by 37% as the most violent partners remain violent even after separation (Humphreys & Stanley 2006) and may use the children to harm the mother, and may even keep them as hostages, or instil the fear in them that they will be taken away by the child protection system, to give just some examples.

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There are authors such as Cleaver et al. (2011) who argue that, in general, the impact on children is multiplied when there is a combination of different factors affecting the parents, such as mental health problems, learning disabilities or substance abuse (including alcohol). Brandon et al. (2010) adds that what is really "toxic" for children and adolescents is the combination of these factors and a situation of gender-based violence, which reduces their chances of developing resilience, eventually leading them to suffer the consequences.

When parenting skills are affected, there are problems organising daily life, parenting becomes inconsistent and ineffective and daily rituals and habits cannot be sustained. This can have different consequences depending on the age, development and personality of the child; however, a lack of supervision may increase the risk of vulnerability to neglect and abuse. It can also mean that parents lose control of their emotions, and can harm children physically. They can also cause feelings of apathy and disaffection through a lack of emotional warmth. Negligence affects not only babies, but also children, as they can develop an insecure bond because of a perception that parents are insensitive, irresponsible, angry or too critical with children, and these perceptions may affect their future relationship patterns.

According to these authors, if they cannot continue living with their parents (due to incarceration, hospitalisation, death, etc.), and they are cared for by someone in the extended family who offers positive parenting, the adverse effects can be minimised.

Even when they are separated from their parents, when the parents cannot recover or adequately care for them, going to live in a centre or with a foster family can be a positive new beginning. Reluctance to refer to them to child protection services and take over their care, along with a bias of optimism that things will fix themselves, in many cases leaves children in highly dangerous situations.

In the case of gender-based violence, some aggravating factors in the family are, according to Humphreys, Houghton & Ellis (2008):

- The severity of the violence.
- The child having been assaulted or neglected directly.
- A combination of problems between parents, such as abuse of alcohol and other drugs, mental illness or intellectual disability with gender-based violence.
- Witnessing physical or sexual abuse towards the mother.
- Being induced to engage in violence against the mother.
- Being forced to keep the abuse towards the mother secret.
- A lack of support from the extended family and community.
- Intervening in the violence and exposing themselves to violence in trying to help improve the situation (Cleaver, Nicholson, Tarr & Cleaver, 2007).

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The impact of gender-based violence on children: their perspective.

This section describes research that listens to the voices of young children and adolescents, too often silenced, as well as addressing these family problems from a new perspective focused on the child. They approach this not just from the aspects of gender and child protection, but from a complex perspective that includes the educational, health, welfare and criminal justice aspects, as well as administrative processes. According to Mullender, Hague et al. (2002), this calls for interdepartmental solutions.

In general terms, the studies' focus on the perspective of children shows us that many children have lived for many years in the midst of violence, some since birth, some with more than one abuser, and still others who can remember a time before the violence started happening. Very few can say that the violence was quickly stopped. The types of abuse may be different, and they explain that it does not need to be repeated constantly to create an atmosphere of fear, insecurity and danger.

Gorin (2004) shows how witnessing or being the victim of violence can have long-term emotional effects on children, affecting their ability to create and maintain relationships, self-esteem, confidence, stability, and education and professional plans. However, at the same time, authors such as Webster, Coombe & Stacey (2002) remind us that there are not enough large-scale longitudinal studies to quantify these effects. What we now know is mostly retrospective, through the testimony of young people telling us how, when they were young, they had to take on many responsibilities for their parents and their schooling was dispruted. They speak of how, when they were later adults, some had experienced some form of more acute poverty, isolation, and problems in the field of employment and housing.

The authors Mullender, Hague et al. (2002) describe how the answers to these phenomena must be individual and unique. Mothers describe them as disruptive and aggressive or silent and submissive. Problems sleeping are the most common, as many episodes happen at night (they cannot sleep or do not want to sleep to keep watch). This is on top of problems with delayed development (especially speech problems) and problems at school, sometimes even having to change school. For some children, though, school is a refuge and the only place where things are going well.

According to these authors, there is no one specific syndrome, it depends on every child, even brothers and sisters of the same family may react differently to what they see or hear from a single episode. It depends on several factors such as: where they are living, their personality and resilience, the support they receive, their age and understanding and what information they have of what is happening and its significance, their place between brothers and sisters , whether they have seen the consequences, particularly if the victim or the aggressor is not able to reverse the situation. Mullender et al. (2002) generally found few children who imitated the behaviour of the father, but rather were sensitive and protective of the mother. However, in a survey of school children in the general population, students felt that the impact takes place when the children are older, who then become abusers themselves. As minors they are not aware.

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From the perspective of young children (Gorin, 2004), their level of awareness and the knowledge they have of the problem from an early age is surprising. Mothers are surprised as they think they have little or no knowledge of what is happening (McGee, 2000). Mothers tend to find out or recognise the fact when the violence has ceased.

Of course, the fact they know what is happening at home does not mean they understand it or know why it is happening (Mullender et al. 2002), which leads them to feel confused. They need to know what is happening or they fear the worst (McGee, 2000). They believe that the conflict could explode at any time, the unpredictable behaviour of the aggressor makes them live with fear, they are in constant alertness and cannot stop worrying.

The most immediate impact occurs in two major aspects (Gorin, 2004): the fact of receiving direct violence and taking an inappropriate amount of responsibility for their age. The risk of being abused may:

- Physical: physical violence received directly or which they witness against their siblings.
- Emotional: especially from seeing their mother suffer.
- Sexual: it is rare that children and adolescents talk about this, but when they do, it is usually the same type of abuse suffered by the mother.

On the other hand, we also see the children taking on inappropriate responsibilities as caregiver, assuming roles of physical and emotional support towards their parents, and often taking on the protection of their mothers. The description of the work they do is as follows:

- Housework (for example cooking)
- General care (helping with mobility, giving medications)
- Intimate care (dressing them, bathing them)
- Emotional support (listening, speaking about problems)
- Caring for brothers and sisters (looking after them, taking them to school)

Some children and teenagers feel that by caring for others it makes them focus less on themselves.

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Impact on schooling

Schooling is affected in many cases and for various reasons, as indicated by Gorin (2004):

- Changing school (when the mother goes from one shelter home to another, when the father uses the school to attract the mother and they are then forced to change schools, etc.) makes them lose their learning pace, miss exams and lose friendships.
- The fact they worry about what is happening at home means they cannot focus or even miss classes to be with the mother.
- Behavioural problems, aggressive behaviour and learning difficulties.
- Truancy or absences, especially if they take up the role of “caregivers”
- Some do the opposite: they take refuge in school (Frank, 1995) and use it as an escape, a place where they can succeed, a safe place.

Impact on friendships

Interpersonal relationships are also affected (McGee, 2000). It is often difficult for them to maintain or make new friendships due to various situations, such as:

- They do not feel comfortable bringing friends home.
- They are interrupted by the aggressor.
- They do not have permission to go out with friends.
- In cases where the family constantly move, fleeing from the aggressor, they lose touch with friends.

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Emotional impact

They are emotionally affected, with mixed feelings and attitudes. Gorin (2004) states:

- they feel attachment and loyalty, even in situations of considerable violence. Others, however, have contradictory feelings, also feeling hurt, anger, shame or resentment.
- They show fear and anxiety, and fight to feel security and suffer about what might happen (Mullender et al. 2002).
- Feelings of loss, both the fear of losing and actual experience of loss: of the father and/or the mother (physically and/or emotionally), their belongings, their home, their school, their childhood, opportunities.
- Feelings of sadness, isolation and depression, often due to the pressure and the responsibility they have taken on and the secrets they keep to "protect" their parents.
- They feel anger and frustration at the situation they find themselves in. Some children are especially angry because their mother does not take action to take them out of the situation.
- They show guilt, shame and stigma. Some feel they could have stopped it and feel guilty for not having done so. Shame when they carry out intimate care tasks (dressing or taking care of the mother when she is hurt). This shame represents a barrier when it comes to talking about it. Fear of being stigmatised at school if the others find out, some remain silent because they do not trust anyone, and are afraid to suffer bullying at school or fear they will not be understood.

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Coping strategies

Coping strategies over the duration of the violence are varied (Mullender et al., 2002): they become quiet and avoid making noise, or make noise to avoid listening to the blows; they leave home, or stay and try to protect their mother and siblings; they keep silent or seek help.

Mothers generally believe that children know less about it than they actually know, and think they have heard and seen little. But children explain that they hear and know a lot about what is happening: in the beginning they are confused and do not know what is happening, then they think it is just a fight between the two of them, and eventually they come to the conclusion that one of them is an abuser whose behaviour is unjustifiable and unpredictable, and the other a victim. The women claim that it is when they start seeing the symptoms in children that they begin to think about leaving the family home (Mullender et al., 2002).

Children use different coping strategies depending on their age, personality, gender, cultural origins and groups of friends. Even in a family where everyone suffers the same situation, each sibling uses different strategies (Gorin, 2004). The authors acknowledge they do not know exactly why. The strategies used are firstly avoidance or evasion. These children do not tend to talk about it, do not want to think about it and find it difficult to recognise it, and are therefore more prone to isolation. Once the episode has passed, they act like they have not heard it, hide or imagine they are somewhere else, turn up the volume of the television or music, cry, talk to their toys or pets or leave home. Some lie or invent stories when asked what is happening at home.

On the other hand, they may also take positive action, such as talking to someone, protecting family members and intervening. Women often remember an episode where a child shouted at the abuser demanding he stop, or tried to distract him (Mullender et al., 2002). From adolescence, some try to stop it physically. However, the advice received from professionals is for them not to do this, and for siblings to stay away in a safe place, and seek help if they can. This divergence of opinion is more important than it seems. If they do nothing, they suffer even more thinking about the consequences of what might happen. If they take action, they can be put in harm's way. These authors opt to create a plan that respects their strategies but takes maximum care of them, in the knowledge that both children and adults do what they can in situations of violence. This is not a "do nothing" strategy, but rather seeks to work on the basis of the knowledge that children have of their situation. Above all it is a strategy based on a desire to help, and does not come from the perspective of "adults will tell you what you have to do". We must not forget that in these situations it is the adults who have failed.

In general, children think that if they participate in discussing the case and thinking about solutions, they can help in tackling the problem.

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Need for help

Children and adolescents **do not always want to talk about it with anyone**, especially when they are experiencing the situation of violence (Gorin, 2004) and the reasons why they prefer not to talk about it tend to be diverse:

- Fear of the aggressor finding out and reacting violently.
- They think it may have negative consequences for their parents (prison, for example).
- They could be taken away by child protection services (often this message is received from the mother or father).
- Fear of how it will affect other family members.
- Fear they will not be believed, they have lost confidence in others.
- They think that even if they are believed, nothing can be done to help them.
- Fear of being laughed at, for example at school, of being labelled, rejected, treated differently.

There are significant differences according to gender: girls talk more about their problems and their intimate sphere with friends, as this attitude is more highly valued. Boys do this less often as talking about personal problems is less valued among their friends, it is sometimes seen as weakness, it is assumed that they have to solve the problem themselves and talking about it is useless. They also fear being ridiculed. There are also differences based on ethnicity and children with disabilities, who are even more reluctant or find it more difficult to talk about it.

The **characteristics of those who children choose to talk to about it** (Gorin, 2004) depend on each case, the options they have at their disposal, and the issue they wish to talk about: whether it is just to let off steam and express feelings, or to explore the options or perhaps to ask for help to take action. Some things to consider are:

- They react very well to active listening, meaning looking them in the face, trying to help them, letting them share their feelings.
- They want to talk to someone they can trust, who can listen and provide a sense of security and confidentiality. They also appreciate someone who understands and has knowledge of the specific issues they are talking about.
- They tend to resort to informal support and to talk to the family (more often with their mothers), extended family, friends and pets. This fact is often overlooked and underestimated by professionals.
- It is very rare for them to seek help from professionals in the first instance: they find differences of language, professionals may let them down and not listen to them or fail to understand them, especially if the children already have some other form of support with whom they feel safe and with whom they have a trusting relationship. They often find that professionals either do not believe them or do not talk to them directly, or even that they will not act to help them when asked.
- One of the main pleas from the children is for them to be told what is happening clearly, verbally or in writing, in language appropriate to their age.

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- Some children and adolescents feel the need to meet other children who are in the same situation as them. That is why when they are in shelter homes (Hendessi 1997), they deeply value the closeness and being able to talk to the professionals working there who have time for them and who understand them; they also feel safe and have other children to share their experience with. They would, however, like for there to be more resources designed for children at some shelters.

The network of family support and friendships

As for the **network of family support and friendships**, informal help is usually very important for children and adolescents, and is sadly underrated by professionals (Mullender et al. 2002). Children's experiences highlight:

- The role of mothers. Sometimes as fighters, sometimes submissive to prevent further violence. The silence between mother and the children often lingers even after having experienced it. Being able to talk about it among themselves is very valuable.

- The role of siblings is very important and valuable, as they establish relationships whereby they can help and developing coping strategies together. While this is undervalued by adults, if this is maintained and encouraged, they can find a very valuable source of emotional support. Sometimes parents try to stop this because it highlights a favourite and can generate strong inequalities between siblings.

- The role of friendships: too often underestimated by adults, a friend is the person they are most likely to talk to first. Usually this is because they will not be labelled and it can be kept private, especially if they find themselves in difficult situations. If adults were aware of how important this link was, they would remember it in their care work, for example, in shelter homes. Girls and older children are more likely to have this option available to them; if boys could do it, it would improve their situation. Students also think that the first port of call is their friendships, and many of them are aware of situations of violence suffered by their friends.

- The role of the extended family: this is also valued by children, especially with grandparents. In cases where the father is not the abuser, his role is also highly valued.

The network of services

According to Mullender et al. (2002), children and adolescents highlight the following:

- **Shelter homes:** highly valued by children, particularly because there are professionals there who pay attention to them. They listen to their story and stand by them. For some children, this is the first time they have experienced this. However, when the shelter home only pays attention to the mother, she becomes the central focus and the children are relatively set aside and they can then become very critical. If the children do not feel comfortable there, the mother might sometimes take the decision to return to the abuser. Additional support for mothers suffering from

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eating disorders, alcoholism or other substance abuse also needs to be provided. Another issue that needs to be closely watched is that of racism.

- As for the **network of basic social services** and specialized care services, children and adolescents often feel that they are not initially understood, and can be afraid of the decisions that might be taken there. They feel that these professionals should better understand the role of friends, family and the community surroundings in their life to improve interventions. They find guidance and counselling services useful, mainly as a way to have someone to talk to. They also believe that contact with social services tends to occur when the case has been notified due to an issue of child protection. It is a mistake to think that the only way to stop violence is for the mother to leave the abuser, as the consequences can be even more devastating. Nor can we brook simplistic analyses, such as that women have to choose between the couple or their children. **Pairing the two factors is key: children want the violence to stop and children rely primarily on their mother**. The intervention must take these two axes into account.

- **The school:** most children undergo many changes in schools, and this is a problem even for those who are academically bright. Important factors include the welcome they receive, receptiveness and specific support from the school, especially with children who have learning difficulties or intellectual disabilities (for these children, the changes are dramatic). They mention they are often tired and suffer headaches when they are at school, and find it difficult to concentrate. Teachers are not always viewed as well-versed in gender-based violence and able to help them. Some students even report they would rather go to the police first. These results are disappointing for the authors of the study (Mullender et al., 2002) considering the number of hours teachers spend with the children. They could listen to them and offer emotional support, without this meaning they are "acting as a social worker". If they do this, they can become a point of entry to refer the children to social services.

  In the survey of the general population of pupils, it was surprising to find that some boys justified violence against women if they had sexual relations with another man, and this fact calls for education and prevention programmes. The good news is they also recognise that they did not know a lot about the issue, and would like to learn more about this phenomenon, particularly from a gender perspective. A third of them knew someone who suffered from this situation, which provides even further justification for addressing the issue at school. We must help them to find non-violent strategies to solve problems.

- **The police and judicial system:** Even if children go to the police, directly or indirectly, they are still often wary of what they will do: they do not always take away the abuser, or they release him soon after, or they do not receive protection, or do not talk to them even when they are there or when it was the children themselves who called them, as if they were invisible. In general, they ask for improvements in the way the police interact with children.

  They cannot bear the thought of life constantly moving from one place to

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another and hiding and living in poverty while nothing happens to the abuser. Judges should take children into consideration when they say the abusers have not learned anything and are behaving worse than before. They clearly think the strategy to be followed is that of removing the abuser from the home.

The pressure on children on the day of the trial and during visits can be significant and devastating. The subject of visitation is a controversial issue. In many cases, children are obliged to go to visits they do not want to take part in, and only feel relaxed and calm when they know that is not going to happen anymore.

- **Psychological care:** Children do not like psychologists worrying about aspects of their health and development and whose focus is not on helping to solve the problem they have at home. They can present a wide range of physical symptoms and emotional changes, and too often these problems are treated without addressing the underlying issue; the results, therefore, are not always satisfactory. It is important to avoid trying to "cure" them and to work harder towards recognising their resilience, as many of them improve significantly once they and the mother have left the situation of violence behind. The important message for professionals is that it is important not to try to "cure" children living in adverse family situations, as many of them experience no negative effects in their adult life (Cleaver et al., 2011). It should be noted, though, that the health and development of some of the children in these situations is affected, and they do need the services to provide them with proper care.

More generally, **children want to feel security and have someone to talk to**: professionals can play an important role in both aspects. In this respect, mothers need help to explain what is happening to children and establish fluid, trusting communication. The children tend to want to help or defend and protect their mothers and siblings.

When protection means leaving home

Once children and adolescents are protected, they begin to realise what they have lost, which is not to say they do not appreciate the feeling of greater security (Mullender et al., 2002). They begin to think of their homes, their belongings, toys and collections, their friends, their school, their pets, their extended family, etc. With the sense of justice that children have, they see all their losses that have not been caused by them. Often they have lost the link with the coping strategies they had (be it a person or a service), with their personal identity, quality of life, with their learning and experience, with the ability to choose, with their daily lives from before. They then feel resentment, anger and sadness. They have been wounded and injured in a way that no one has taken into account. The situation is very different for those who have been able to keep in touch with some of these items, places or people.

The behaviour and feelings of children once they are protected also varies greatly: it oscillates between feeling happy and calm, to sadness, anger, violence and fear. The relationship with the mother is not always positive. Pupils surveyed also predict that kids who have that happen to them will be sadder at school.

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Generally children are still want to have a relationship with the father; if the only side of him he shows is that of abuser, however, the children draw away. And they reflect on their parents' positions. There is a clear pattern of power and control, and the children say the aggressor always wants to be the centre of attention and is jealous when he is not.

Challenges faced

Some challenges drawn from Cleaver et al. (2011) include:

- Early identification and assessment of the situations of violence and not leaving the children in dangerous, abusive situations. Early identification will depend on ensuring children and young people have the opportunity to discuss their experiences with an adult they trust.
- Coordination between services for better understanding in complex cases.
- The issue of confidentiality and the need to share information: information on a need-to-know basis.[23]
- The assessment must focus on the needs of each child in the family and identify those who are taking on a caregiver role.
- Ensuring long-term support from services in the most complex situations to ensure that the needs of children are still covered.
- The focus must be on children even in the case of services aimed at adults.
- It is important that professional timetables be flexible when working with children at risk and their families. A system of monitoring and support must be in place for a long time and at different times of the day. In addition, an improvement in the problems of the parents does not always translate to an improvement in their parenting ability.
- Information from services that might help families and children must reach them in a variety of ways.
- Information and education in the community about gender-based violence, which can mean both giving more support and helping them to learn more about it.

The key to protecting children and fostering their welfare **lies in the ability to understand their situation from their point of view.** Professionals must be trained in this issue and given the skills to speak to children and adolescents, while bearing in mind the existence of factors such as cultural and/or functional diversity. Following this line, but going further in terms of empowerment and effective participation, Gorin (2004) points out that in order to improve the lives of these children, we must, in order:

1. Teach them to understand the problems in their home.
2. Teach them to talk about the problems at home and seek help.
3. Respect them, recognising and valuing their experience and acting accordingly.
4. Provide them with a range of appropriate support.

23 Translated from the original "*to share on 'a need to know' basis*".

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4.
CONTEXTUALISING THE RESEARCH

4.1 The task

Barcelona City Council, as part of the Plan for Knowledge Management, prioritises and promotes collaborative projects with universities for scientific purposes, and specifically applied research on issues of strategic interest to the city. Below, one such piece of research is presented, designed in order to provide a useful tool in the process of improving both the knowledge and understanding of the phenomenon of gender-based violence and the quality and effectiveness of interventions in this area through the public social services involved.

It is in this context that the Barcelona City Council Department of Social Rights (at the start of the project, the Quality of Life, Equality and Sports Unit), through the Directorate of Feminisms and LGBTI (formerly the Directorate for the Women's Programme) charged the Quality of Life Research Institute at the University of Girona with the task of conducting the research project titled **"The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships"**.

The project was carried out between December 2012 and December 2015.

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4.2 Objectives

This research aimed to highlight the impact of gender-based violence on children and young people who have experienced it, on women as mothers and on mother-child relationships, identifying which are the key factors in the recovery process. More specifically, its objectives were as follows:

1. **To offer information on the reality of the impact of gender-based violence on childhood and adolescence, on mothers and on mother-child relationships** in order to:

   » Provide an estimate of its quantitative and qualitative dimensions (gravity of issue).

   » Provide understanding as to the effects of violence to help identify the key aspects to be explored and factored into the diagnostic evaluation and recommendations, and which will allow more effective and efficient treatment.

   » Identify the factors of resilience and protection that will allow preservation of, or decrease the damage to, the children, parenting skills, and/or the mother-child relationships.

2. **To identify relevant elements for both understanding and carrying out interventions in the recovery process** of both children and young people and mothers and mother-child relationships. This objective entails, among other things:

   » Identifying the factors that are key and which will require intervention, in order to facilitate a process leading to recovery from the violence experienced, a process that will also prevent the internalisation of models of gender relationships based on domination that might be reproduced in adult life or in future relationships.

3. **To provide instruments and/or protocols** to properly assess this impact and identify the areas with the greatest potential to facilitate recovery from the violence experienced.

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4.3 The context: Participating services and legal framework

Participating services

In the beginning (2013), there were two municipal services participating in this research project from the outpatient teams offering basic[24] care specific to situations of gender-based violence, and which fell under the umbrella of the Directorate for the Women's Programme, and an emergency shelter, with the following characteristics:

- **The Women's Care Team (EAD)**: a municipally run outpatient service offering basic care specific to women, children and young people who experience or have experienced situations of gender-based violence. It used to offer a comprehensive, multidisciplinary care (social, psychological, educational, legal as well as handling workplace insertion) to women (both as women and as mothers) and their children, in the city of Barcelona living in situations of gender-based violence in order to help them work on their recovery processes, regardless of whether they were in need of shelter services or not.

- The **Children's Care Service (SAN)**: a municipal outpatient service offering basic care specific to children from families with problems of gender-based violence. Its goal was to help identify and internalise an alternative, more positive parental model that would allow them to build new forms of relationships.

- The Municipal Centre for Emergency Shelter for situations of Gender-based Violence (see explanation below).

Since 2014, both these outpatient services were transformed into a new, integrated municipal service (SARA), which assumed all powers and functions corresponding to the EAD and the SAN, and became, along with CMAU-VM, the services of reference for this research:

- The **Care, Recovery and Shelter Service (SARA)** is a new municipally-run outpatient service. In operation since January 2014, it offers basic care specific to victims of gender-based violence (women, children and young people, as well as the people in their immediate environment directly affected by the violence). Moreover, it is also an advisory service for professionals and individuals close to the victims. This service offers comprehensive care to work on the recovery processes of the people it provides care to, regardless of whether they need shelter services. It integrates the two services that were in operation until December 2013, the Women's Care Team (EAD) and the Children's Care Service (SAN).

- The **Municipal Centre for Emergency Shelter (CMAU-VM)** is a service providing emergency shelter for women and their children (children, young people or adults who live in the family unit) who are experiencing situations of gender-based violence, and was launched in March 2011. It operates 24 hours a day, 365 days a year and has 10 rooms with a maximum capacity of 27 people. Access to this service is through referral by SARA (Care, Recovery and Shelter Service), the Barcelona Social Emergencies Centre (CUESB) and the ABITS Agency Socio-educational Care Service

24 Basic care: these are outpatient services that the public can access directly.

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(SAS). The CMAU-VM service has a multidisciplinary team that provides a safe space and personalised emotional support to women, and children, young people and other children of legal age in shelters. It works on mother-child relationships and family dynamics, as well as covering their basic needs, providing educational and psychological care and family therapy. It complements the exploration, diagnostic assessment and initial recommendation carried out in conjunction with the SARA service.

The University of Girona has led research through the **Research Team on the Rights of Children and Young People and their Quality of Life (ERID-IQV)**, part of the University's Quality of Life Research Institute.

The project was developed under the auspices of the **Directorate of the Women's Programme of Barcelona City Council**, which is also in charge of coordination with the professionals and services involved.

The legal framework

Law 14/2010 of 27 May, on the rights and opportunities in childhood and adolescence makes explicit reference to situations of gender-based violence experienced by children and young people in the family sphere. This law (1) requires the government to provide care for children and young people living in situations of gender-based violence; (2) requires all professionals to intervene, especially health, social services and education professionals, when they become aware of a risk of neglect or where there is a child or young person; and (3) states that gender-based violence itself constitutes a situation of risk.

More specifically, Article 95 is titled *Care for children and young people living in situations of gender-based violence*, states that "The Government of Catalonia, through the competent department of the network of resources on gender-based violence, has an obligation to offer specialised care for children and young people living in situations of gender-based violence in the family sphere, as stated in Law 5/2008, of April 24, on women's right to eradicate gender-based violence, within the framework of the comprehensive care services that are part of said network of resources, in coordination with the competent body in childhood and adolescence". Furthermore, Article 105 of Law 14/2010 defines as a possible situation of neglect in paragraph 2 i) "Gender-based violence or the existence of socio-family circumstances affecting the child or young person, when they seriously affect their development".

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The *Model of intervention with children and young people in situations of gender-based violence through the public system of social services in the city of Barcelona* (Barcelona City Council and the Social Services Consortium of Barcelona, 2012), which on 26 April, 2013 became a Municipal Government Measure to ensure its implementation, states that for there to be neglect in a context of gender-based violence, there must at the same time also be one of the two factors listed below:

- *"The mother does not take measures to protect the child even though the professionals have informed her that the violence experienced has caused their child serious harm and that protective measures need to be taken that must involve physical separation from the abusive person.*

- *Although the mother has the ability and willingness to protect them, the child or young person presents symptoms that are difficult to address and contain from within the family and with the help of community services, and this behaviour of the child or young person worsens and begins to adversely affect the process and the mother, meaning temporal separation is necessary to treat the child or young person's symptoms separately (...)".*

This model also states that sometimes gender-based violence can seriously affect the mother's parenting ability. *"The mother may present episodes of violence and gross negligence towards the children even though she does not have an abusive profile and the abuse is in response to the highly stressful situation she is experiencing. When abuse is in reaction to violence experienced, intervention can take place to restore, strengthen or provide the woman with the competencies and parenting skills needed to adequately meet the needs of the child. It is essential, however, that this be done in a non-violent context. In order to assess whether the situation is reversible or, on the contrary, it is a case of neglect, the woman and her children will be offered the chance to stay at a shelter (residential service with professionals 24 hours a day, 365 days a year).*

If there is an assessment that in spite of the stay in the shelter, the abusive behaviour of the mother towards the child does not stop, in spite of the Working plan with specific objectives to empower the woman as a mother, work on the mother-child relationship and address the necessary areas with the child as deemed necessary in each case, this will be considered a situation of neglect and the case must be referred to the services specialising in children and young people (EAIA) to ensure the protection of the children or young people."

The goal of this research is to provide knowledge and understanding about the impact of gender-based violence on children and young people, in order to better inform intervention across all departments involved (social services centres (CSS), the Care, Recovery and Shelter Service (SARA), children and young people's care teams (EAIA) and gender-based violence shelter services), integrating the perspectives of gender, at-risk children and young people and gender-based violence, in order to make progress within this legal framework.

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5. METHODOLOGY

5.1 Design

The methodology used in this research has been mixed, and has consisted of carrying out:

a) The secondary analysis of existing data in databases belonging to EAD and SAN (2013).

b) The quantitative study applying a questionnaire aimed at mothers and young people, as well as service professionals (cross-disciplinary, specific and specialised) working with situations of gender-based violence (first half of 2014).

c) The qualitative study using focus groups for children, adolescents, young people, mothers, professionals; as well as interviews with young people and parents (second half of 2014).

5.2 Available databases

At the time this research began, SARA did not exist, so the first information that could be analysed was the information available in the databases of the services that had existed previously, EAD and SAN. By recoding and selecting their information, it was possible to carry out a descriptive analysis of some of the characteristics of mothers receiving care from EAD, on the one hand, and the children receiving care from SAN on the other, as well as an analysis of the reasons for closing each of the cases. These results are presented in sections 6.1 and 6.2 of this publication respectively.

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5.3 Quantitative study

The quantitative study involved questionnaires administered to 339 mothers, 44 young people and 157 professionals from social services centres and services specific to gender-based violence. It was conducted during the first half of 2014. Therefore, a total of 540 questionnaires were collected (Table 1).

Table 1. Total number of questionnaires

Mothers	Young people (16 to 30 years)	Professionals	Total questionnaires
339	44	157	540

5.3.1 Procedure and ethical aspects

The study began with questionnaires to mothers who had received care from SARA or the services that had existed previously, the EAD and SAN. During the first quarter of 2014, a member of the research team from SARA made calls to all women included in the EAD and SAN databases between 2005 and 2013.

In each of these calls, they were told they were being contacted by the City Council, which was the body that had charged the University of Girona with the study, thus protecting their data. The purpose of the call was to ask if they wanted to participate voluntarily in a study to assess the care provided by the services to women who experience gender-based violence and their children, with the ultimate goal of improving such care.

The questionnaires were then administered to young people who had experienced a situation of gender-based violence as children. Contact with the young people was based on the EAD database, which consisted of mothers who had children aged between 16 and 30 at the time of the research. These mothers were contacted and after explaining the purpose of the research, they were asked if it was possible to talk with their children. If the children agreed, they gave us their contact details to invite them to answer the questionnaire. It was not necessary to have received direct care from the service in order to participate. Through this procedure, we achieved collaboration from 44 young people. Therefore, access to the young person was never direct, but they were always contacted in advance by their mother. Both mothers and the young people were offered confidentiality in the processing of their data and total anonymity in the presentation of results.

Thirdly, the online questionnaire was made available for professionals who work directly or indirectly with gender-based violence. The management teams for each of the services provided them with the link so they could access the questionnaire, along with a brief explanation. This link was accessible during the months of April and May 2014.

All questionnaires (mothers, young people and professionals) were anonymous and no personal data identifying the person who answered was recorded. As for the professionals' questionnaire, the City Council was responsible for sending the electronic link and so no data was transferred there either.

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5.3.2 Population and sample

The study was intended to be of the entire population, i.e., contact was attempted with all the mothers who were included in the services' databases. The study of the professionals was also intended to be of the entire population, and the questionnaire was sent to everyone who worked in teams and social services related to gender-based violence. Therefore, the sample obtained in both cases is the result of all responses. However, as we had no database regarding the universe of the young people (they were only included under the mothers' names, and their children were not always included), the sample for that population was done on a voluntary basis by some of the mothers who chose to give the contact details of their children in order to ask them if they wanted to participate in the study. This is broken down into more detail below.

Mothers

In the EAD database there were 3,148 mothers, of which 2,247 (71.4%) could not be contacted, as the phone number no longer existed, there was no line, calls were restricted, no one answered, it was not their telephone, the phone never had reception, or it always went to the answering machine. Therefore, the number of mothers located was 901, or 28.6%.

The SAN database consisted of 165 mothers, of which 60 (36.4%) could not be located for the same reasons described in the preceding paragraph. The difference is that, on this database, those who could not be located represented a smaller percentage, and contact was made with 105 mothers, 63.6%.

Table 2. Reasons for accepting or not accepting the questionnaire

Reasons for agreeing to respond to the questionnaire (or not)	EAD DATABASE		SAN DATABASE		Total
	No.	%	No.	%	No. (%)
Declined to participate (not able, lives too far away, too busy, other problems, just does not wish to participate).	264	29.3	13	12.4	277 (27.5%)
Agreed to participate in the questionnaire but in the end was unable (did not show up, cancelled the appointment, told us to call back, no response by email, scheduling problems, etc.).	349	38.7	41	39.0	390 (38.8%)
Answered the questionnaire	288	32.0	51	48.6	339 (33.7%)
Total	**901** 89.6%	**100**	**105** 10.4%	**100**	**1006**

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Table 2 shows us the result after talking to the 1,006 women that could be located; there was more success with the SAN database, although it was the smaller of the two (it represented 10.4% of the population). 32% of the mother from the EAD database participated, while half of the mothers from the SAN database did. On the other hand, the percentage of mothers who declined to take part in the research was quite low. What is similar across both databases is that just over a third of women who said they would want to participate failed to do so in the end, either due to scheduling problems or because they just decided not to.

These differences between services are due to the fact that women approached SAN seeking care for their children while they asked EAD for care for themselves and often it was the professionals who, once a bond of trust with the woman had been established, tackled the impact that gender-based violence had had on the children and young people, approaching the need for direct exploration (in cases where they were not living with the abusive person).

Table 3. Number of questionnaires

Type of questionnaires administered	No.	%
Self-administered	114	33.6
With the help of researcher/interpreter	120	35.4
Answered by phone	93	27.5
Answered by email	12	3.5
Total questionnaires	**339**	**100**
State of their case file at the time of the survey	**No.**	**%**
Mothers with open case file	87	25.7
Mothers with closed case file	252	74.3
Total questionnaires	**339**	**100**

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Women who agreed to participate in the study were invited to visit SARA to answer the questionnaire. This had closed and open questions (see annex). It was on paper and participants could choose between the Catalan or Spanish versions. Those who could not journey in were able to do the questionnaire by telephone, meet up in a place that suited them, or answer by email (questionnaires did not contain any identifying data and were completely anonymous). Some mothers received help with reading and/or writing and in some cases they used the services of an interpreter (see Table 3). **The aim was to include all women who wanted to participate in the research**. A total of 339 questionnaires were obtained.

In addition, although the majority of cases had been closed since the opening period (2005-2013), some cases might have remained open or been reopened, although most mothers (74.3 %) no longer received care during administration of the questionnaire, as can be seen in Table 2. This allowed answers to be provided with greater serenity, reflection and maturity.

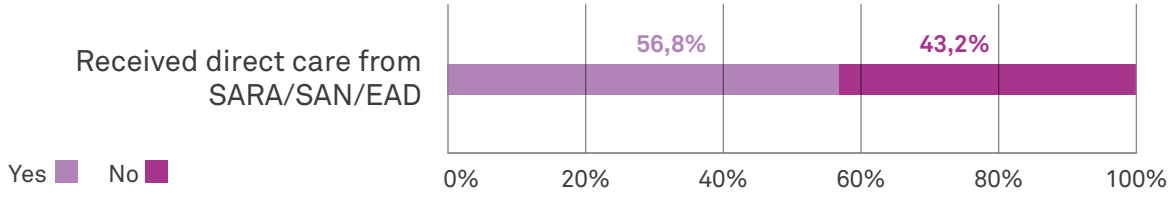
Young people

The EAD databases were used to reach young people who had experienced a situation of gender-based violence. The first contact made was with the mothers. The goal was to find young people, preferably aged between 16 and 30 years, who could still remember the experience well and could reflect on it. It was hard to find mothers who would agree to their child being asked if they wanted to participate in the research. Finally, of the 44 young people who could be contacted and who agreed to answer the questionnaire, some were then being treated by the new SARA service.

For those who could not come in, they were offered the possibility to meet in another place or, ultimately, to do the questionnaire by telephone or by email. The phone option was the most common option.

When contacting young people for the research, they were told that their mother had suffered a situation of gender-based violence and that he or she had lived through it, but did not confirm their direct participation with the services. Therefore, to assess the care they had received, the first step was to find out if they had been treated directly by SARA, or by the EAD or SAN. The answer was affirmative in a little over half of the cases, as seen in Graph 1.

Graph 1. Care for young people by services



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Of those who had received care, distribution by services was as follows:

- EAD: 25 %
- SAN: 28.6% (where length of service was over a year in most cases)
- SARA: 46.4 %

In addition, 22.7% of young people interviewed received care in an emergency or long-stay shelter due to gender-based violence, although most were there for only a few months.

Professionals

157 questionnaires were received (Table 4). For services specific to gender-based violence (such as SARA and shelter services) the response rate was very high. However, overall samples obtained by the CSS and EAIA, although the most numerous in absolute terms, responses as a percentage of their universe was lower than others (as expected, as these services are not specifically for gender-based violence).

Table 4. Universe and sample

Service you work in	No. Sample obtained	% Sample obtained	No. Universe	Sample as a % of the universe
CSS (Social Service Centres)	62	39.5	443	14%
SARA (Care, Recovery and Shelter Service)	27	17.2	29	93.1%
Public shelter services (CMAU-VM, Home and Flats of the Social Services Consortium)	21	13.4	31	67.7%
EAIA (Children and Young People's Care Team)	20	12.7	79	25.3%
PIAD (Women's Information and Care Points)	16	10.2	18	88.9%
Private shelter services (organisations)	9	5.7	ND	ND
SAS-ABITS (ABITS Agency Socio-educational Care Service[25])	2	1.3	8	25%
TOTAL	**157**	**100**		

25 ABITS: It comprehensively tackles the entire phenomenon of prostitution in the city and collaborates in the fight against human trafficking for the purposes of sexual exploitation (barcelona.cat/dones).

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5.3.3 Instruments

The questionnaires administered to mothers, young people and professionals were based primarily on closed questions, and some open ones, where the answers had to be written. In any case, at the end of each closed question there was an "other" option where they could freely write an answer, if they wished to do so. The professionals' questionnaire was digital, and had to be answered and sent through an application. The mothers' and young people's questionnaire was printed. Most of the questions were equivalent, with terminology adapted to each target group. The questions were organised around the following thematic areas:

- Socio-demographic data of the respondent.
- Type of violence experienced.
- Support and aid received to deal with violence.
- Usefulness of support and aid received.
- Changes noticed after receiving the care.
- Areas with most difficulties for the mother.
- Satisfaction with the care received (mothers and young people) and the work carried out in the field of gender-based violence (professionals).
- Proposals for improvement and identification of opportunities and obstacles (open questions).
- Final comments.

Mothers answered questions on both themselves and on the contribution made to the children; young people answered referring to when they were minors and were living in a violent situation. Professionals were asked to respond considering the majority of cases of gender-based violence they had worked on. Questionnaires for mothers and young people were written in Catalan and Spanish. For mothers who required some other language, the City Council provided the services of an individual interpreter. Mothers who had difficulty reading or writing received assistance answering the questionnaire. The goal was that no woman should be excluded for reasons of language or literacy competence.

In all cases there was a pilot, with the mother, young people and professionals, which led to some changes being made to some questions to make them more understandable as well as adding new questions. The models for the questionnaire for each group is included in the Annex.

Data obtained from the closed questions on the questionnaire was processed using the SPSS v19 statistics package. Analysis of the answers to open questions was carried out following the procedure for analysing qualitative data described in the following section.

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5.4 Qualitative study

5.4.1 Sample

The qualitative research consisted of conducting discussion groups with children, young people, mothers and professionals; as well as interviews with adolescents, young people and fathers, carried out during the second half of 2014. As shown in Table 5, a total of 79 people participated, including people who received care and professionals. The answers to open questions from the questionnaires by mothers, young people and professionals were also analysed.

Table 5. Instruments, subjects and sample

Instruments	Subjects	Sample
Discussion groups with children, young people and mothers	Children 4-7 years (SARA)	N=5
	Children 4-7 years (CMAU-VM)	N=4
	Children 8-11 years (SARA)	N=9
	Young people 12-14 years (SARA)	N=2
	Young people 12-14 years (CMAU-VM)	N=5
	Young people 15-18 years (SARA)	N=5
	Mothers (SARA)	N=7
	Mothers (CMAU-VM)	N=2
Interviews	Young people	N=7
	Adolescents	N=3
	Fathers	N=6
Total people from families		**N=55**
Discussion groups with professionals	Professionals (CSS, EAIA and PIAD)	N=11
	Professionals (SARA, CMAU-VM, long-stay shelter services, etc.)	N=13
Total professionals		**N=24**
Total participants		**N=79**

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5.4.2 Procedure and ethical aspects

Discussion groups with children, young people and mothers

From the end of June, once the questionnaires had been administered, organisation began on the various discussion groups and interviews that took place at the SARA and CMAU-VM premises, and at the SAH site for men. All interviews and discussion groups were conducted with the informed consent of the participants, and following the protocols of data protection and confidentiality. The audio of all the discussion groups was recorded, with the prior consent of the members of each group. Once the data from the interviews, discussion groups and open questions from the questionnaires had been collected, their content was then analysed using the NVIVO package. The answers were coded and categorised with the analysis units organised by issues.

Technicians from these services collaborated in the organisation of groups and interviews, especially with children and young people, whose interviews were carried out once the school year was over. The coordinators from both SARA and CMAU-VM asked mothers that had received care from their respective services if they would agree for their child to participate in some discussion groups. Once the composition, timetables and spaces had been organised, discussion groups were led by two members of ERIDIQV: one acted as a moderator and another as observer.

The working method established with groups of children, young people and mothers was always the same: the moderator read a story where the protagonist was the age of the people in the group and the plot was related to gender-based violence. While reading the story, members of the group could comment on it and the moderator could ask questions that had been previously decided in a script. In general, the observer did not intervene and once the session was over, she filled out a form.

Discussion groups with mothers held at SARA were composed of women contacted by telephone by a researcher, the same procedure as was followed with the questionnaires. The group of mothers at a CMAU-VM shelter, however, was organised by the staff of the service. The groups, however, were always conducted by members of ERIDIQV.

Discussion groups with professionals

During September 2014, two discussion groups with professionals from the local SARA service were held.

The first group was organised with professionals from services not specific to the treatment of gender-based violence. Participants consisted of seven professionals from Social Services Centres, two from Children and Young People's Care Teams (EAIA) and two from Women's Information and Care Points (PIAD).

The second group consisted of professionals offering care specific to gender-based violence: Four professionals from the Care, Recovery and Shelter Service (SARA), three from the Municipal Centre for Emergency Shelter due to Gender-based Violence (CMAU-VM), one from L'Espai Ariadna, one from the consortium's Shelter Flats, two from the consortium's Shelter House, and two professionals from Càritas.

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Interviews with adolescents and young people

The process of contacting adolescents and young people to participate in in-depth interviews began in September. These interviews were aimed at further exploring aspects already addressed in the discussion groups. Teenagers were contacted by professionals from the SARA service and the CMAU-VM shelter service. Finally, three in-depth interviews were carried out with adolescents who were in the CMAU-VM shelter service, two girls aged 15 and 16 and a boy aged 15.

Young people aged between 18 and 30 were also contacted by the professionals who had cared for them. Some of the young people had already participated in the questionnaire and had expressed a wish to continue participating. Therefore we got in touch with them and finally conducted interviews with five women, all between the ages of 18 and 29, and a boy aged 28.

Interviews with fathers attending SAH

In November 2014, interviews were held with fathers attending the Men's Care Service (SAH)[26]. It was important to incorporate the view of fathers who had begun to receive care for having exercised some form of violence against their partner. First, a request was made to the Directorate of the Women's Programme to directly contact the management team of the Men's Care Service (SAH). Finally, six interviews were held.

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26 The SAH offers care for men who exercise gender-based violence and who voluntarily request care, and never as part of legal sentence

5.4.3 Instruments

The discussion groups with professionals followed a script of questions they had been sent beforehand. The letter was as follows:

> Dear Sir/Madam,
> As part of the research project carried out by Barcelona City Council and the University of Girona on "The impact of gender-based violence and recovery processes on children and young people, mothers and mother-child relationships", discussion groups will be held with professionals from the service you are a part of. **The objective is to explore the perceptions, evaluations and opinions of professionals in this field**. More specifically the following points will be raised:
>
> 1. The view and feelings about the **experience of violence** experienced by different family members.
> 2. How it **affects children**.
> 3. The **relationship of the children with the mother** and what they expect from her.
> 4. The **relationship of the children with their father** and what they expect from him.
> 5. **Children's coping strategies.** Strengths and weaknesses.
> 6. The **kind of help they receive** and the help they need to recover and feel better.
> 7. **Recommendations** you would give professionals, children, mothers and fathers.

This objective and these seven themes are the same that were used in all the discussion groups and interviews; the only thing that varied was the approach to each group and interview and the working method.

In the discussion groups with children and young people, a story about a situation of gender-based violence was read out where the protagonist was same age as the participants in the groups. These stories were adapted from a study in London by Radford, Aitken et al. (2011).[27] Two stories were prepared for each age group and one was chosen for each group: 4-7 years, 8 to 11 years, 12 to 15 years and 15 to 18 years, as well as two stories designed for the group of mothers. The stories can be found in the Annex.

The story was read out and the moderator introduced the seven themes described. With the group of 4-7 year olds, the story was accompanied with drawings of the characters as they were read the story.

27 Radford, L., Aitken, R., Miller, P., Ellis, J., Roberts J. & Firkic, A. (2011). *Meeting the needs of children living with domestic violence in London. Research report.* London: NSPCC.

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If it became difficult to capture the attention of the participants with the story, or they did not find the story interesting, the questions could be asked directly. This was the case with one of the groups of young people. The order of the questions could be changed, and they could be repeated using different words during the discussion.

1. What do you think is their perspective and feelings (you can use different words depending on the level of understanding) on the experience of violence (for example, when the dad shouts and hits the mum) that some children see at home?
2. How do you think it affects them (the children)? What things go wrong for them because there are fights between the mother and the father at home?
3. What do you think their relationship with the mother is usually like? What would they like their mother to do for them?
4. What do you think their relationship with the father is usually like? What would they like their father to do for them?
5. What do children usually do at home when there are fights between the mother and the father/when the father shouts and hits the mother? Of all the things they do, what works best/solves the problem in the moment? Which things make it worse/worsen the situation?
6. What kind of help or support do the children in these situations receive? Who helps them? What do they need to feel better? How do you think this could be solved?
7. Recommendations they would make to the professionals, the children, the mothers and the fathers who are in these situations (ask separately).

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This script is the same as was used for in-depth interviews with parents, young people and adolescents and is taken from the Irish study by Hogan and O'Reilly (2007) and an English study by Mullender et al. (2002).[28] The interview began by introducing ourselves as *researchers who wanted to study the issue of gender-based violence to help children who are in this situation and that we would like them to give an opinion on a range of topics to see if it can help us understand the problem and find solutions* (see details in Annex). The following areas were also to be covered:

1. The child itself.
2. Her family (mother, siblings, father, extended family).
3. School (teachers, classmates, performance, games and other experiences).
4. Friendships (close trusted friendships).
5. Health (physical and mental health, and relationship with professionals)
6. Free time (organised activities, informal).
7. Social services (how they are viewed, treated and helped by them).

And considering the factor of time:

- Past (valuations).
- Present.
- Future (aspirations).
- Perception of danger/risk and repetition.

28 Script taken from: Hogan, F. & O'Relly, M. (2007). *Listening to children: Children's stories of domestic violence*. Dublin: Department of Health and Children. Mullender et al. (2002). *Children's perspectives on domestic violence*. London: SAGE Publications.

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6.
SECONDARY ANALYSIS OF DATABASE INFORMATION

6.1 Descriptive results of the EAD database

From the EAD database we were able to extract information from 2,579 files on mothers attended between 1995 and 2013. Of these, 2,493 contain basic information on the **types** of **access**. 1,336 of these cases also contain the access channel as displayed in Table 6, where the incorporation of the number of reopened cases in relation to the total provided (2,493) was also considered of interest.

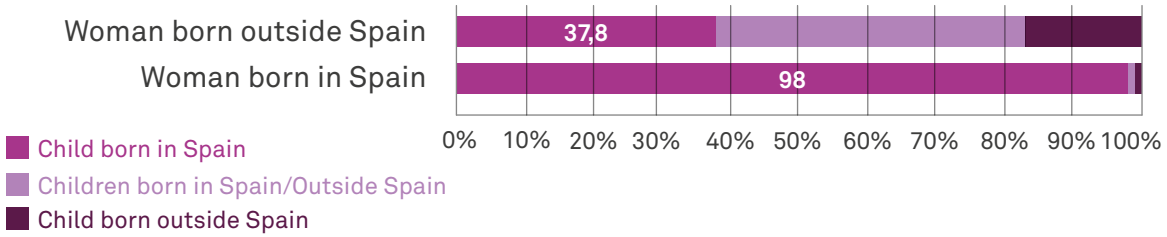
Of these cases, 35.1% arrived via emergency and 64.9% via ordinary scheduled care. 26% of those who accessed the EAD were referred from other services, while 74% were women who accessed them directly. Lastly, 11.3% consisted of reopened cases.

Table 6. Access to the EAD

Access types	Total
Emergency (unscheduled immediate care)	874
Ordinary care (scheduled)	1,619
Access channel	**Total**
Referral from another service	347
Direct access by the user	989
File types	**Total**
Reopened case	283

For 2,458 women, their cases include their country of birth and that of their children. 57.6% of women were born in Spain and 42.4% abroad. Of those born abroad, 37.8% had all of their children born in Spain, 47.6% had all of their children born outside of Spain, and 16.1% had their children born both in and outside of Spain. Of the women born in Spain, there is a small percentage who had all of their children born abroad (1.1%) or with a combination of birth places (0.9%), whereas the majority were born in Spain (98%) (see Graph 2).

Graph 2. Birthplace of the women and their children[29]



29 Statistical significance $\chi^2(3)=82.116$, $p<0.000$

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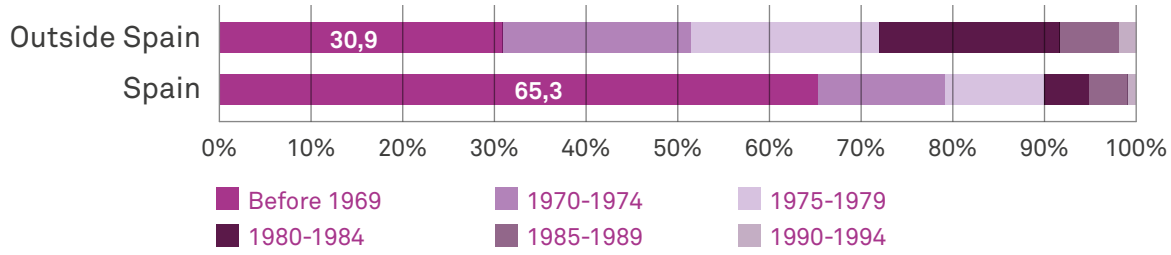
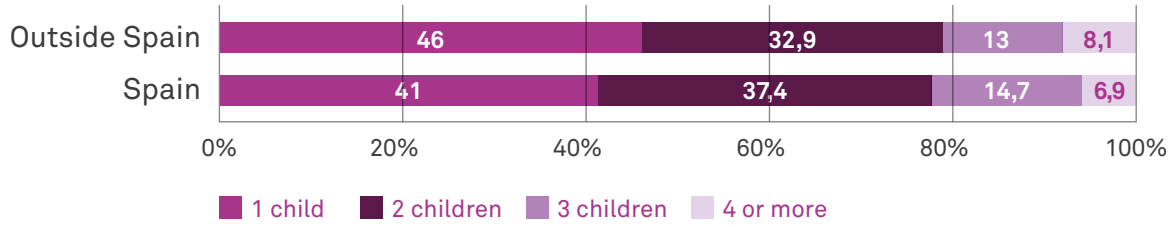
Of the 2,539 women for whom we have a date of birth, 50.6% were born prior to 1969, 17.1% between 1970 and 1974, and the percentages decrease as the age decreases. There is a great difference in the distribution of the year of birth between those born in and outside of Spain: it is more common for those born in Spain to be born before 1969 (Graph 3).

Graph 3. Place and year of birth of the women, by intervals[30]



Practically all women in the database have children. 43.1% have one, 35.5% have two, and so on, in decreasing percentages up to 10. Significant differences are not seen in the number of children born in and outside of Spain (Graph 4).

Graph 4. Birthplace of women, according to the number of children



2,393 files include the **year of closure**. Analysing this year by intervals, significant differences can be seen according to file type: situations where cases are reopened, and above all, those originating from emergencies, are relatively much more frequent in those closed during the 2008-2012 period, than in the 2003-2007 period; while files closed in situations where the woman approached the service directly are relatively much more frequent during the 2003-2007 period (Graph 5).

30 Statistical significance $\chi^2(5)=319.964$, $p<0.000$

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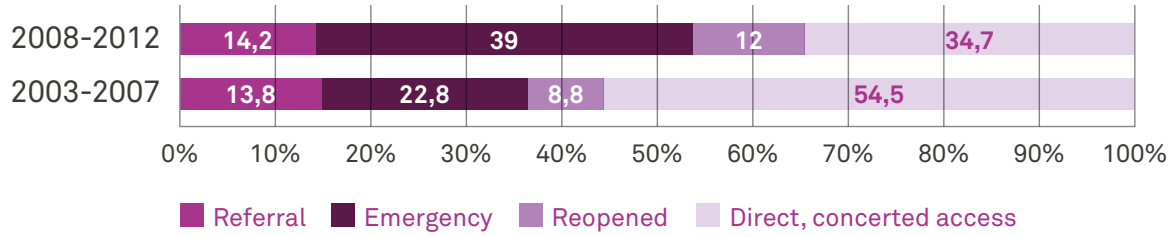
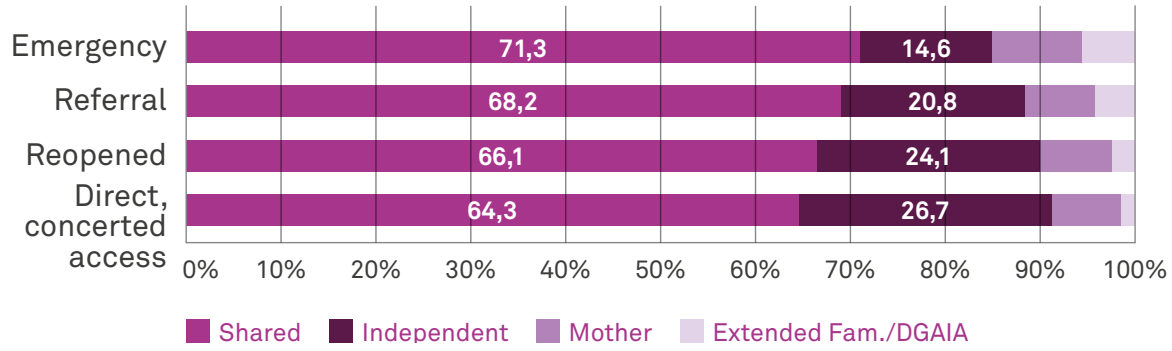
Graph 5. Access channel, according to year of file closure, by intervals



Another field we find in the EAD database refers to the **who had the guardianship** of the child. In only 18 cases did the father have sole guardianship (0.8%). Of the remaining 2,277 cases (Graph 6), the most common situation was shared guardianship (67.5%). In 21.4% of cases the child was already of legal age. In 7.9% of cases the mother held the guardianship. In 20 cases, the guardianship was held by a member of the extended family, while in 55 cases it was held by the DGAIA. In total, these represent 3.3% of the total.

According to the type of file, some significant differences can be observed: those entered as urgent cases, show significantly more probability of the parental power of both parents being maintained, or the guardianship being held by the DGAIA or extended family, and less probability of them already being emancipated.

Graph 6. File type, according to the child's guardian[31]



No significant differences are observed when analysing who held the child's guardianship the year the file was closed.

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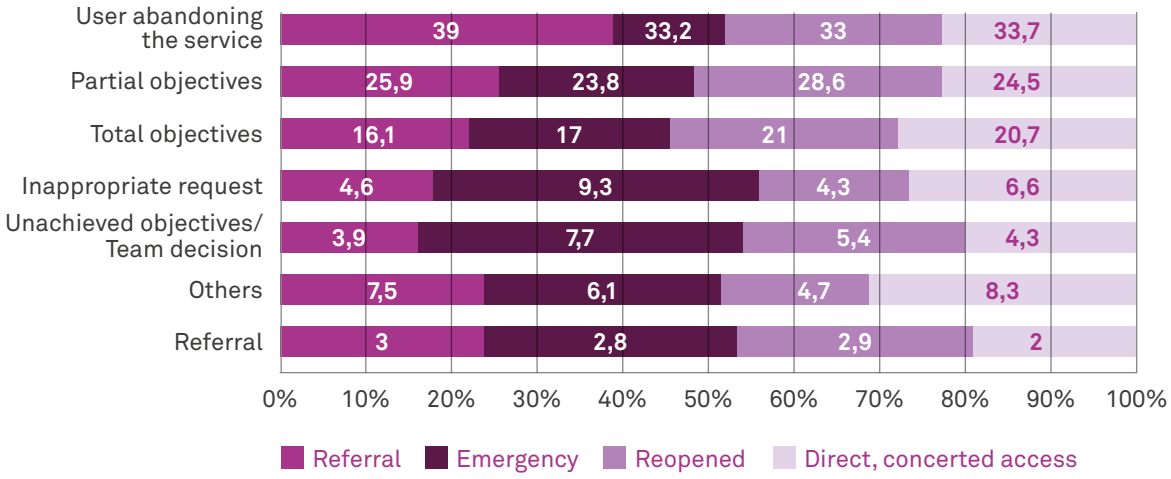
31 Statistical significance $\chi^2(9)=55.260$, $p<0.000$

Graph 7. Reasons for file closure, according to EAD access[32]



2,182 cases include the **reason for file closure** (Graph 7). In 18.8% of these cases it is closed due to **fully achieving the planned objectives**, whereas in 25%, it is closed due to having partially reached the objectives. That said, the most frequent reason for closing a file is the user abandoning the service: 34.1% of cases. There are also other situations for file closure: 7% of cases, due to inappropriate request; 5.6% at the teams decision due to not reaching the objectives; 2.5% due to referrals to other services; and 7% for other reasons, such as the woman moving to another region.

After reviewing if there is any relationship between the reason for file closure and the type of file opened, a significantly greater probability of file closure due to an inappropriate request or team decision (due to not reaching objectives) is observed, for cases that enter as emergencies.

32 Statistical significance $\chi^2(18)=37.950$, $p<0.004$

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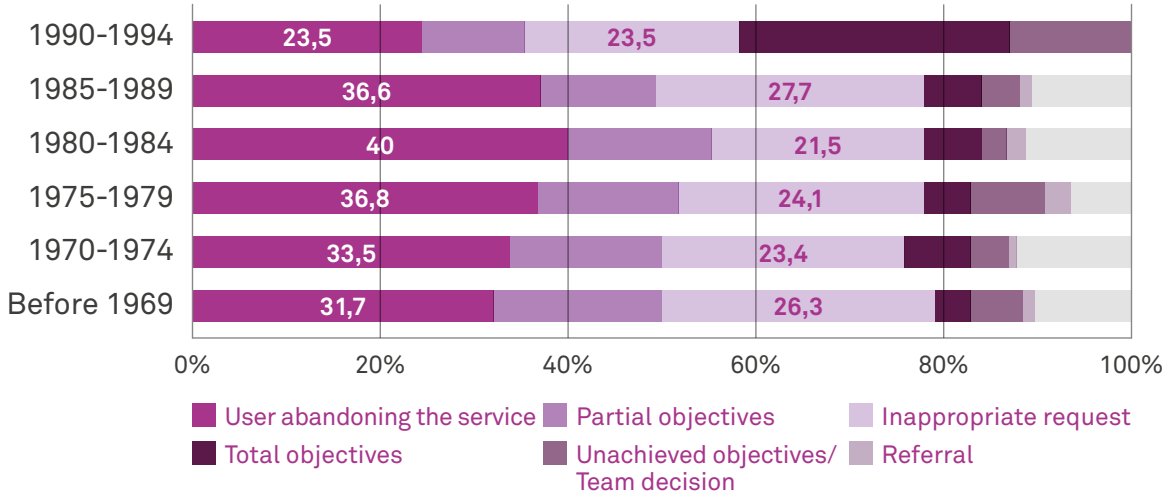
Some differences are also observed according to the woman's date of birth (Graph 8): The user abandoning the service is relatively more frequent for those born in the 1980-1984 period; whereas closure due to a team decision based on not reaching objectives, is significantly more frequent in the 1990-1994 period, being much less frequent in the period prior to 1969.

Graph 8. Reasons for file closure, according to the woman's date of birth[33]



Based on the data, we only find 39 cases closed in 2002 or earlier (1.6% of the total). Of the 2,141 cases closed between 2003 and 2012, 23% were between 2003 and 2007, whereas the remaining 77% were closed between 2008 and 2012 (Table 7).

Table 7. Reasons for file closure, according to the year closed[34]

	2003-2007		2008-2012		Total	
	No.	%	No.	%	No.	%
User abandoning the service	147	19.7%	598	80.3%	**745**	**100.0%**
Total Objectives	74	18.7%	322	81.3%	**396**	**100.0%**
Partial objectives	143	27.2%	382	72.8%	**525**	**100.0%**
Unachieved objectives/ Team decision	20	18.7%	87	81.3%	**108**	**100.0%**
Inappropriate request	46	29.7%	109	70.3%	**155**	**100.0%**
Referral	24	42.1%	33	57.9%	**57**	**100.0%**
Others	39	25.0%	117	75.0%	**156**	**100.0%**
Total	493	23.0%	1648	77.0%	2141	**100.0%**

33 Statistical significance $\chi^2(30)=61.078$, $p=0.001$
34 Statistical significance $\chi^2(6)=31.076$, $p<0.000$

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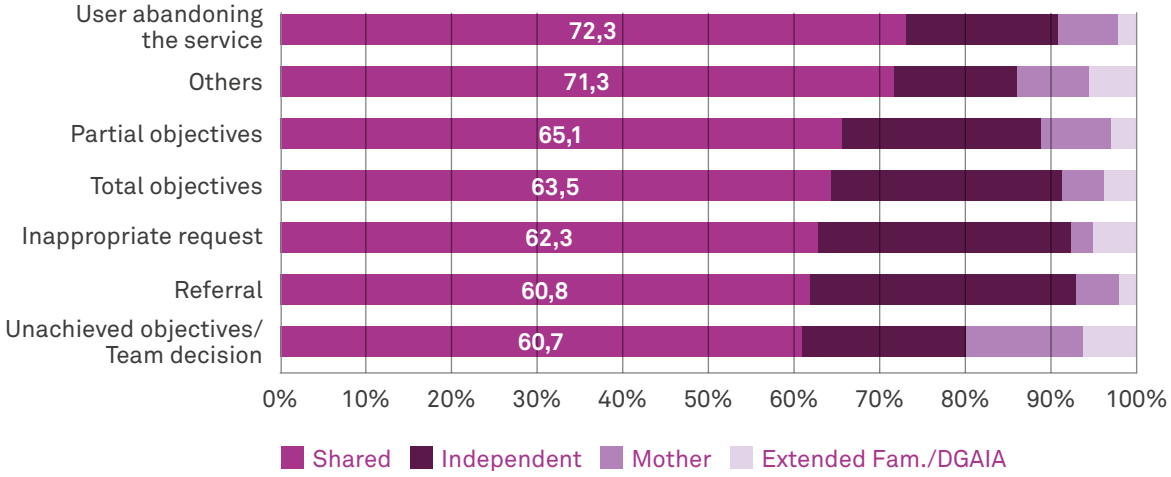
The reason for closure presents some significant differences according to the considered period. Closures due to achieving partial objectives and referral are relatively more frequent in the 2003-2007 period, while the user abandoning the service and achieving all objectives are the most frequent reasons in the 2008-2012 period.

However, no significant difference is observed in the types of closure according to the mother's place of birth, or having children born in or outside of Spain, or a combination of both, or based on the woman's number of children.

Graph 9 shows the distribution of the reason for file closure according to by whom the guardianship is held. The most noteworthy differences which can be observed are as follows: It is more probable that the user abandons the service when both parents hold the guardianship of the children. In cases where they are of legal age, it is more probable that the objectives are fully reached, and less probable that the user abandons the service. When the guardianship is only held by the mother, it is more probable that the file is closed without achieving the objectives. When the guardianship is held by a member of the extended family or the DGAIA, it is more probable that the file is closed without achieving the objectives.

Graph 9. Reasons for file closure, according to by whom the guardianship is held [35]



35 Statistical significance $\chi^2(18)=45.364$, $p<0.000$

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Mothers attended in shelters

Between 2000 and 2012, there are 272 mothers (11%) in the database who were attended residentially by different public or private services.[36] For 249 the type of centre and year is included; of which 15.3% of the women were sheltered between 2003-2007 and 84.7%, between 2008 and 2012 (Table 8)

Table 8. Mothers sheltered in housing, according to year-based intervals

Closure year-based interval			
	2003-2007	2008-2012	**Total**
Emergency Shelter	7	46	**53**
CUESB / CMAU[37]	7	7	**14**
CMAU-VM[38]	-------	37	**37**
Shelter	4	41	**45**
Emerg Sh/Long stay	4	40	**44**
CMAU-VM/Long stay	13	29	**42**
Emerg Sh/CMAU-VM	3	10	**13**
Emerg Sh/Shelter	0	1	**1**
Total	38	211	**249**

36 The public shelters are owned by the municipality or the Consorcio de Servicios Sociales de Barcelona [Social Services Consortium of Barcelona]. In the case of the private ones, the place occupied in the private entity may be agreed, arranged or paid by the City Council.

37 CUESB: Centre d'Urgències i Emergències de Barcelona [Barcelona Social Emergency Centre] (previously Centre Municipal d'Atenció a les Urgències [Municipal Emergency Care Centre]), acts as a complementary service to all municipal social services. With regard to complementing the EAD, the CUESB attends gender-based violence emergencies outside of the EAD's opening hours and when they are closed (nights and holidays).

38 El CMAU-VM (Centre Municipal d'Acolliment d'Urgència per Violència Masclista [Municipal Centre for Emergency Shelter due to Gender-based Violence]) was started up in March 2011.

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For all women we can see if they were sheltered with children In 33.3% of cases just the woman was sheltered. In 37.8% with a child; 23.7% with two children; 3.7% with 3, and 1.5% with 4 (Table 9).

Table 9. Number of women attended for accommodation with children

	Number of sheltered children					Total
	0	1	2	3	4	
Emergency Shelter	22	19	13	3	1	**58**
	37.9%	32.8%	22.4%	5.2%	1.7%	**100%**
CMAU-VM	21	19	11	2	3	**56**
	37.5%	33.9%	19.6%	3.6%	5.4%	**100%**
CMAU-VM/Long stay	10	23	12	4	0	**49**
	20.4%	46.9%	24.5%	8.2%	0.0%	100%
Shelter	19	16	11	1	0	**47**
	40.4%	34.0%	23.4%	2.1%	0.0%	100%
Emerg Sh/Long stay	16	17	13	0	0	**46**
	34.8%	37.0%	28.3%	0.0%	0.0%	100%
Emerg Sh/CMAU-VM	1	8	4	0	0	**13**
	7.7%	61.5%	30.8%	0.0%	0.0%	100%
Emerg Sh/Shelter	1	0	0	0	0	**1**
	100%	0.0%	0.0%	0.0%	0.0%	100%
Total	90	102	64	10	4	**270**
	33.3%	37.8%	23.7%	3.7%	1.5%	100%

We have not been able to observe any significant difference in the reasons for file closure, due to having sheltered children or the number of sheltered children. Of the women with sheltered children, no significant difference is observed between the number of sheltered children and the type of guardianship.

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6.2 Descriptive results of the SAN database

From the SAN database, we were able to extract information from 357 files on children attended between 2005 and 2013. 45.2% were girls and 54.8% were boys. In 5 cases age was not included.

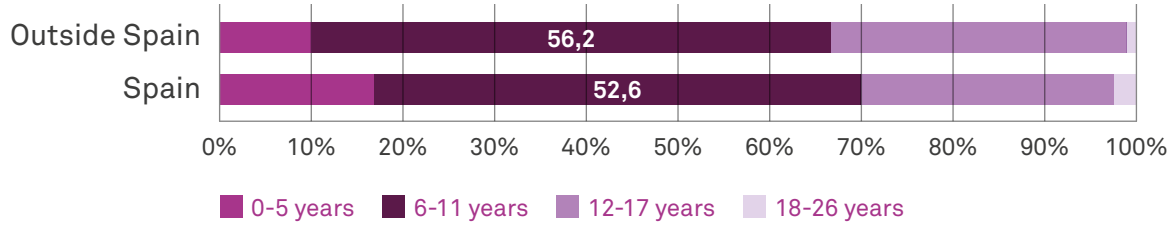
Of the 352 cases in which age was included, 15.1% were 5 years or under; 52.6% (the largest group) were between 6 and 11 years, 29.8% were adolescents between 12 and 17 years, and 2.6% were between 18 and 26 years (Table 10).

Table 10. Age of children according to gender

	Boy	Girl	Total
0-5 years old	30	23	**53**
6-11 years old	96	89	**185**
12-17 years old	63	42	**105**
18-26 years old	4	5	**9**
Total	193	159	**352**

Of the 335 for which **place of birth** is recorded, 76% of those attended were born in Spain, whereas 24% were born abroad. The most common nationalities after Spanish are Ecuadorian (8.9%), Chilean (2.4%), Peruvian (2.4%) and Bolivian (2.1%), while other nationalities such as English, Brazilian, Columbian, Dominican, Honduran, Italian, Moroccan, Uruguayan and Venezuelan were under 2%. No significant differences are observed due to the place of birth, age (Graph 10) or gender.

Graph 10. Age, according to place of birth in or outside of Spain



263 cases include with whom the child or adolescent lived: In 71.9% of cases they lived with the mother, 3% with the father (8 cases), 12.5% with both the mother and father at the same time, and 12.5% had no contact with either of the two. No significant differences are observed based on with whom the child or adolescent live, or their age or gender.

Although, what is significant is that some difference is observed due to place of birth. For those born in Spain, the probability of living with the mother is much higher, whereas for those born outside of Spain the probability of living with the mother and father at the same time is much higher, as well as having no contact with either of the two (Graph 11).

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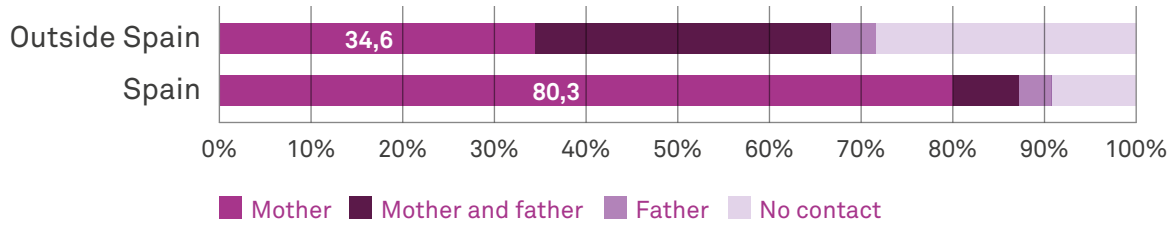
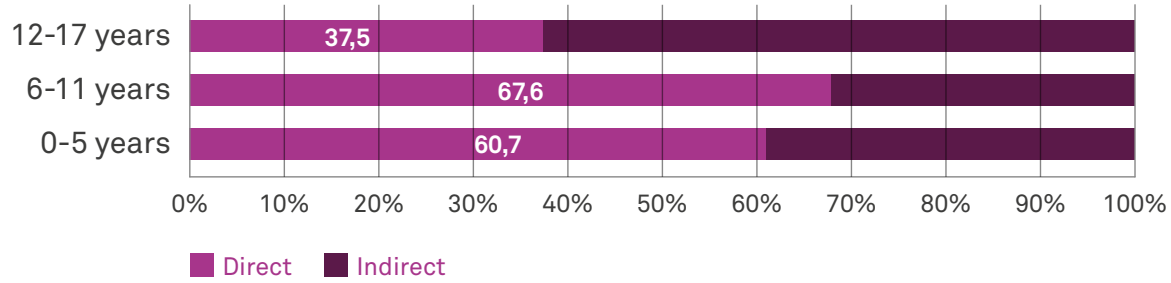
Graph 11. With whom the boy or girl lived, according to place of birth in or outside of Spain[39]



In 143 cases, the database included whether the care provided was direct or indirect: In 57.3% of cases it was direct and in 42.7%, indirect. While not considering those of legal age, for the remaining children a greater probability of indirect care is observed in the 12 to 17 years range, whereas there is a greater probability of direct care with those from 6 to 11 years. There is also greater probability of indirect care when there is no contact with the mother or father, whereas there is greater probability of direct care when the child or adolescent lives with its mother (Graph 12).

Graph 12. Age, according to direct or indirect care[40]



Reason for closure (not included in 11 cases) was due to the finalisation of the planned work process, hence, presumably successful, in 39.3% of cases. Whereas the other cases are more difficult to evaluate based only on the information available, as the database states that 25.7% of cases involved abandonment of the service, 26.3% left the service voluntarily and 8.7% were referred to some other service.

No relationship is observed between the type of closure and gender or age of those attended. However, significant differences are observed according to place of birth: those born outside of Spain show a greater probability of abandoning the service, whereas those born in Spain show a greater probability of finishing the planned process (Table 11).

39 Statistical significance: $\chi^2(3)=44.701$, $p<0.000$

40 Statistical significance $\chi^2(2)=9.746$, $p<0.05$

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Table 11. Reason for closure, according to place of birth in or outside of Spain[41]

	Born in Spain	Born outside Spain	Total
Abandoning the service	54	30	**84**
Voluntarily leaving the programme	61	17	**78**
Process finalisation	113	19	**132**
Referral	21	9	**30**
Total	249	75	**324**

Significant differences are also observed based on the person with whom the child or adolescent lives: greater probability of closure due to case referral is observed when living with the father, closure due to abandoning the service when living with the father and mother at the same time, and finishing the planned process when living with the mother (Table 12).

Table 12. Reason for closure, according to with whom the child lived[42]

	Mother	Mother and father	Father	No contact	Total
Abandoning the service	41	13	0	9	**63**
Voluntarily leaving the programme	29	5	2	5	**41**
Process finalisation	98	7	2	16	**123**
Referral	17	3	4	1	**25**
Total	185	28	8	31	**252**

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41 Statistical significance: $\chi^2(3)=14.015$, $p<0.005$

42 Statistical significance: $\chi^2(9)=27.759$, $p<0.001$

139 of the cases include the **type of violence suffered**. In 24.5% of cases the violence was physical, in 71.9% psychological and in 0.7%, sexual (1 case). In 2.9%, other types. The differences in types of violence according to age or gender don't obtain any statistical significance, although according to place of birth, physical violence is observed more frequently among those born in Spain than those born abroad (Table 13).

Table 13. Type of violence suffered, according to place of birth in or outside of Spain

	Spain	Outside Spain	Total
Physical	32	2	**34**
Psychological	81	19	**100**
Sexual	0	1	**1**
Others	2	2	**4**
Total	115	24	**139**

A relationship between the type of violence suffered and the reason for case closure is also observed. It is relatively more frequent for the planned process to be finalised in the case of physical violence, whereas voluntary leaving the service is more common in the case of "other forms of violence" (Table 14).

Table 14. Types of violence suffered, according to reason for case closure[43]

	Reason for closure				
	Abandoning the service	Voluntarily leaving the programme	Process finalisation	Referral	**Total**
Psychological	21	14	40	16	**91**
Physical	5	4	23	2	**34**
Others	0	2	0	0	**2**
Sexual	0	0	0	1	**1**
Total	26	20	63	19	**128**

43 Statistical significance: $\chi^2(9)=22.890$, $p<0.05$

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Lastly, according to with whom they live, psychological violence is more commonly observed when the child or infant lives with both parents at the same time (Table 15).

Table 15. Type of violence suffered, according to with whom the child lives [44]

	With whom the child lives				
	Mother	Mother and father	Father	No contact	**Total**
Psychological	66	12	5	17	**100**
Physical	26	0	1	7	**34**
Others	2	0	0	2	**4**
Sexual	0	0	1	0	**1**
Total	94	12	7	26	**139**

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44 Statistical significance $\chi^2(9)=26.879$, $p=0.001$

6.3 Summary of the data available from the databases of the EAD and SAN

In the EAD database, there were 2,579 files of women attended between 1995 and 2013, although not all cases offered information for each one of the fields summarised below.

- Of these cases, 35.06% arrived via emergency and 64.9% via ordinary scheduled care. 26% of those who accessed the EAD were referred from other services, while 74% were women who accessed them directly. Lastly, 11.3% consisted of reopened cases. Reopened cases, and above all, emergencies, are relatively more frequent in those closed during the 2008-2012 period, whereas closed direct access files are relatively more frequent during the 2003-2007 period.
- 57.6% of women were born in Spain and 42.4% abroad. Of those born abroad, 37.8% had all of their children born in Spain, 47.6% had all of their children born outside of Spain, and 16.1% had their children born both in and outside of Spain.
- 50.6% were born prior to 1969, mainly Spanish, and 17.1% between 1970 and 1974.
- 43.1% have a child, 35.5% have two, and the rest have up to 10.
- With regard to guardianship of the children, in two thirds of cases both parents maintain parental guardianship and in one fifth, the child was already of legal age. In lower percentages only the mother had custody, followed by extended family, the DGAIA, and only in 0.8% was it held solely by the father.
- Only 1.6% of the files were closed before 2002. 23% were closed between 2003 and 2007, whereas the remaining 77% were closed between 2008 and 2012.
- The leading reason for case closure is the woman abandoning the service (34.1%) (more common in cases with joint custody) and more frequently among younger women, followed by 25% of cases closed due to partial achievement of objectives, and 18.8% of cases for having fully achieved the planned objectives (more common in files with children of legal age). There are also other rare situations like closure due to inappropriate request and based on the team's decision due to not reaching the objectives (more frequent when the guardianship is held by the mother, another family member or the DGAIA, and more often with emergency files), due to referrals to other services or the woman moving to another region.
- Closures due to partially achieving objectives and referral are more frequent in the 2003-2007 period, while user abandonment of the service and achieving objectives are the most frequent reasons in the 2008-2012 period.
- Between 2000 and 2012, 272 women were attended in emergency shelters or long term accommodation for gender-based violence, above all in the 2008-2012 period (84.7%). In 33.3% of cases just the woman was sheltered, and in the remaining cases also the children.

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In the SAN database, of the 357 cases 45.2% were girls. 15.1% were 5 years or under; 52.6% between 6 and 11, 29.8% between 12 and 17, and 2.6% were of legal age.

- 76% were born in Spain and 24% abroad, with the majority being Latin American.
- In 71.9% of cases they lived with the mother (more common with Spanish nationals), 3% with the father, 12.5% with the mother and father at the same time, and another 12.5% showed that there was no contact with either of the two. These last two situations arose more often with those born abroad.
- In 57.3% of cases, the care was direct (more common for 6 to 11 years living with the mother) and in 42.7% indirect (more common among the 12 and 17 years and when the adolescent has no contact with the parents).
- The reason for the closure of these cases was the finalisation of the planned work process in 39.3% of cases (more common with those born in Spain and living only with the mother). In 25.7% of cases, the service was abandoned (more common with those born abroad, and also those living with both mother and father), in 26.3% of cases the woman voluntarily left the service and in 8.7% the case was referred to another service (above all if living with only the father), and therefore the type of result obtained cannot be evaluated.
- 24.5% suffered physical violence, 71.9% psychological violence, 0.7% sexual violence and 2.9% other types. It is more frequent for the planned process to be finalised in the case of physical violence, whereas voluntarily leaving the service is more common in the case of "other forms of violence". Psychological violence is more common when living with both parents.
- This data provides a profile of the children and adolescents attended by the SAN during this period, and are not necessarily the characteristics of the entire population experiencing situations of gender-based violence.

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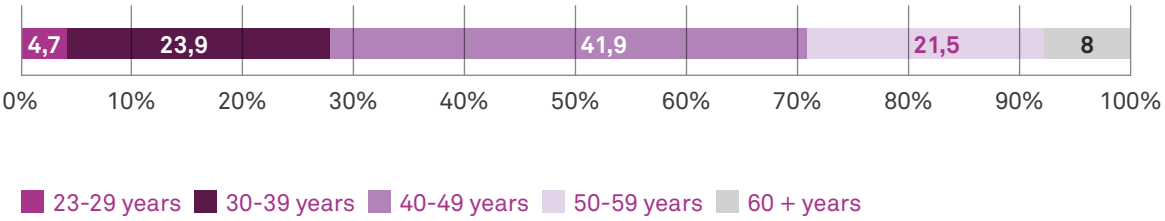
7.
RESULTS OF MOTHERS' QUESTIONNAIRES

7.1 Characteristics of the mothers surveyed

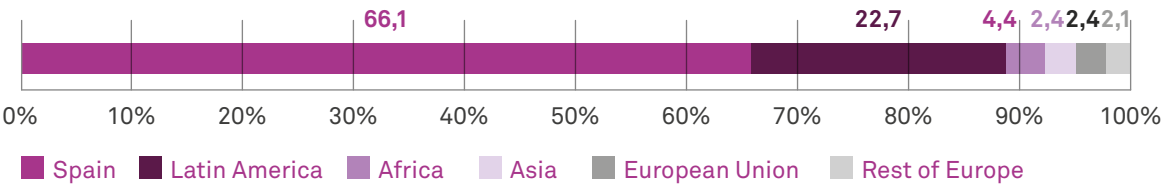
With regard to the age of the 339 women surveyed, the majority were between 40 and 49 years and almost a third were over 50. Young women were a minority in this sample (see Graph 13).

Graph 13. Characteristics of the sample: date of birth range



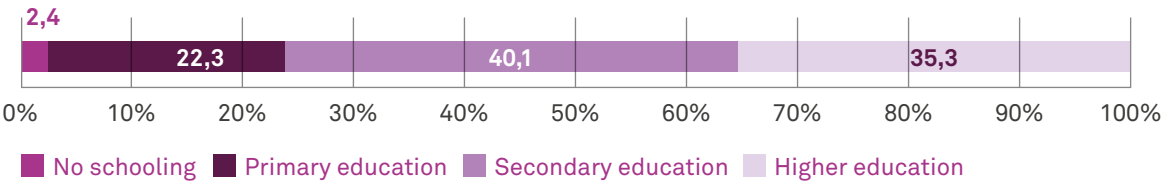
As can be observed on Graph 14, two thirds of the sample are women born in Spain and the rest, abroad. Among the latter, the largest group are those born on the continent of Latin America. If we cross this data with age, the differences are very significant, as we find that the youngest group are mostly foreigners, whereas in the case of the over 50s, these women are mostly born in Spain.[45]

Graph 14. Place of birth



Graph 15 on the level of education shows that the majority state to have secondary education and a third have received tertiary education. There are no significant differences due to country of origin or age, although in the case of the youngest women, none are without an education and there are more without education as age increases.

Graph 15. Level of education



45 Statistical significance: $\chi^2(6) = 48.356$ $p>0.000$

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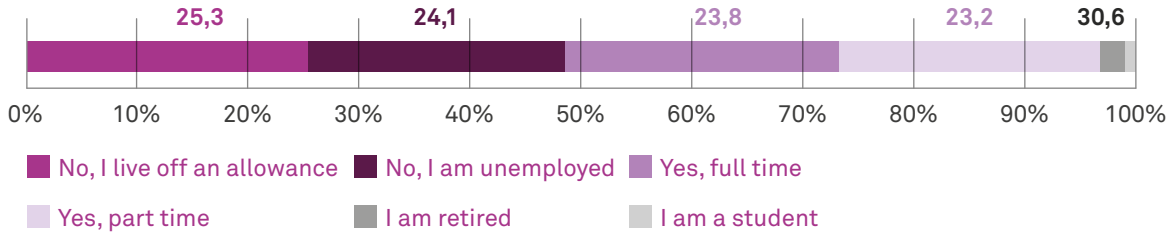
Only 23.8% of the women in the sample work full time (Graph 16), a similar percentage work part time and another find themselves in unemployment. Almost half are not part of the active population, as they are pensioners or retired (the older ones).

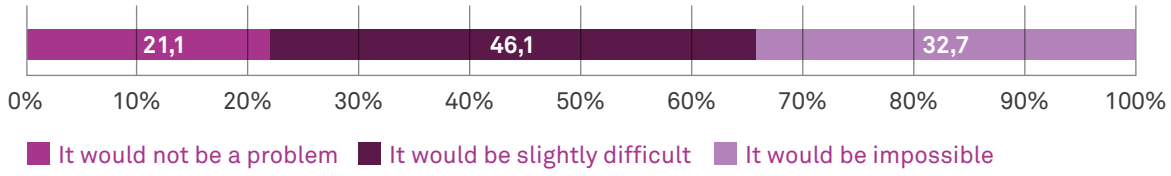
Graph 16. Does she work?



There are significant differences according to level of education, with a greater probability of being in full-time work for those with higher education, and less for those with only a primary education. Also, it is more common for those living on a pension to only have a primary education.[46] Differences are also observed[47] according to country of origin, as women born in Latin America have a greater probability of being unemployed or only working part-time, with very few living a pension, making them appear to be the most financially afflicted group.

In order to gain information about their financial situation when filling in the questionnaire, they were asked whether they would be able to pay an unexpected bill €100 (Graph 17). The replies indicate that only 21.1% could pay it without any problems, and these are mostly women working full-time.[48] Those working part-time are those with the most problems, followed by women in unemployment.

Graph 17. Unexpected bill payment



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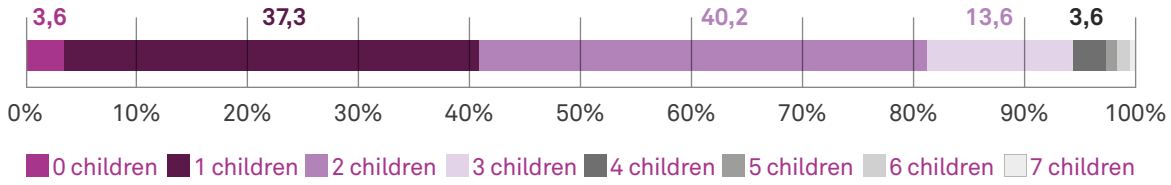
46 Statistical significance: $\chi^2(15)=35.471$, $p>0.002$
47 Statistical significance: $\chi^2(15)=41.883$, $p>0.000$
48 Statistical significance: $\chi^2(10)=43.465$, $p>0.000$

The condition for participating in the research was that they had to be mothers. Regarding the number of children (Graph 18), the two largest groups had 1 or 2, with percentages of around 40% respectively. The remaining 20% are those with large families. There aren't many differences due to country of origin, or working situation.

Graph 18. Number of children



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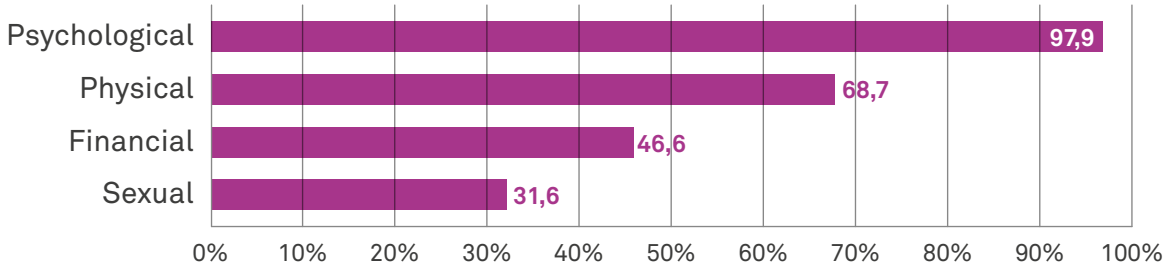
7.2 Description of the violence

In the questionnaire, the women selected from a list of types of violence experienced, and hence could select more than one if that were the case. The typology is that used by the City Council and the Barcelona's Social Services Consortium according to the gender-based violence defined by Catalan Law 5/2008 on the right of women to eradicate gender-based violence.[49]

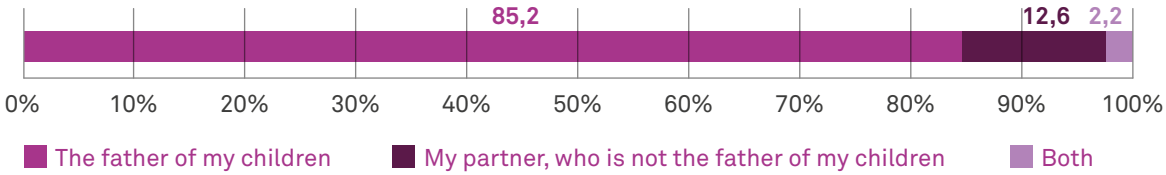
Graph 19 shows that the majority select psychological violence. After this, physical violence is the most frequent with over two thirds of the sample. If we cross this with the variable referred to as number of children, we see significant differences regarding sexual violence, which is more common with women who have had a large family.[50] There are no more differences regarding type of violence experienced due to country of origin or age.

Graph 19. Types of violence



In most cases, the aggressor was the father of the children (Graph 20), without undervaluing the remaining percentage referring to a partner who is not the father of the children.

Graph 20. The aggressor



A highly relevant data is that 41.1% of cases of violence lasted over 10 years, and almost a third between 4 and 10 years, which indicates that we are dealing with a group where the situation of violence very often tends to become chronic (Graph 21). Only 8.8% of the sample state that the violence lasted less than one year. This chronic situation means that children spend a great part of their childhood, if not all of it, living in a harmful environment.

49 Barcelona City Council and the Social Services Consortium (2012). Intervention with children and adolescents in situations of gender-based violence from the public social services system of Barcelona city.

50 Statistical significance: $\chi^2(2)=7.036$, $p>0.030$

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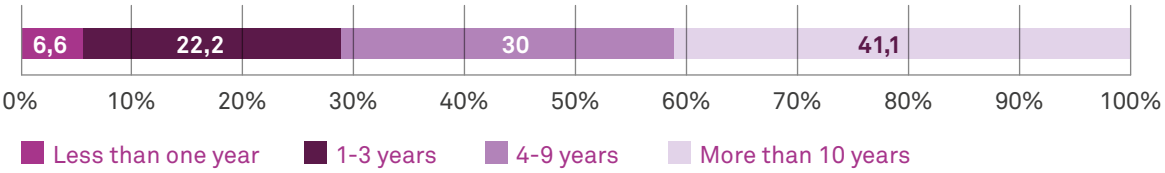
Graph 21. How long did the violence last

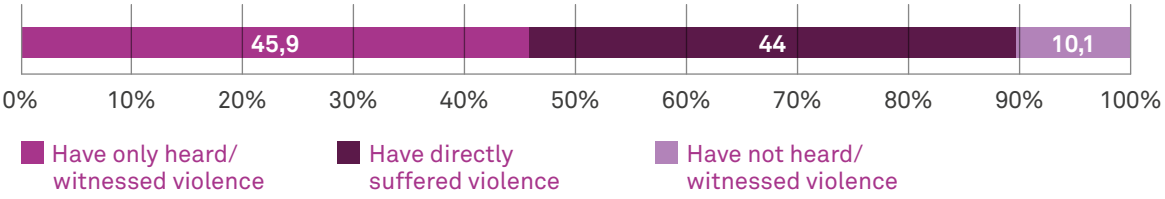


Significant differences are observed regarding the country in which the women were born; those born in Spain state having suffered violence for a much longer duration,[51] with half of the Spanish responding with over 10 years in duration. This explains why there are hardly any foreigners in the older group. Differences are also observed according to the number of children, where the tendency is that the more children they had, the longer the violence lasted.[52] There are also expected differences due to age, where women over 50 describe longer periods of suffering violence, whereas the younger women mainly state a duration between 1 and 3 years.[53] There are no differences according to level of education, or working situation.

With this situation of chronic violence, it is not surprising that in response to the question regarding the impact of the violence on children (Graph 22), 44% recognise that the children also directly suffered violence. A similar percentage of mothers state that their children were only witnesses. 10% assure that they never saw or experienced the violence.

Differences are observed if we cross this data with the previous variable, that is, with the years the violence lasted. Those responding that their children never saw or experienced anything also state that the violence lasted less than a year; those stating that they were witnesses to the violence are mostly those where it lasted between 4 and 10 years, and those stating that the children suffered violence are cases where it lasted over 10 years.[54] That is, the greater the number of years of violence, the greater the risk of children being directly abused.

Graph 22. Awareness of the impact of the violence on children



51 Statistical significance: $\chi^2(9)=33.371$, $p>0.000$
52 Statistical significance: $\chi^2(6)=38.194$, $p>0.000$
53 Statistical significance: $\chi^2(12)=67.911$, $p>0.000$
54 Statistical significance: $\chi^2(6)=38.471$, $p>0.000$

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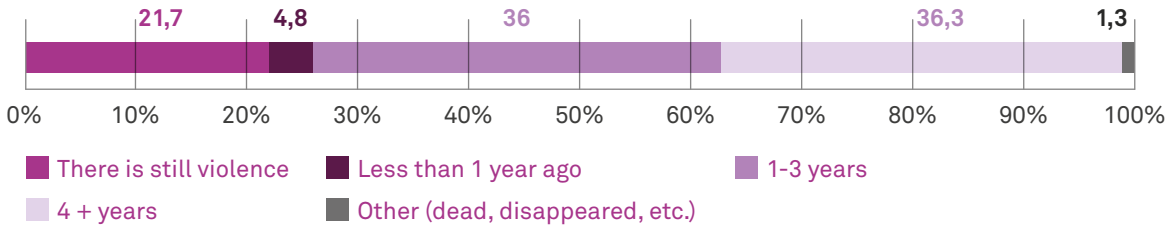
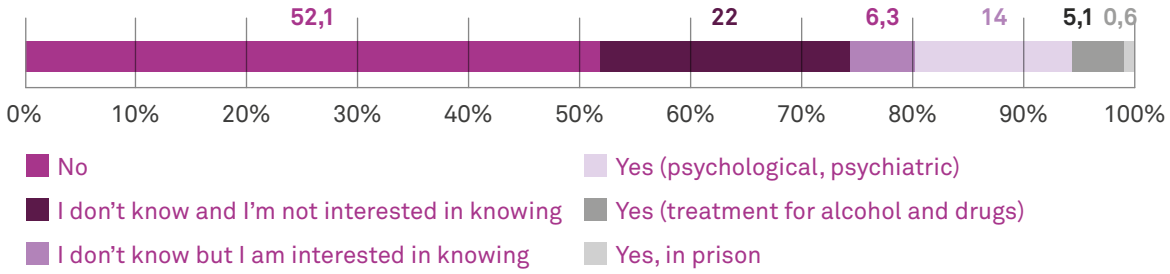
The majority of the women given the questionnaire lived in a situation where the violence had already ceased, with only 21.7% stating they continued to experience violence (Graph 23). In our opinion, the fact that the majority speak of violence in the past gives a better perspective to the answers.

Graph 23. Ending of the violence



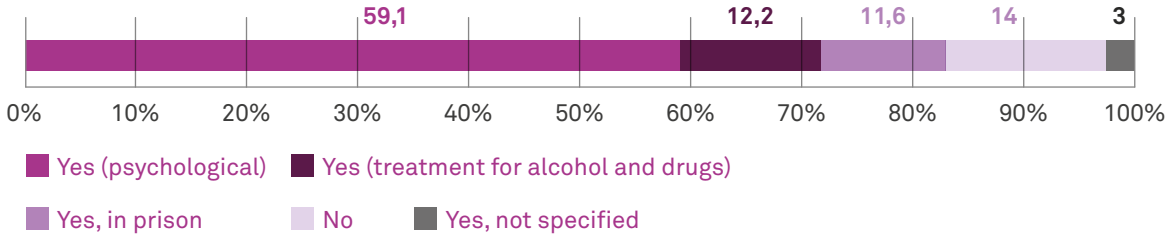
They were also asked about the awareness of possible treatment (for addiction, mental health, gender-based violence or others) received by the aggressors (Graph 24). Half state they received none. Of the other half, 28.3% don't know. With regard to those who received treatment (almost 20%) there are three types: those who received psychological or psychiatric treatment, those who were basically treated for an addiction problem, and lastly. those who received treatment while in prison.

Graph 24. Is the aggressor receiving any kind of treatment?



When the women are asked whether they believe it is important for the aggressor to receive some kind of help or treatment, the majority agree, especially psychological or psychiatric help, but also for problems with alcohol and drugs or in prison; or they simply agree but don't specify the kind of treatment (Graph 25).

Graph 25. Do you believe it is important that the aggressor receives help?



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7.3 Services and support for the mother

Mothers who answered the questionnaire were invited to participate in the research, mainly because they had been attended by one, or more than one, of these services (see Table 16). One of the questions was by which of these services they were attended. We can see how the majority were attended by the EAD (76.1%), the previous service that disappeared and became the current SARA. Women attended by the SAN are a minority (15.6%), as it was mainly designed for their children, and also SARA (12.1%), as this service was created much more recently (2 January 2014). We must consider that, although 89.6% were in the EAD database and 10.4% in the SAN, they could have been attended previously by the SARA, or the another service while it was operating (up to 31 December 2013), and for this reason the percentages, although not completely incompatible, do not coincide exactly.

With regard to whether they were in a shelter service for abused women, 28.9% of the sample state having being sheltered at some time, either in an emergency or long-term (the least of cases) service for gender-based violence.

Table 16. Types of service and duration of care (N=339)

	EAD		SAN		SARA	
	No.	%	No.	%	No.	%
1 or 2 sessions	51	19.8	8	15.1	8	19.5
Less than a year	121	46.9	12	22.6	23	56.1
Between 1 and 2 years	45	17.4	20	37.7	10	24.4
2 years or more	41	15.9	13	24.5	0	0.0
Total	258	100.0	53	100.0	41	**100.0**

They could select more than one option

However, in addition to which service they were attended by, we were also interested in knowing the type of support they received and which of them did not received it but should have. On Graph 26, we can see how the most frequently received service was psychological or emotional support, or simply having access to someone to talk to. Although, it appears that above all, they were lacking financial aid, know-how on being a mother in these situations, and a safe place to live.

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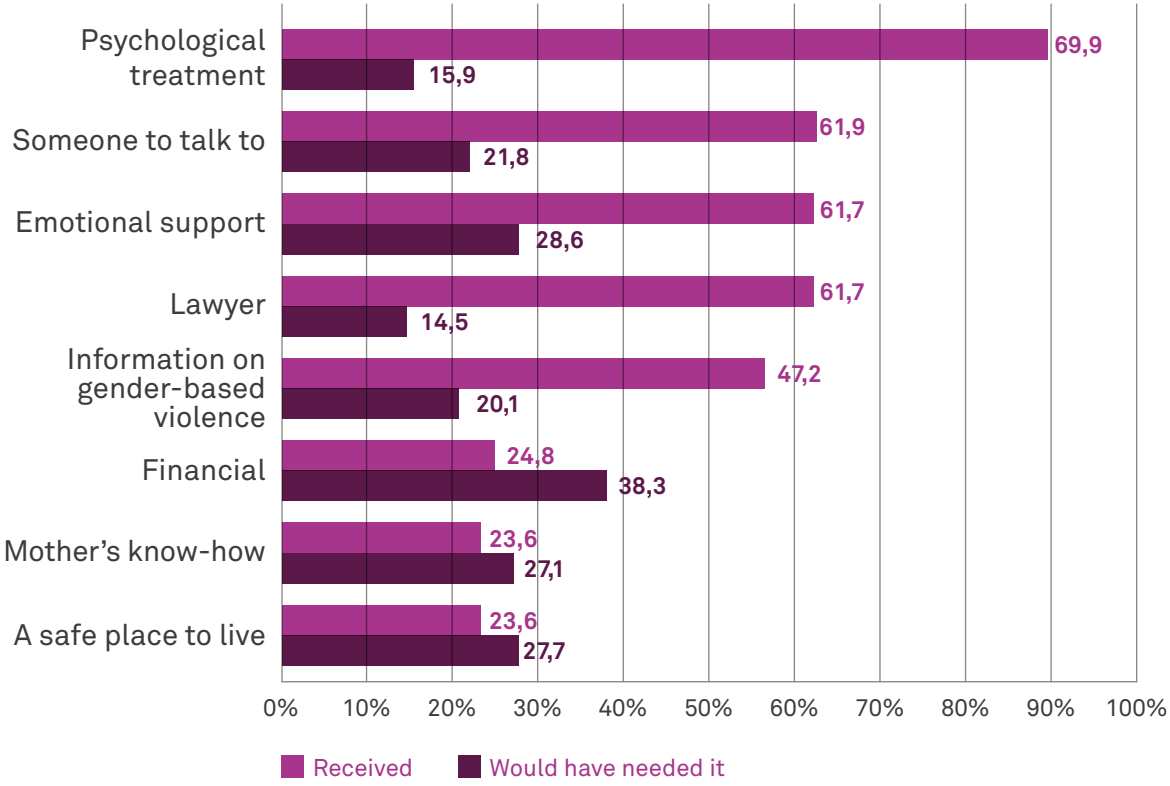
Graph 26. Types of support that the women needed or received to face the situation of violence



We have observed some significant differences when we crossed this data with age and country of birth. For example, the age range in which the youngest women are found, those between 23 and 39, consider that they would need more help from a lawyer, and help for the children's visits with their father. More than likely these two items are related to them still having children that are not of legal age, so the issues of separation and custody, and the visiting regime are a priority for them.

However, women over 50 are those who received resources for having a safe place to live to a lesser extent, compared to younger women who have a greater probability of having obtained this. It is possible that the reason for this is that the network of services has continued to increase this offer.

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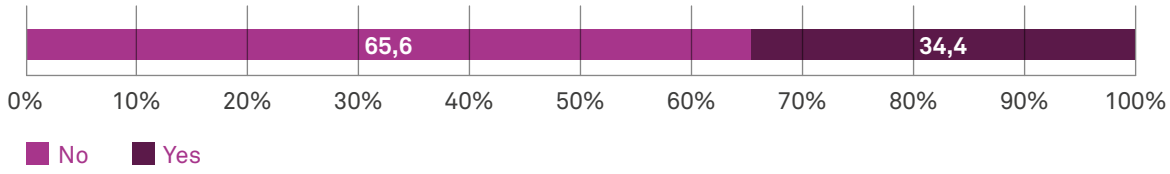
With regard to women born abroad, those from Africa and Asia are grateful for the help received, whereas those born in Latin America (the largest foreign group in the sample) believe they needed more help. In many answers, the segment of women born in Spain focuses on the feeling of not having received help in finding a safe place to live, compared to those born abroad. This is definitely related to the difference in expectations and support networks, which are poles apart among these groups.

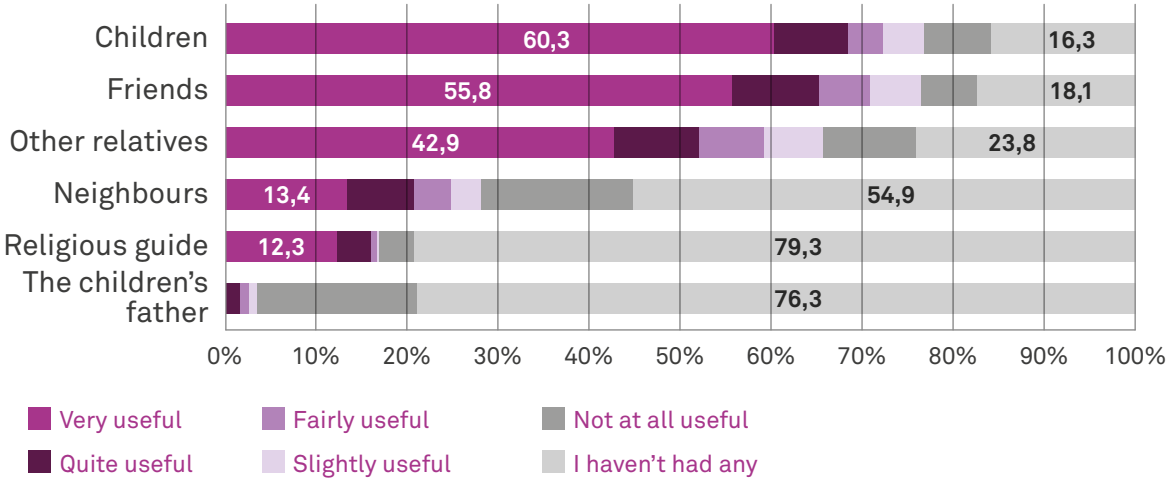
However, of all women in the sample, only 34.4% state being able to rely on legal or police protective measures (Graph 27).

Graph 27. Do you have legal and/or police protective measures?



Based on this, we want to know, of all of the help received, which was more useful for mothers finding themselves in these situations, according to the women themselves. With this objective, we grouped the help into three types: support provided by people in their environment, help from services, and thirdly, more specifically, help from shelter services for women experiencing gender-based violence.

Graph 28. In the situation of violence experienced, support from people that were the most useful for mothers



On Graph 28 we can see the data related to the support received by people in the environment. The support of children appears in first place, followed by that of friends and family, as a very useful type of support. However, let us not undervalue the percentage of cases stating that these kinds of support were not received. Based on age, it is more probable that those over 50 state that the support of children has never been useful, a statement that is also valid for the rest of the family members. However, younger women

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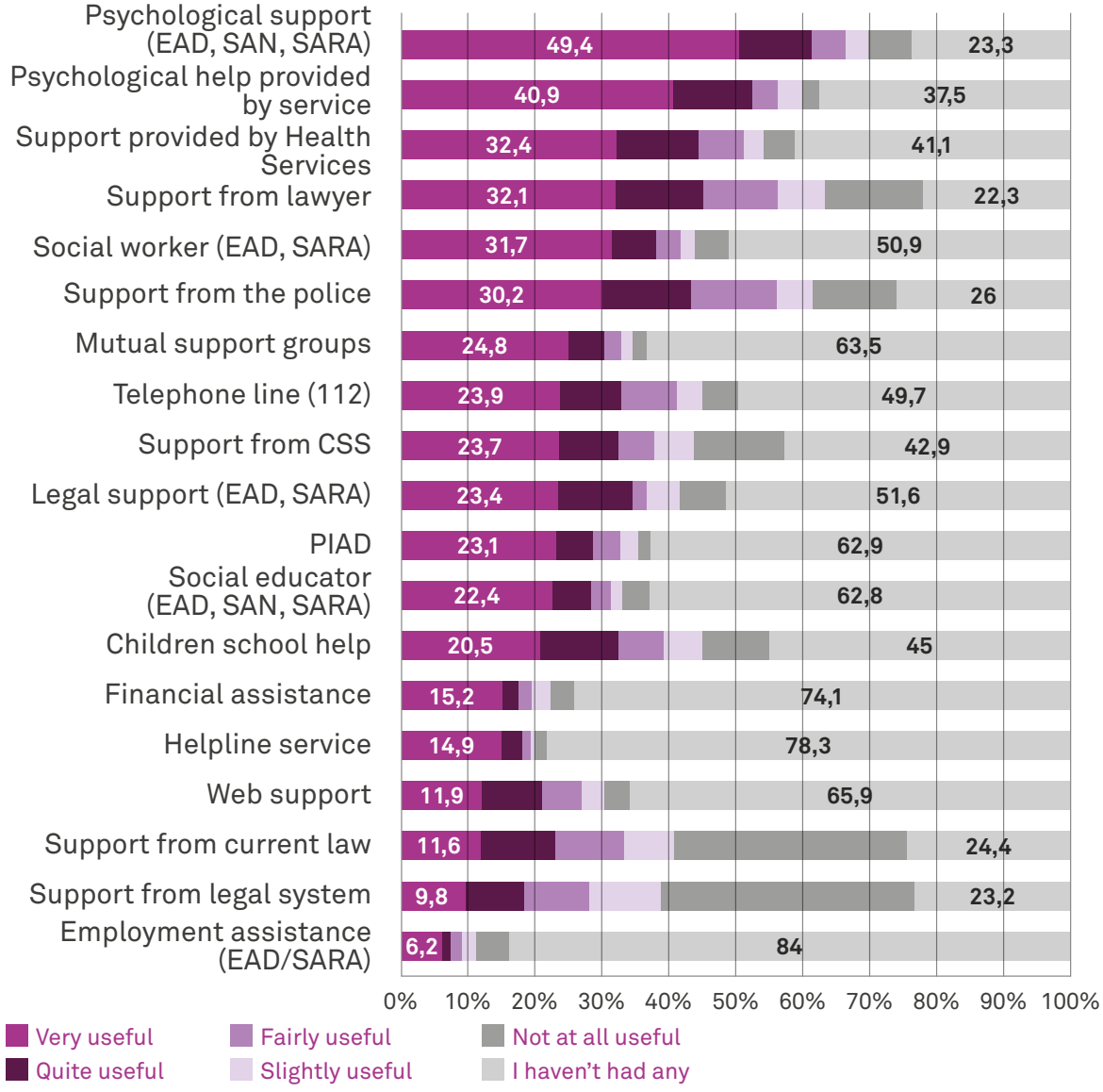
more frequently find the support of family members to be quite useful.

Graph 29 shows the mother's perception of the usefulness of different services, professionals and help received.

Once again in first place as useful, we see psychological help provided both by the services like SARA, EAD or SAN and external professionals. The help of lawyers is also highlighted, mainly in the private sector, and social workers and the police. The law and the legal system come last, considered not useful, or simply that they provided no support. It is also highlighted that they had little financial aid, job insertion, telecare or help from specific websites.

Graph 29. In the situation of violence experienced, help that has been the most useful for mothers



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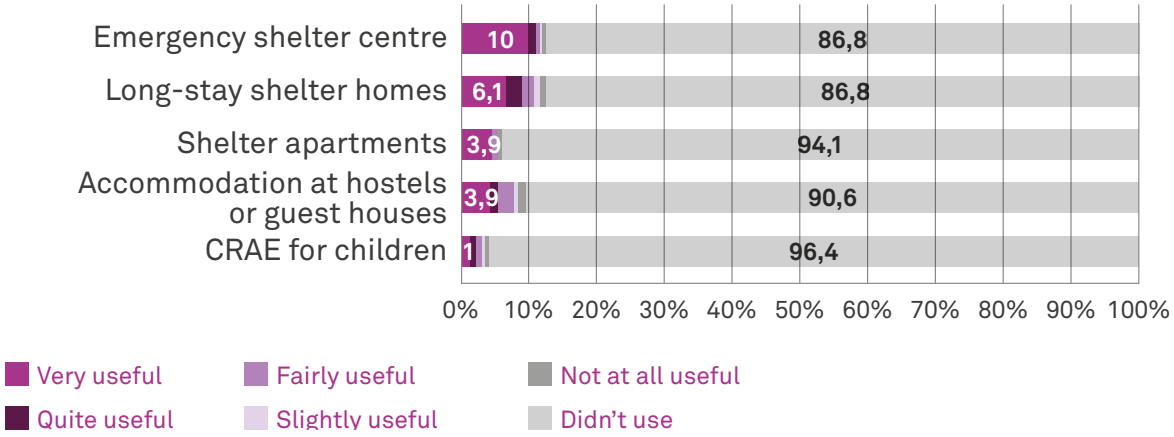
Those over 50 consider the legal system to be not useful, along with the lawyers, shelters and social workers. The group under the age of 39 see the help provided by the police as most useful. Furthermore, the current law is considered more useful by women born abroad and not useful by those born in Spain.

On Graph 30, we can see the rating given to the shelter services. The first point worth making is that the majority have not used them. Among those who used them, the ratings are very positive regarding their usefulness.

Graph 30. In the situation of violence experienced, shelter services that were most useful for mothers



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7.4 Services and support for children

In this questionnaire addressed to mothers, they also had to identify the services received by their children and how they rated them. 53.7% of women replied that their children had not received care directly from any of these services (Table 17), which already provides a result in itself.

Table 17. Have your children had any direct contact with any of these services?

	No.	%	If yes, with which one?		
Yes	157	46.3		No.	%
			EAD	43	12.7
			SAN	52	15.3
			SARA	29	8.6
			Not specified	33	9.7
No	182	53.7			
Total	**339**	**100**			

Of those who received care, there were more SAN (specific service for children who suffered gender-based violence at home) cases. However, some mothers could not remember which service attended them.

With regard to the types of support received by their children, on Graph 31, we can see the identification they make of the support received and needed by their children. Once again, having someone to talk to, psychological care and emotional support stands out, and support at school and for doing homework appears in fourth and fifth place. However, the mothers think that they needed much more financial aid than they received, information on gender-based violence, help with the father's visits and a safe place to live.

Furthermore, significant differences are observed due to age, as mothers under 39 are those who least tick the boxes for *someone to talk to, emotional support, or psychological treatment*, neither to say that they received nor needed it. Women between 40 and 49 years, are those who more often think they needed more protection for their children, even if it had meant living without them for a time. Those over 50 were less likely to select the option of help with the father's visits (if they received or needed it), probably because their children were already of legal age.

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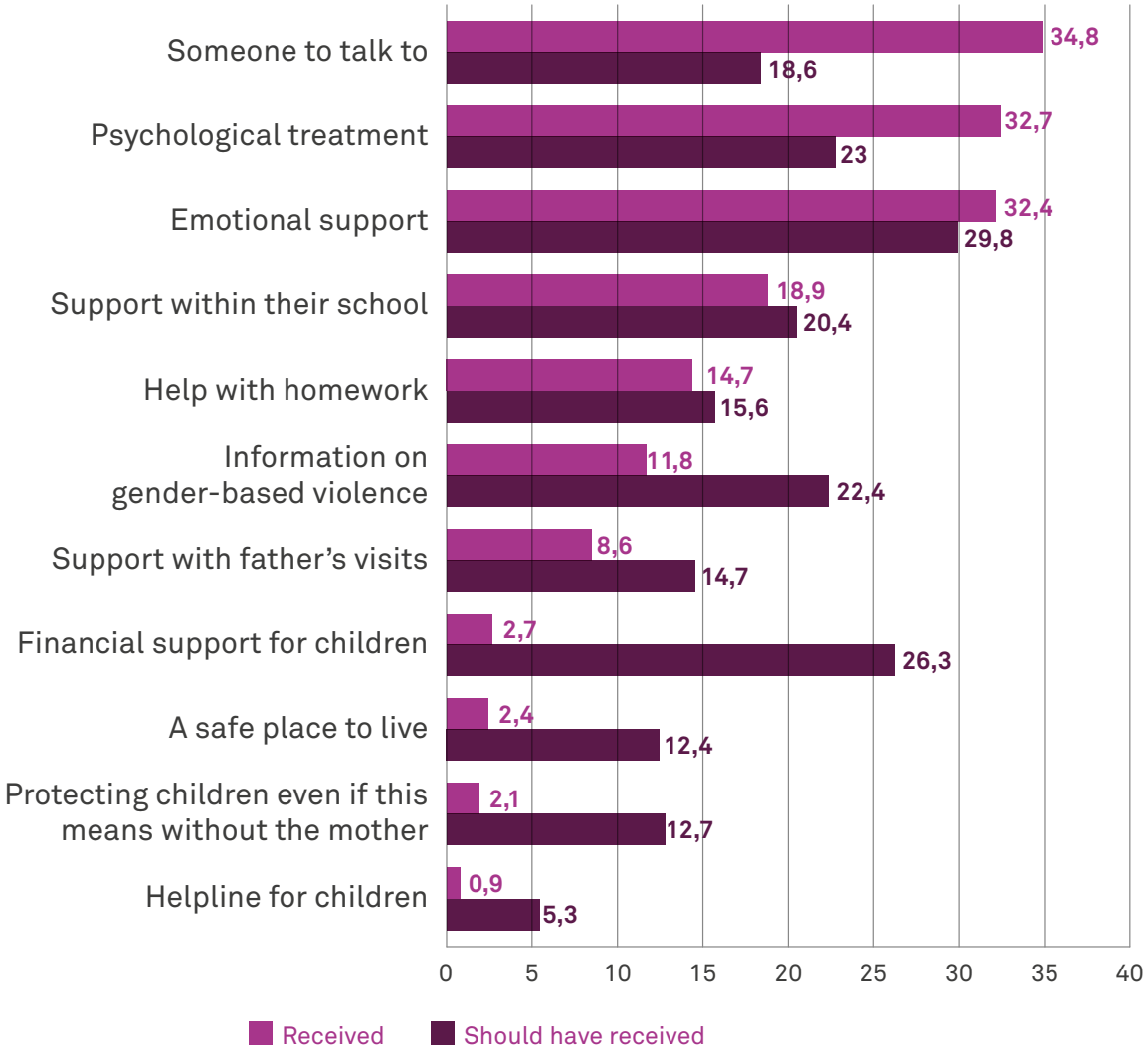
Graph 31. Types of support the women think their children needed or received.



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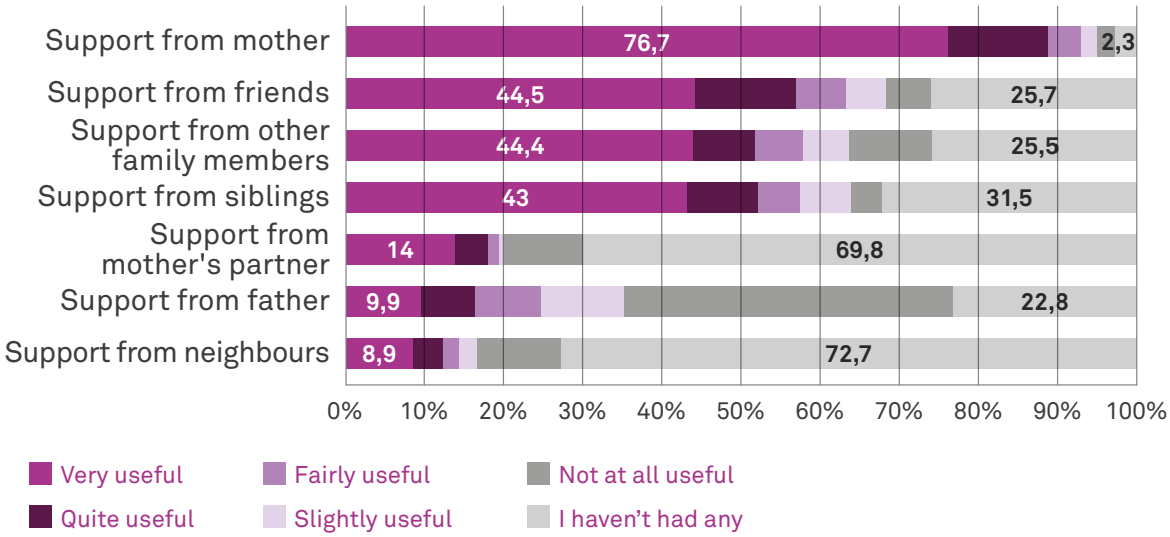
With regard to the usefulness of supports and help received, on the graph we first find people in their immediate surroundings (Graph 32). The mothers think that they themselves are the most useful support for their children, way above other proposed options. Next they recognise the support of friends, other family members and brothers or sisters who have been very useful, although the answers are already more distributed across "they did not have" and ratings of less useful. At the other end of the scale, we find the father's support considered as not useful. What stands out is the fact that they did not have the support of the mother's partner or the neighbours. According to age, mothers over 50 often find that the support of other family members is not useful, and they are a little less harsh on the usefulness of their support for their children. Nor have they found the support of teachers useful.

Graph 32. In the situation of violence experienced, people's support that was the most useful, according to the mothers.



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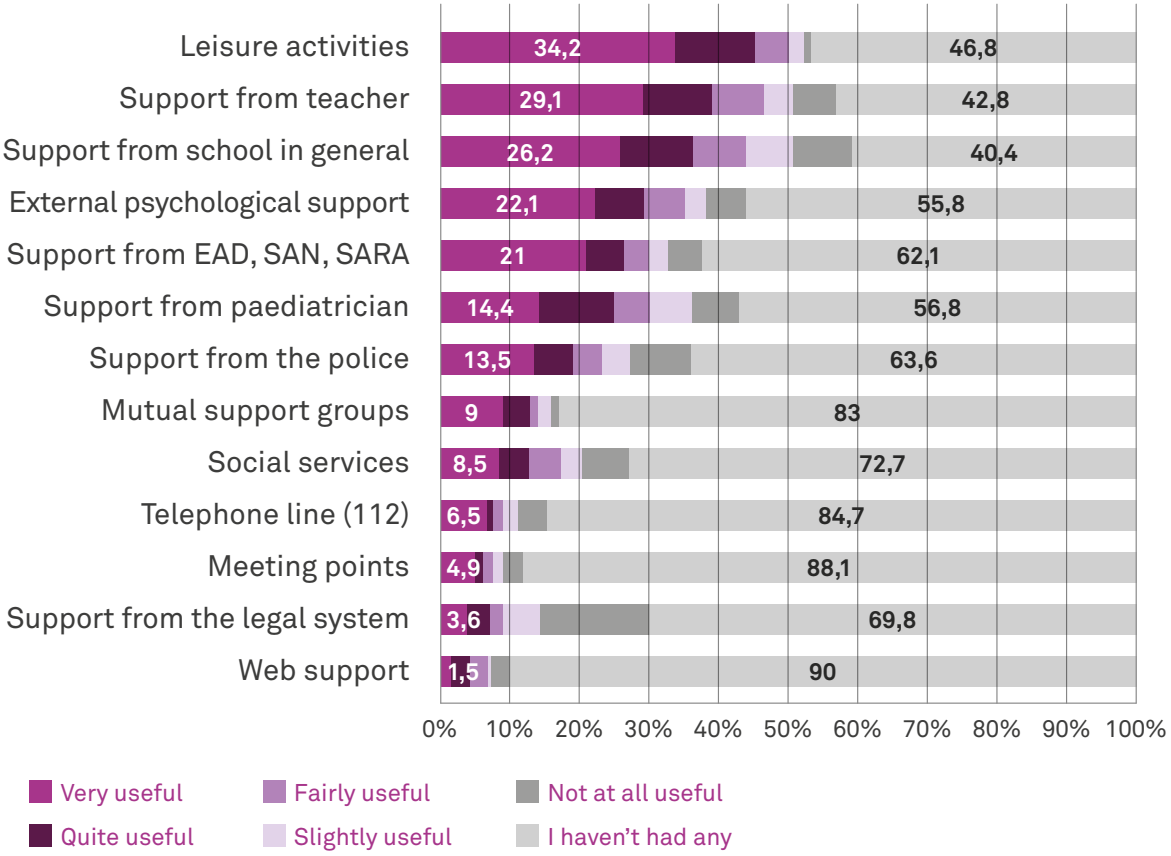
The first surprising thing when we observe Graph 33 is that in all fields the largest percentage, according to the mother's information, corresponds to the option "I did not receive any".

The second noteworthy aspect, among the services and help received, is that the mothers consider those related to free time and school as the most useful for their children. These are followed by the psychological support of specific health and gender-based violence services. The legal system is considered the least useful of all.

Graph 33. In the situation of violence experienced, the help that was most useful for children, according to the mothers



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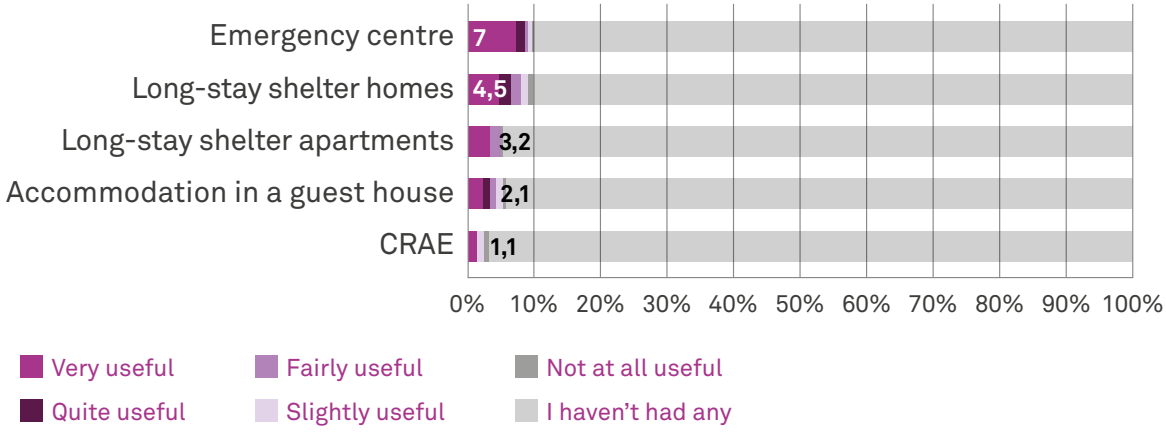
Lastly, on Graph 34, we see how the majority of children of the mothers interviewed have not been in a shelter service for gender-based violence[55] and therefore, the rating with regard to its usefulness are very small due to the number of people.

Graph 34. In the situation of violence experienced, the shelter resources that were most useful for children, according to the mothers



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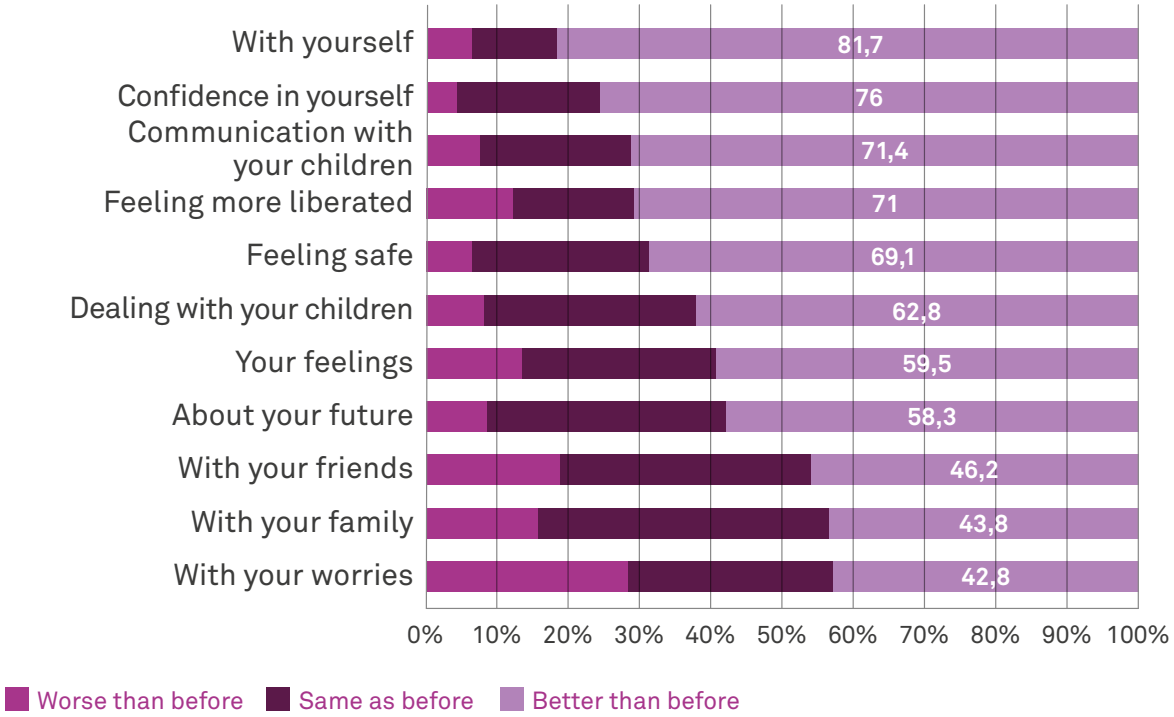
55 Hereinafter: GBV shelter service

7.5 Perceived changes

With regard to changes that the woman notices after being attended by the service (Graph 35), is generally predominated by a rating of having improved, which differs according to the concepts. They feel better than before, especially about themselves, with more self-confidence, improved communication with their children and they feel liberated. The areas in which they most noticed no improvement or worsening is regarding their family and dealing with their children, friends and perception of the future. Areas showing more responses indicating a worsening relate to their concerns, and to a lesser extent, their friendships. In these areas - concerns, family and friendships - they have noted comparatively fewer improvements, which opens up an entire field of reflection.

According to age, those over 50 have noted less changes with regard to the perception of safety and their feelings. In general, by country of origin, women in the sample who were born abroad inform of more changes.

Graph 35. Changes noted by the mothers after being attended by the EAD/SAN/SARA



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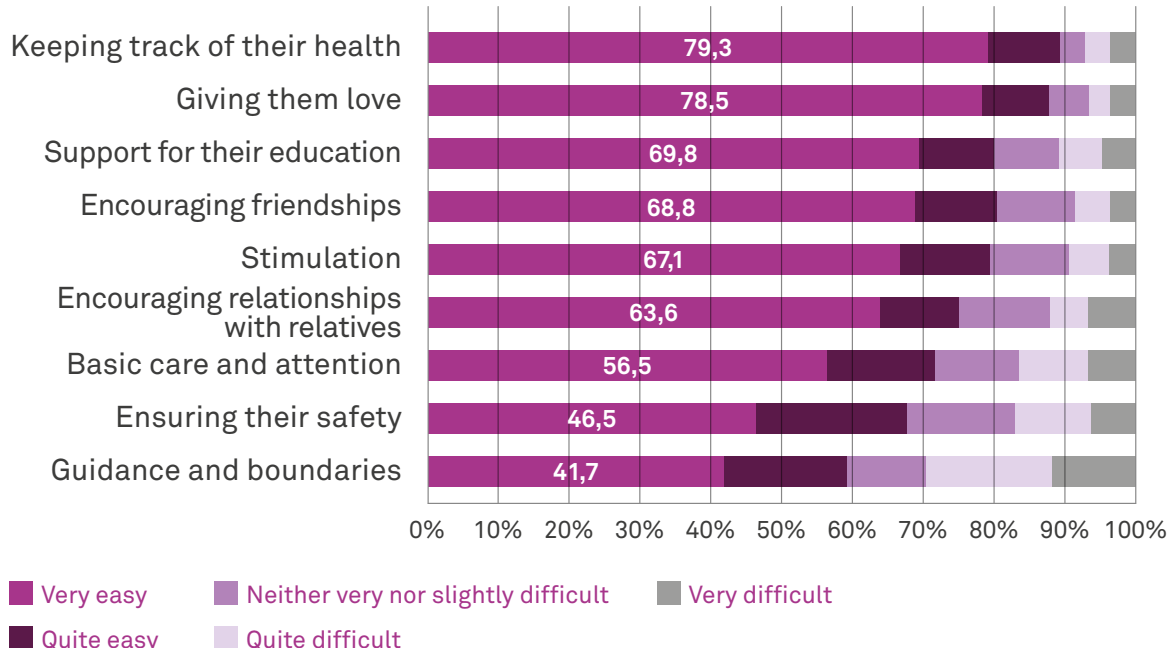
They were also asked about which aspects of raising their children they currently perceive as the most difficult (Graph 36).

Graph 36. Areas that are easier or more difficult for mothers when caring for their children



They maintain that they find it very easy to love them, monitor their health and schooling, promote their friendships and stimulate them. A little less easy to promote family relationships, which are always complex in cases with violence within the family. An unexpected result is that they find it difficult to attend the basic needs of their children. Aspects related to guaranteeing the safety of children and setting boundaries are found below 50%, questions which leave room for improvement. According to age, women over 50 are the least optimistic with regard to the capacity to love them, and those under 39 more often recognise the difficulties in setting boundaries and providing them support at school.

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7.6 Satisfaction

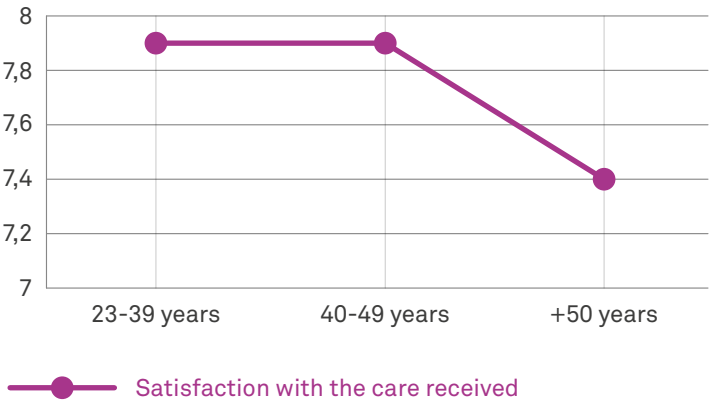
As we can see in Table 18, the mothers' satisfaction with regard to care received gives an average rating of 7.57 on a scale of 0 to 10. The typical deviation is very high as the disparity in answers is quite considerable, from very high to very low levels of satisfaction. There are 29 women who did not answer this question.

Table 18. Satisfaction with care received

	No.	A	TD
Satisfaction with the care received	310	7.57	2.287

Nevertheless, considerable differences are observed with regard to satisfaction according to some variables related to the characteristics of the sample, type of violence experienced and support received. For example, as indicated on Graph 37, women over 50 are less satisfied with the care received compared with the other two age ranges.

Graph 37. Satisfaction with the care received according to age



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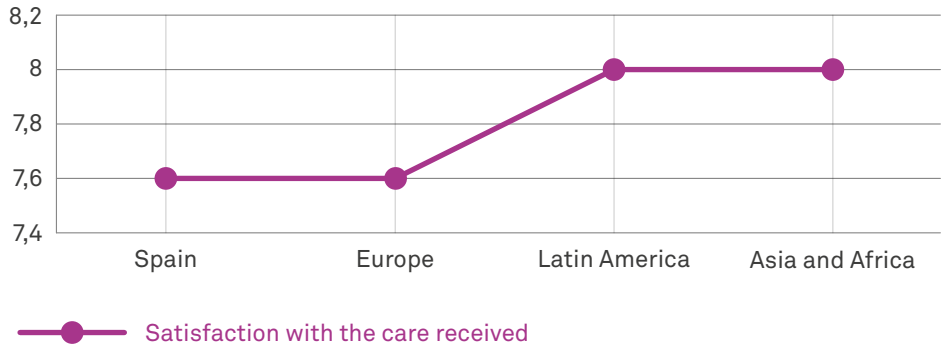
By country of origin, Graph 38 shows how women born abroad, especially in non-EU countries, show a much higher level of satisfaction compared to Europeans, maybe because they compare them to services that exist or do not exist in their country of origin.

Graph 38. Satisfaction with care received according to country of origin



There are also some differences according to the number of children (Graph 39), the more children they have, the greater the satisfaction; perhaps this is because these women experienced a more difficult situation and appreciated the intervention of the services more. In this case the differences are of statistical significance.

Graph 39. Satisfaction with care received according to the number of children

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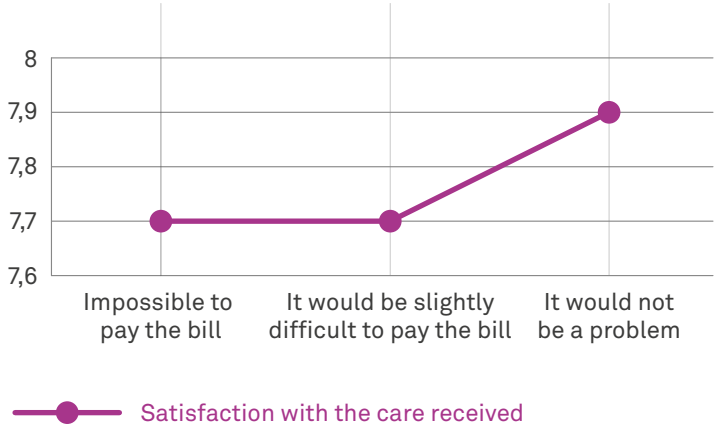
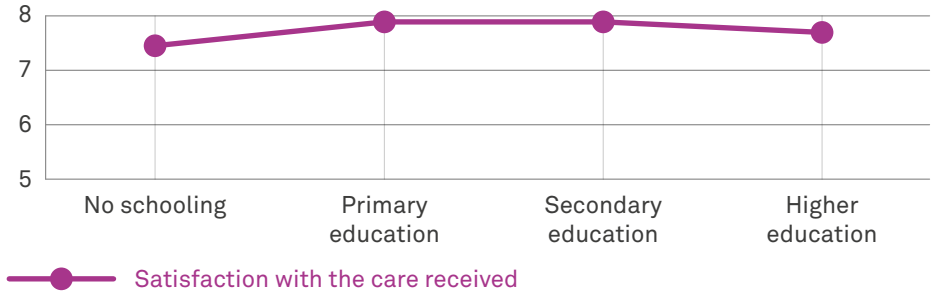
They also display higher satisfaction compared to women who do not have a very problematic situation with regard to their economy (Graph 40). This is reflected by the question whether they could face the payment of an unexpected bill of €100. This could be due to the improvement of their situation, or not having endured this problem, making the solving of this issue less complex, at least with regard to financial independence.

Graph 40. Satisfaction with the care received according to the family economy: can you pay an unexpected bill of €100?



Hardly any difference is observed with regard to satisfaction with the care received according to level of education, despite it being slightly lower for mothers with no education (Graph 41).

Graph 41. Satisfaction with the care received according to level of education



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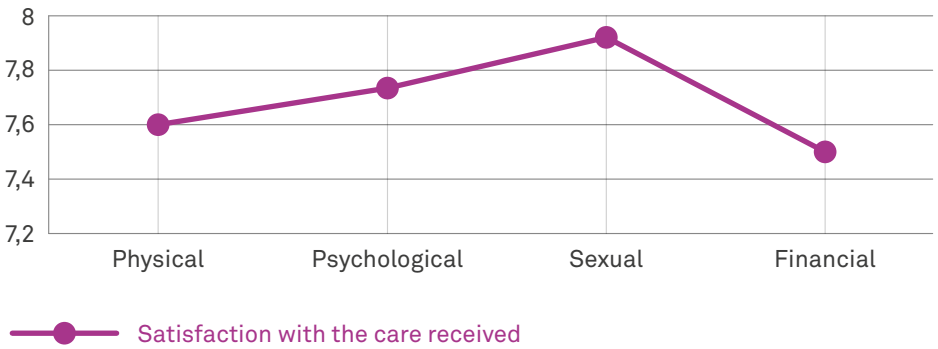
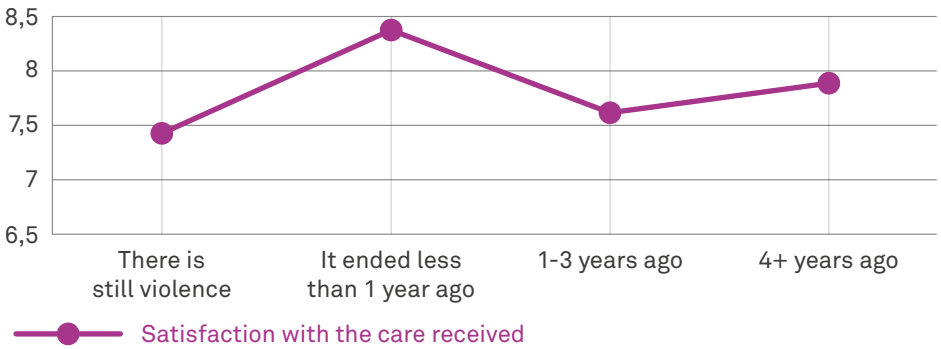
With regard to the level of violence suffered and satisfaction with the care received, the least satisfied women endured financial violence, and those who were the most appreciative of the service were cases of sexual abuse (Graph 42). More than likely, the complexity of the issue and the need for more help also intervenes here.

Graph 42. Satisfaction with the care received according to the type of violence



It is very interesting to observe the line of satisfaction with the care received from services over time. The lowest point occurs when the situation of violence is still in place, which is an expected result, as it is as if the services were not able to provide a suitable response to the situation (Graph 43). Then, a little while after the cessation of violence, is when the highest satisfaction is observed, immediately, due to having achieved the goal. However, it drops slightly once again when more time has passed since the cessation of violence, that is, when maybe some cracks begin to appear in the process.

Graph 43. Satisfaction with the care received according to whether the violence has ceased or still continues



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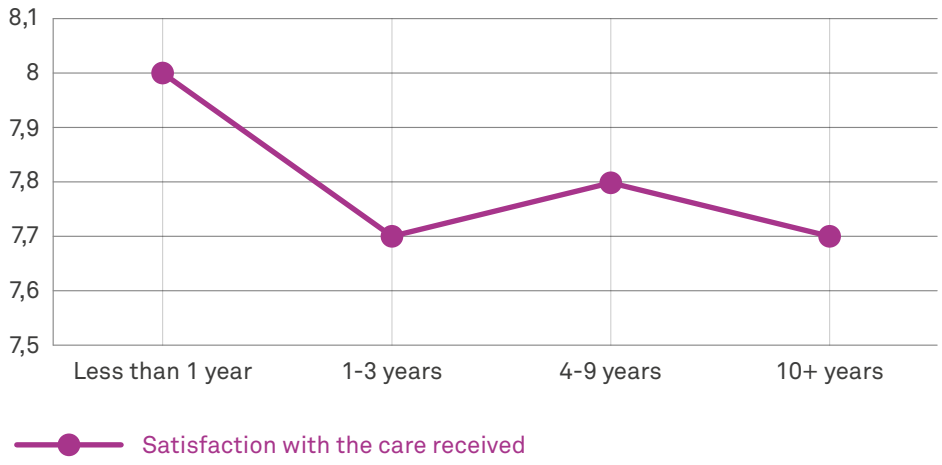
The satisfaction is also substantially lower when the children have been direct victims of the violence (Graph 44).

Graph 44. Satisfaction with the care received according to whether their children were witnesses or victims of the violence

With regard to the duration of the violence, higher satisfaction with the services is displayed by mothers who were in a situation of violence for less than one year (Graph 45).

Graph 45. Satisfaction with the care received according to the duration of the violence



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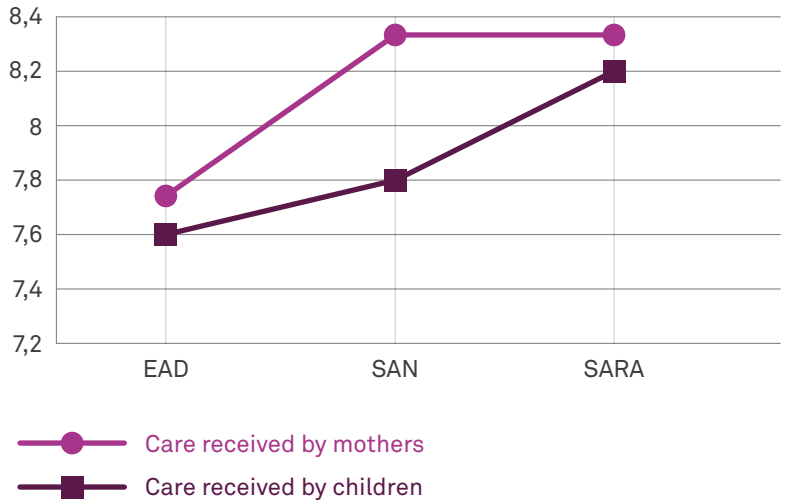
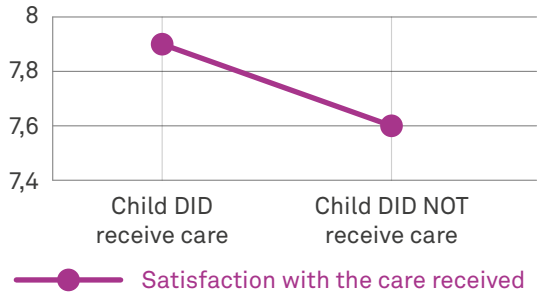
According to the type of service by which they were attended, there is a more positive rating for the care received from SARA, both among the women and their children (Graph 46). Considering that SARA is a newly created service, it is very relevant that the results indicate an improvement in satisfaction with the service. With regard to SAN, as it is a service only intended for children and adolescents, it is understandable that the mothers were very satisfied when their children were attended. Furthermore, there are significant differences between the satisfaction of mothers whose children received care from SAN and those who did not.

Graph 46. Mothers' satisfaction with the care received according to the type of service by which they or their children were attended



Likewise, the satisfaction of mothers whose children were directly attended by any of these services is much higher compared to those who were not (Graph 47), a result which also provides some recommendations for the future.

Graph 47. Mothers' satisfaction with the care received according to whether or not their children were directly attended by the services



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7.7 Summary of the main results based on the mothers' questionnaires

- 339 women answered the questionnaire, the majority of which were over 40 years, and a third of which were born abroad, mainly in Latin America, who were also the youngest group. Many have a secondary education but only one fifth work full-time. In general, they claim to have financial problems (the Latin Americans much more so). The majority have 1 or 2 children.
- The majority of the women live in a situation where the violence has already ceased and only 21.7% stated that they continue to experience violence. Apart from the psychological violence that is indicated by the majority, two thirds endured physical violence, and one third sexual violence, which coincides more with larger families. In general, the aggressor was the father of the children. In 41% of cases, the violence lasted over 10 years, and for almost one third of cases between 4 and 10 years. 44% recognise that their children were also direct victims of the violence. It is also observed, that the more years the violence lasts, the more children they have and the more risk these children have of being direct victims of the violence. Only 20% state that the aggressors have received any kind of treatment, this includes drug problems and prison, although the majority of women believe it is important that they receive treatment. 34.4% state having measures of legal or police protection.
- Three quarters had been attended by the old EAD, and the rest by the SAN and today's SARA. 29% were in some GBV shelter service, above all the younger women, the age group that also includes more foreigners. According to the mothers, the type of support mostly received is psychological or emotional support, or simply having someone to talk to, above all the older women. They were lacking financial aid, know-how on being a mother in these situations and a safe place to live.
- With regard to support received by persons in their immediate setting, they value the support of their children as very useful, followed by friends and other family members, although the percentage of cases claiming not to have this support is noteworthy. The older women value the support received as less useful. With regard to the support of professionals and services, psychological help is rated as very useful, both regarding services such as SARA, EAD or SAN, and external professionals. The help of lawyers is also highlighted, mainly in the private sector, and social workers and the police. The law and legal system are rated last and considered not useful. It is also highlighted that they received very little financial aid, job insertion, telecare or help from specific websites. The women who were in GBV shelter services, highlight the usefulness of the emergency shelter and long-term accommodation.

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- Half answered that their children were not directly attended by any of the services. Of those who were attended, they were mostly in SAN. With regard to the support received by the children, having someone to talk to, the psychological and emotional support they received were highlighted, followed by the support at school and for doing homework. They believe that they needed more financial aid and help with the father's visits, information on gender-based violence, and a safe place to live.
- With regard to the usefulness of the support received by the children, the mothers believe that they themselves are the most useful support, way above but followed by the support of friends, other family members and siblings. Mothers consider the father's support for the children as not useful. With regard to the usefulness of the services and professionals, the vast majority refer to the fact that they were not received by the children. Of those who did, the mothers consider those of free time and school to be the most useful, followed by the psychological support of the health and gender-based violence services. The least useful, was the legal system.
- With regard to the changes noted by the mothers after being attended by the services, generally speaking, the feeling of having improved in themselves is predominant, when referring to their self-esteem, communication with their children and feeling liberated. The areas in which they notice the least change, are those related to their family and treatment of their children, friendships and perception of the future, and their concerns have worsened.
- Regarding raising their children, they maintain that they find it very easy to love them, monitor their health and schooling, promote their friendships and stimulate them. They find it slightly less easy to promote family relationships and lesser still to care for basic needs, ensure safety and set boundaries. The older women are less optimistic with regard to emotional ties, and the youngest recognise more difficulties setting boundaries and helping with school.
- The satisfaction of mothers regarding the care received is quite high (7.57%), although the disparity in answers is considerable. Those over 50 are less satisfied, and those born abroad are more satisfied, as well as those with a recent cessation of violence. Those where the children have directly suffered violence are the least satisfied. There is high satisfaction with the care received from SARA by the women and children, and also from SAN by children. In general, mothers whose children were directly attended by any of the services rate higher satisfaction than others.

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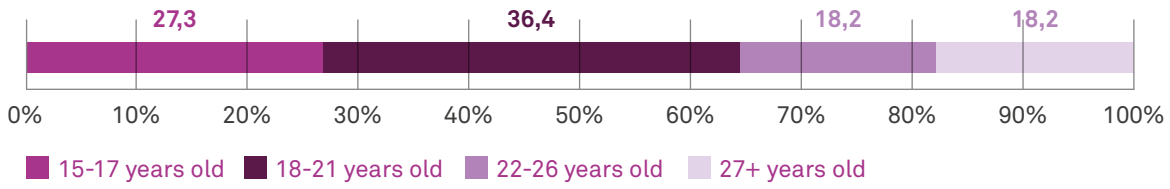
8.
RESULTS OF YOUNG PEOPLE'S QUESTIONNAIRES AND COMPARISON WITH SOME OF THE MOTHERS' RESULTS

8.1 Characteristics of the young people surveyed

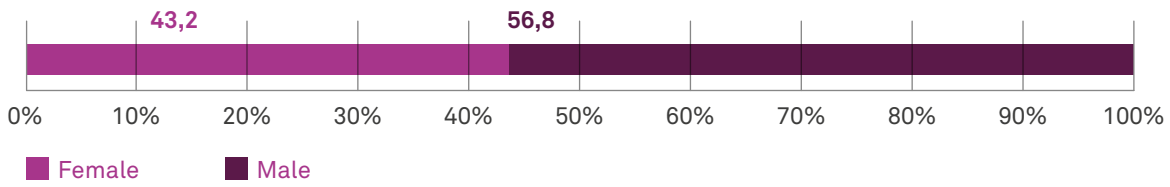
The first aspect that should be taken into account is that these young people are not necessarily the children of the mothers who answered the questionnaires. This may or may not be the case, as the questionnaires were anonymous and the criteria used when querying the database were different. 44 young people answered the questionnaire. Given the fact that the sample was small and probably not representative, it should not be used to draw conclusions but rather as an initial approximation aimed at stimulating reflection. The sought profile was that of young people who suffered gender-based violence at home when they were minors. Graph 48 reveals that nearly two-thirds of the young people in the sample were younger than 22 years old (63.7%).

Graph 48. Age of the young people (N=44)



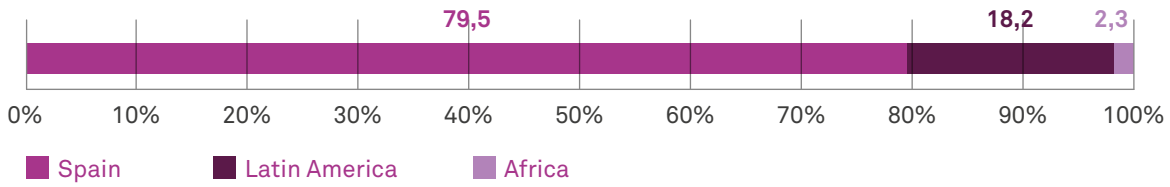
Although it was not done intentionally, the sample turned out to be very balanced in terms of gender, comprising 56.8% men (Graph 49). There are no differences in gender distribution for different age groups.

Graph 49. Gender (N=44)



Most of the young people surveyed (79.5%) were born in Spain; all others, excluding an African citizen, were from Latin America. There was only one foreigner who was older than 21, and no gender-based differences between young people born in Spain or abroad can be observed (Graph 50).

Graph 50. Place of birth of the young people (N=44)



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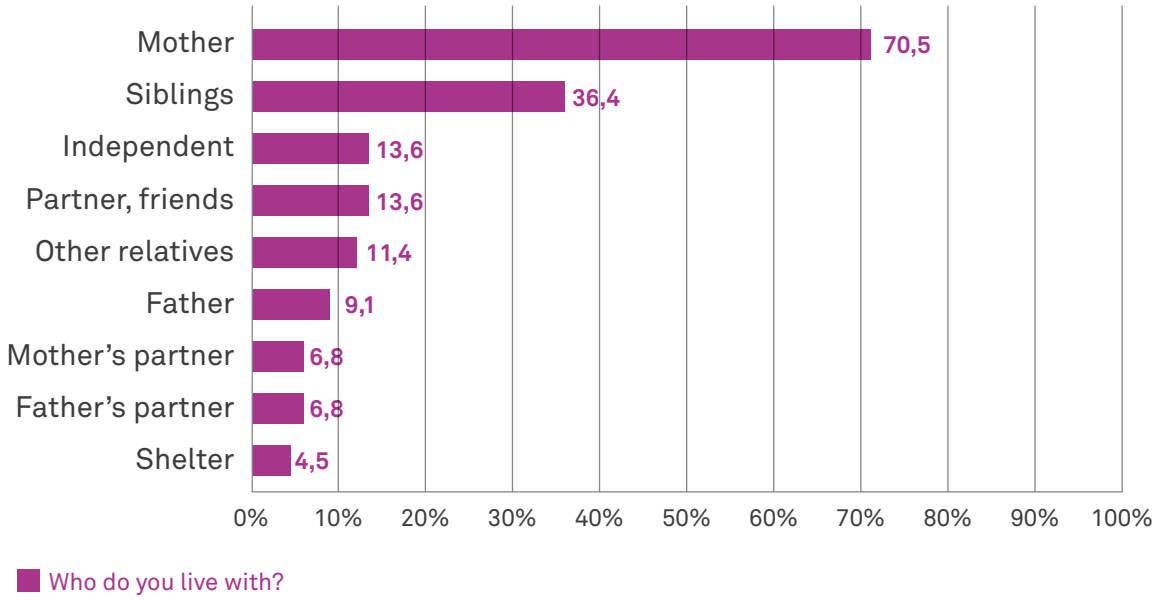
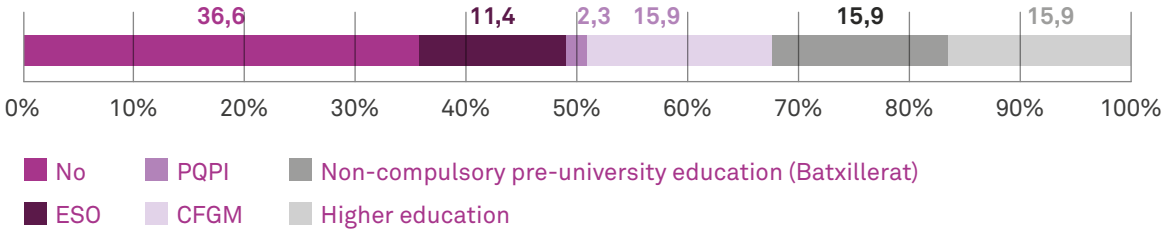
70.5% of the young people in the sample live with their mother. 36.4% live with a sibling, and in all cases except one, the group of siblings lives with the mother. One-fourth of the young people are emancipated and live either alone, with their partner or with friends (Graph 51). Although most of the young people who still live with their family belonged to the youngest age group among the respondents, there were also older respondents who still live with their family. These figures very closely resemble those of our country's young population.

Graph 51. Who do you live with?



Graph 52 shows that two-thirds of the young people surveyed are currently studying, whereas the others generally work, devoting varying amounts of time to work There are very few respondents who do not work nor study. Among the respondents currently studying, 15.9% are pursuing higher studies—either vocational or university studies. This figure is lower than that of young people their same age among the general population.

Graph 52. Do you study?



Two-thirds of respondents consider that their studies are going well (Graph 53); some of these respondents are the ones who are still studying, while others are already working and no longer studying. Nonetheless, it is important to take into account that 34.1% of young people left this question blank and therefore did not want to or know how to answer it.

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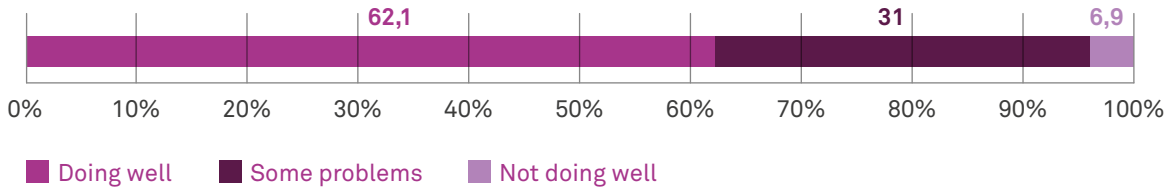
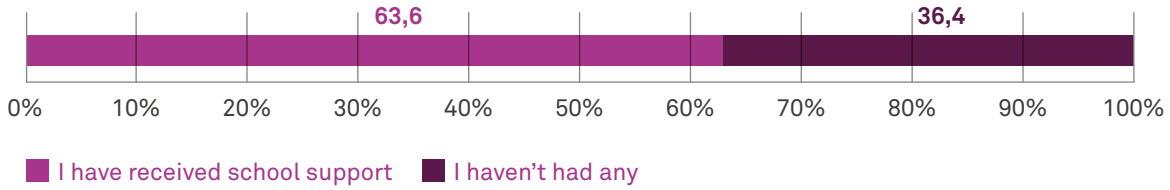
Graph 53. Do you consider yourself a good student? (n=29)



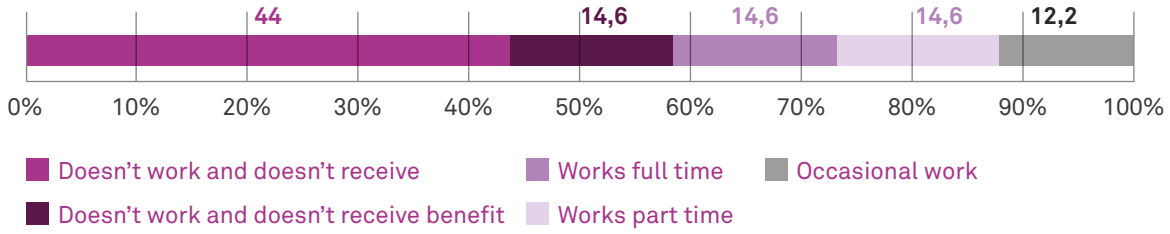
63.6% of respondents admit that at some point during their educational, they needed some form of school support, regardless of whether they currently work or continue to pursue their studies (Graph 54).

Graph 54. Have you received school support?



44% of respondents stated that they do not work or have any income. This figure correlates quite closely with that of those who study, as well as with data from the general population. If we include respondents who do not work but receive some kind of subsidy or benefit, this percentage reaches nearly 60% (Graph 55). Those who work full time rarely coincide with those who continue to pursue their studies.

Graph 55. Do you work? (N=41)



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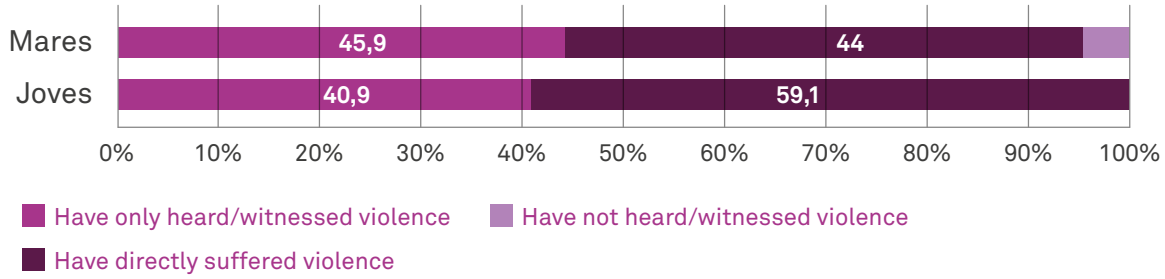
8.2 Description of the violence experienced

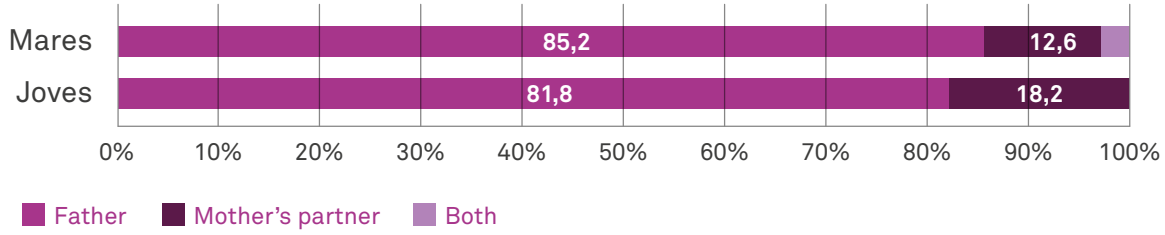
A high percentage (59.1%) of the young people stated that they had directly suffered violence (Graph 56). The rest of the sample has seen or heard it but were not direct recipients, although they consider that having witnessed it caused them serious harm. Moreover, if we compare this data with the results obtained from the mothers' questionnaires, we see that the young people report to have directly suffered violence much more often than the mothers admit it, a fact that should be taken into account in terms of practical implications.

Graph 56. Awareness of the impact of violence on children, according to mothers and young people.



The violence was exerted by the father in 81.8% of all cases, and in one-fifth of cases, by the mother's partner. Graph 57 also includes the results obtained from the mothers' questionnaires. It reveals a considerable correlation with the young people's answers, although the young people attributed a higher percentage to the mother's partner.

Graph 57. According to the mothers and to the young people, the aggressor was:



In terms of when the situation of violence began, one-third of the sample stated that it already existed when they were born, and do not remember a prior situation not involving aggression, of any kind, towards their mother (Graph 58). In 27.3% of the cases, said situation began when they were adolescents.

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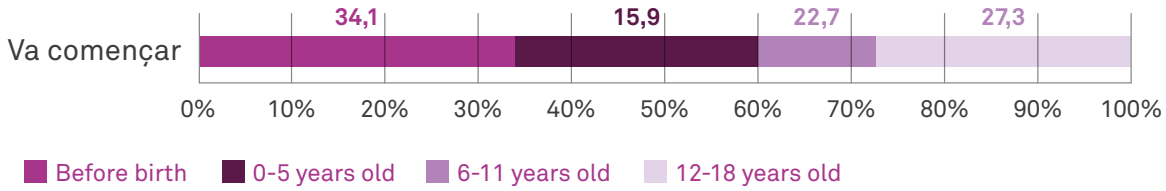
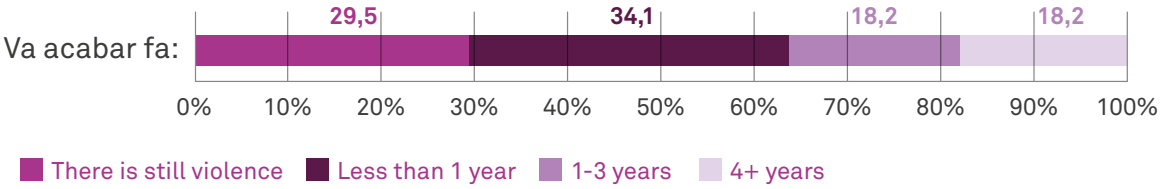
Graph 58. Age of the young people when the violence began.



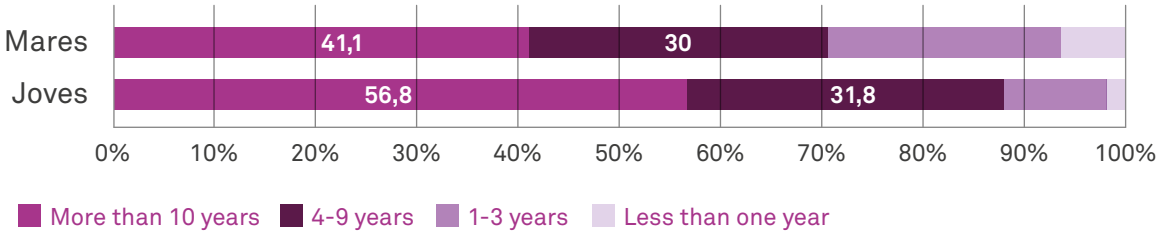
Among the young people interviewed, only 18.2% stated that the violence came to an end more than 4 years ago; in the case of all other respondents, it ended recently or still continues, the latter being the case of 29.5% of all respondents. This data provides insight into the harm that these young people still experience (Graph 59).

Graph 59. How low ago the situation of violence ended, according to the young people.



Based on the data obtained thus far, we can deduce that the situations of violence that these young people suffered lasted many years. More than half of them reported that this situation lasted more than 10 years, which in the case of some of them, means their entire childhood. This data also highlights the persistent nature of this phenomenon (Graph 60). Moreover, if we compare this data with the answers provided by the mothers, the young people admit that the violence lasted much longer than do the mothers.

Graph 60. Duration of the violence according to mothers and to young people.



When asked who had decided to take the necessary action to try to stop the situation of violence, the "mother" option was chosen by two-thirds of the young people, while the option that attributes said role to the young people themselves was chosen by 40% of respondents, thus proving their involvement and active role in resolving the problem. There were practically no instances of young people holding this opinion, however, among respondents born abroad. As can be observed in Graph 61, other options are much less common. For the young people who answered that their siblings also took action to stop it, the siblings who did so are notably the oldest ones.[56]

56 Statistical significance: $\chi^2(2) = 7.700$, $p > 0.021$

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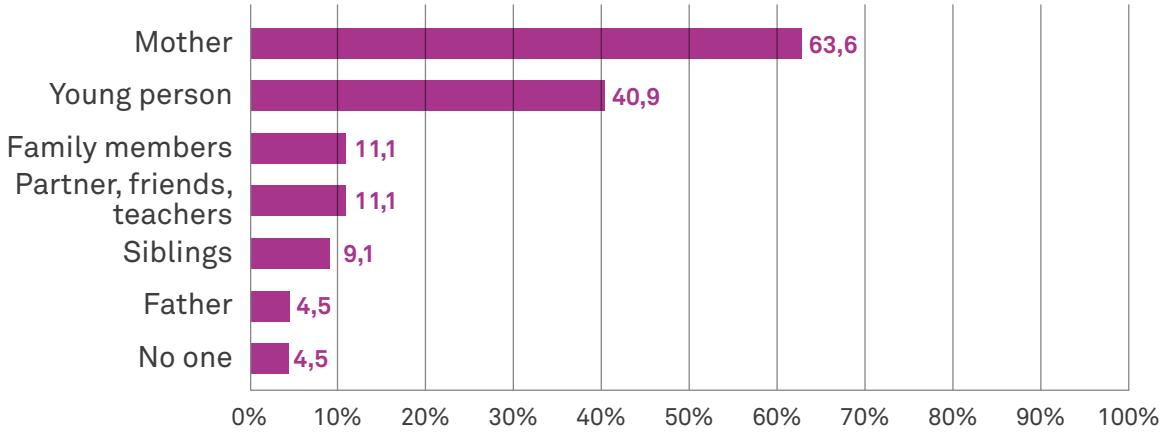
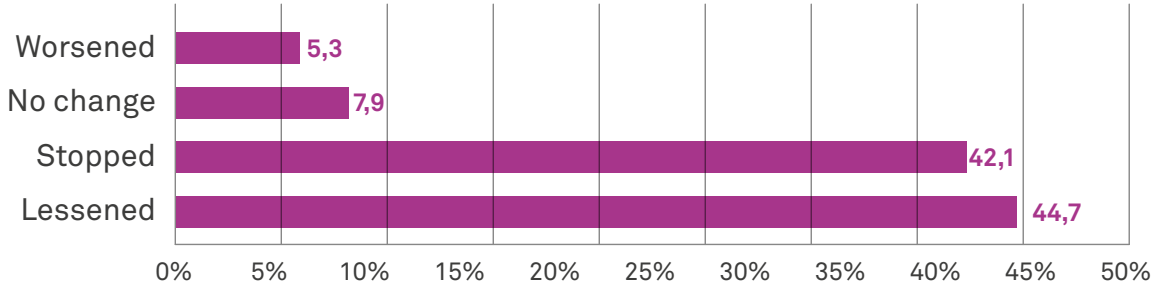
Graph 61. Who took action to stop the violence?



In the cases where the appropriate steps were taken, the violence was stopped in 42.1% of instances (Graph 62), although some of the respondents admitted that it may have resumed some time later. In others cases, respondents reported that it decreased (44.7%), remained the same (7.9%) or became worse (5.3%).

Graph 62. After taking the pertinent steps, violence:



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8.3 Services and support for young people

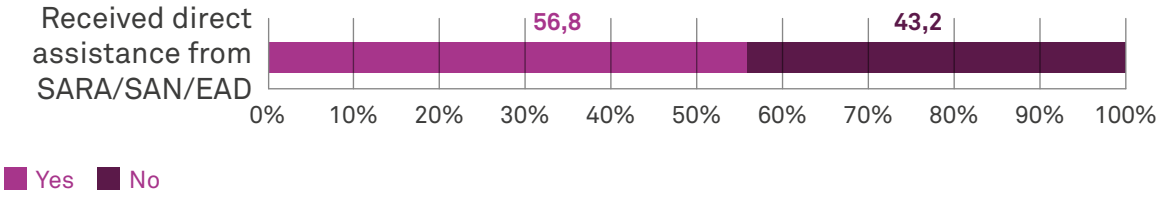
The way in which these young people were contacted for this research denoted that their mother had suffered a situation of gender-based violence, which they had also experienced, but did not confirm whether they had been directly involved in the services. Thus, and in order to rate the care received, the first step involved ascertaining whether they had been attended to by the SARA, or previously, by the EAD or the SAN. The answer to this question was affirmative in slightly more than half of the cases, as can be seen in Graph 63.

Among those who stated that they received care, service distribution is as follows:

- EAD: 25%
- SAN: 28.6% (in these instances, the duration of care exceeded one year in most cases)
- SARA: 46.4%

On the other hand, 22.7% of the young people interviewed were sheltered at an emergency shelter or long-term flat for situations of gender-based violence, although most of them only stayed for a few months.

Graph 63. Care received by young people from the services



The young people interviewed were asked to provide their opinion on the support they received in order to cope with the situation of violence that they experienced when they were minors, and on the support that they needed at the time. They had to mark, on a list including the aspects shown in Graph 64, whether they had received or needed each item.

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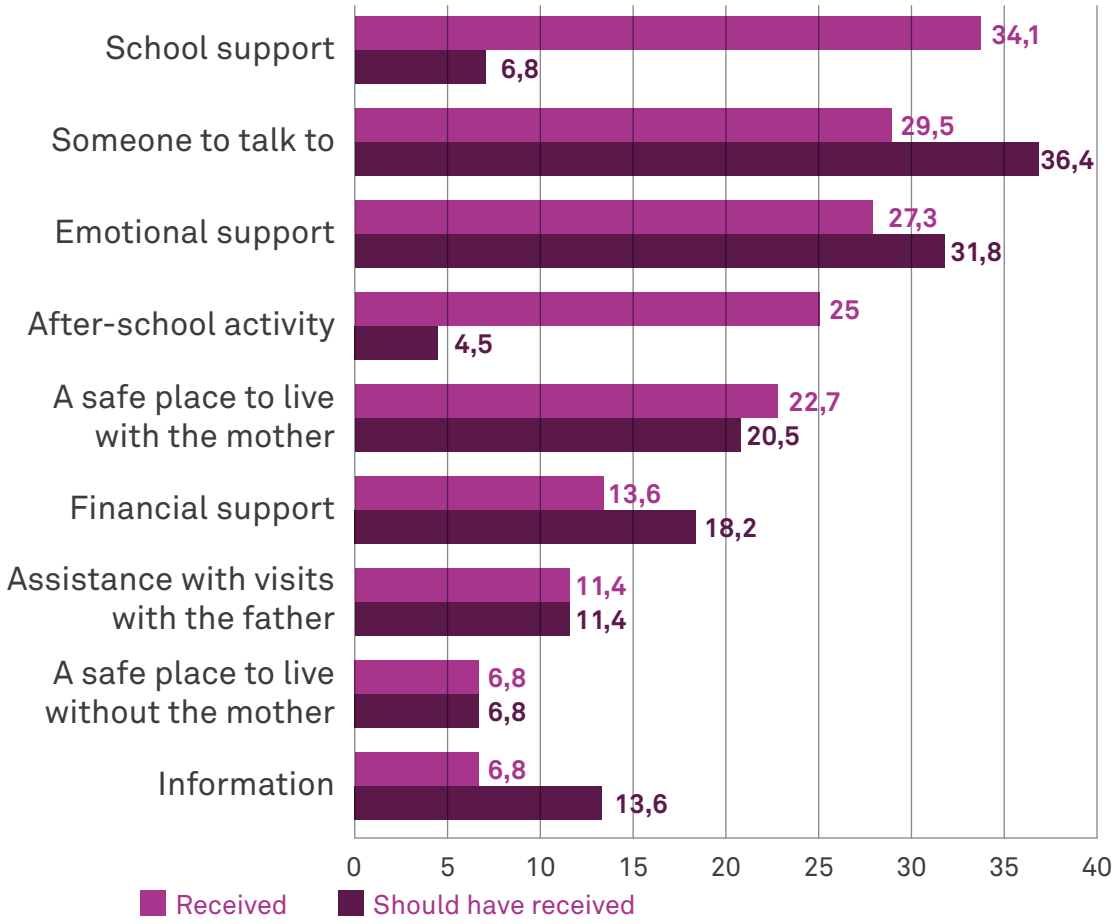
Graph 64. Support that they needed at the time, assistance that they received, or assistance that they didn't need (N=40)



We arranged the answers based on the support they received. The first thing that stands out is that they received a considerable amount of school support, which is therefore not something they felt they needed more of. On the other hand, the next thing that they reported was that they had someone to talk to, as well as emotional support, but that they needed more than they received at the time. Their assessment of after-school activities was similar to that of school support. It is also worth highlighting that they needed more financial support and more information than they received at the time. All of these results point to the need to make improvements in the future.

This type of support does not necessarily refer to municipal services, but also to support that can be generically provided by people and services. Nonetheless, there are certain substantial differences. For instance, having a safe place to live was an answer provided much more frequently among females than among males[57]; regarding school and financial support, foreigners were the one who most frequently stated that they needed more than they received at the time. Concerning the provision of information on gender-based violence, the youngest among the sample, based on their answers, were both the ones who received the most information and the ones who said they needed more of it at the time.

57 Statistical significance: $\chi^2(2)= 10.008$, $p>0.007$

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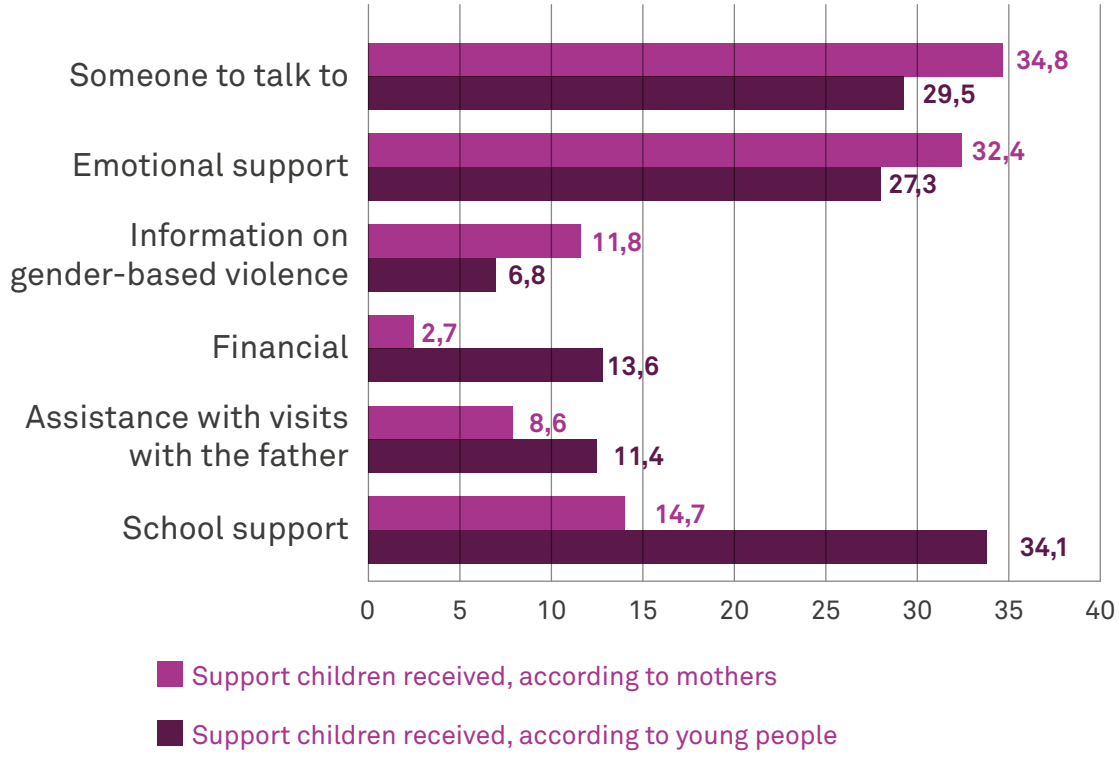
We were also interested in comparing the answers provided by young people with the assertions made by mothers with regard to the support that their children had received (Graph 65). It becomes apparent that mothers feel that what they received the most of was support from a person with whom they could talk, as well as emotional support—much more so than was the case among young people. The same applies to information on gender-based violence. On the other hand, young people reported to having received much more school and financial support than what the mothers attested to.

Graph 65. Support that children received, according to mothers and to young people.



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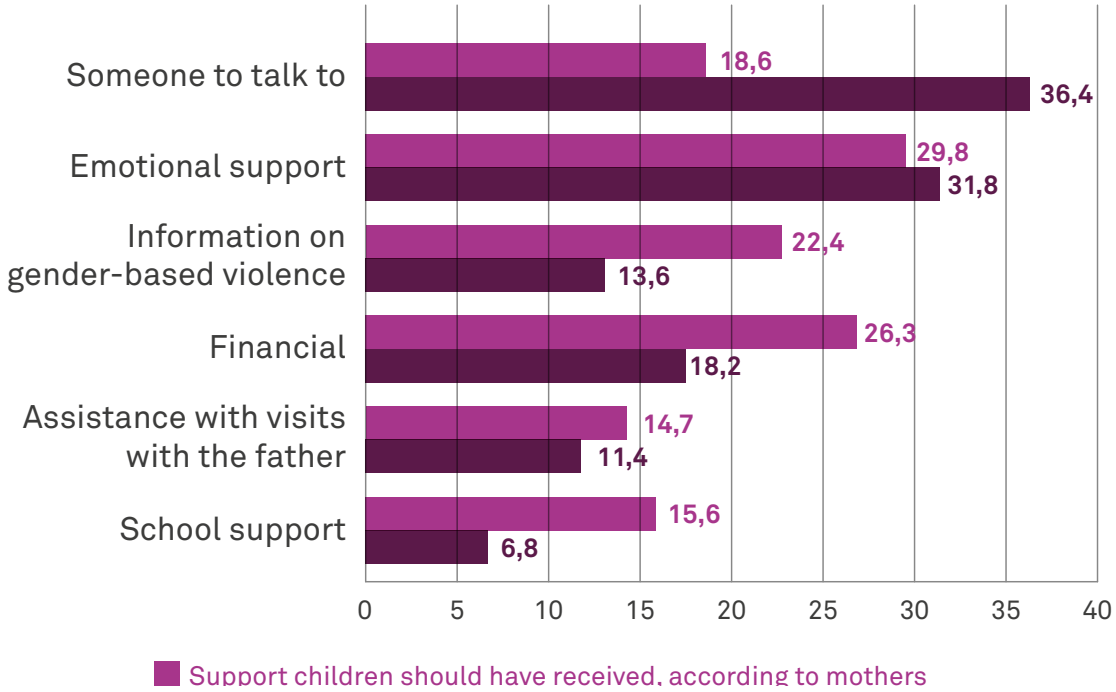
Graph 66. Type of support that children needed, according to mothers and to young people



We were also interested in knowing young people's assessment, in terms of perceived usefulness, of the support and assistance that they received. They could rate the usefulness of each type of support that they received by assigning a number to each item, using a 5-point scale system, where 1 meant "not at all useful" and 5 meant "very useful". They also had the option of stating that they had not received a certain type of assistance, in which case, logically, they did not rate whether it had been useful or not. In Graph 67 we arranged these items, based on their perceived usefulness, in decreasing order.

Three-quarters of the young people stated that their mother's support was very useful. This percentage was very similar to that attributed by mothers. Then they highlight friends, relatives (particularly on the mother's side) and the support of siblings. Concerning the previous aspect, mothers believe support from siblings to be very useful, while young people value it as very useful or quite useful. The father, as are neighbours, is last on the list. Respondents were also asked about the support provided by the mother or the father's partner, but few of them had lived with said person. For instance, among the 12 young people (27.3%) who rated the support received from their mother's partners, 5 of them (41.7%) considered it very useful, although only 2 of these young people lived with them, while a third respondent who lived with their mother's partner felt that their help had not been useful at all. Support provided by the father's partner was rated as very useful by 2.3% of the young people.

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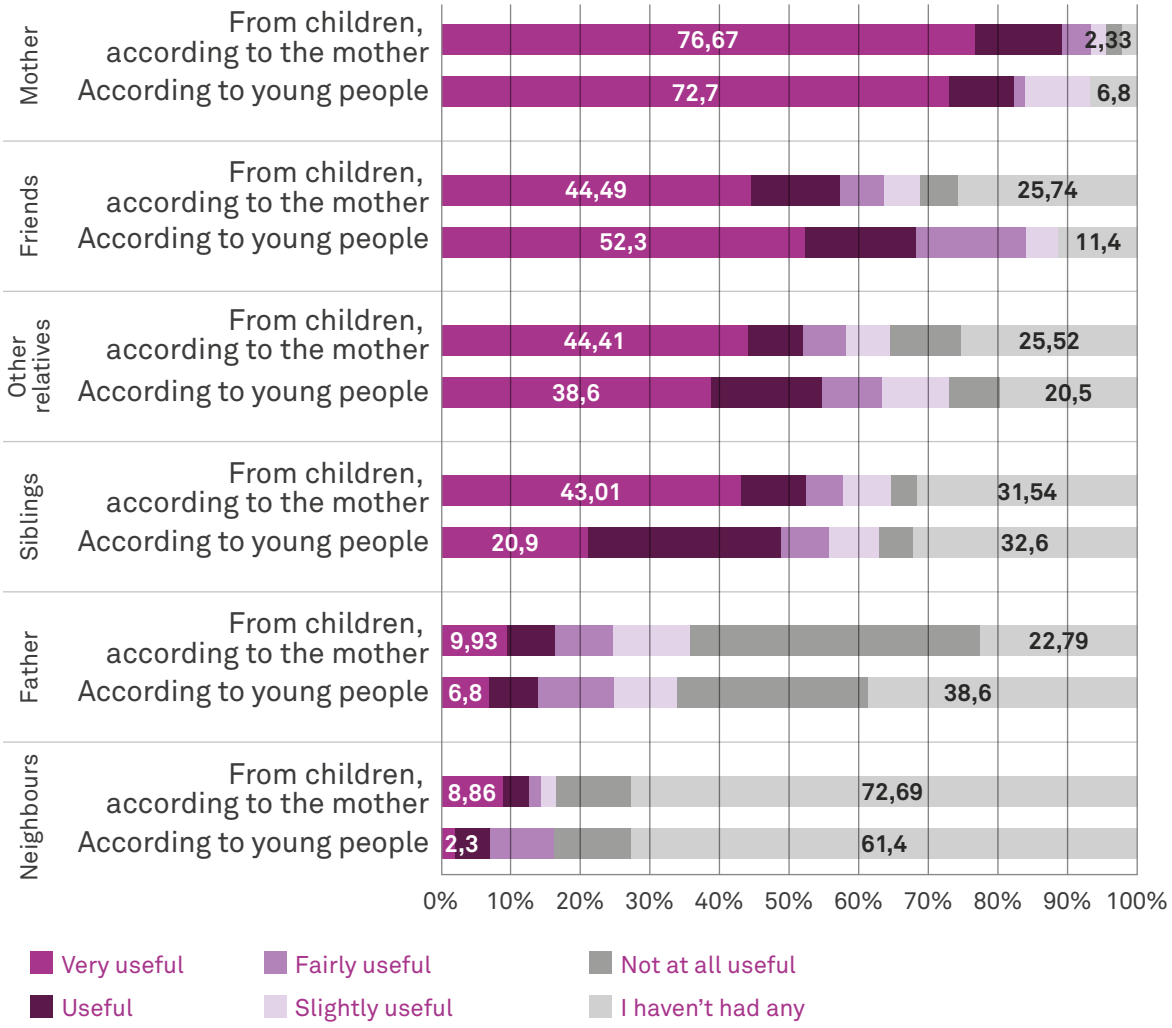
The other support section referred to assistance provided by services, professionals and resources in general (General 68). It becomes apparent that they did not receive financial assistance or care from the social services centres. There is also a high percentage of young people who stated that they did not receive any assistance (in terms of dealing with violence) from doctors, psychologists or lawyers; nor from the meeting point, although we understand that this service generally has less of an impact on families.

Graph 67. Types of assistance that were very useful for young people during the situation of violence that they experienced, according to them and to the mothers



Among the types of assistance considered as very useful by young people, the best rated was a service not specifically connected with gender-based violence: leisure activities, which are considered very useful for dealing with situations of violence. These were followed by the series of specific services and resources for dealing with this type of problem: Assistance provided by the SARA/SAN/EAD, psychological care from another professional, the emergency telephone number and a doctor.

The other answers chosen by more than 20 young people were: a teacher, the school and the police. Although the usefulness assigned to these answers varied from "very

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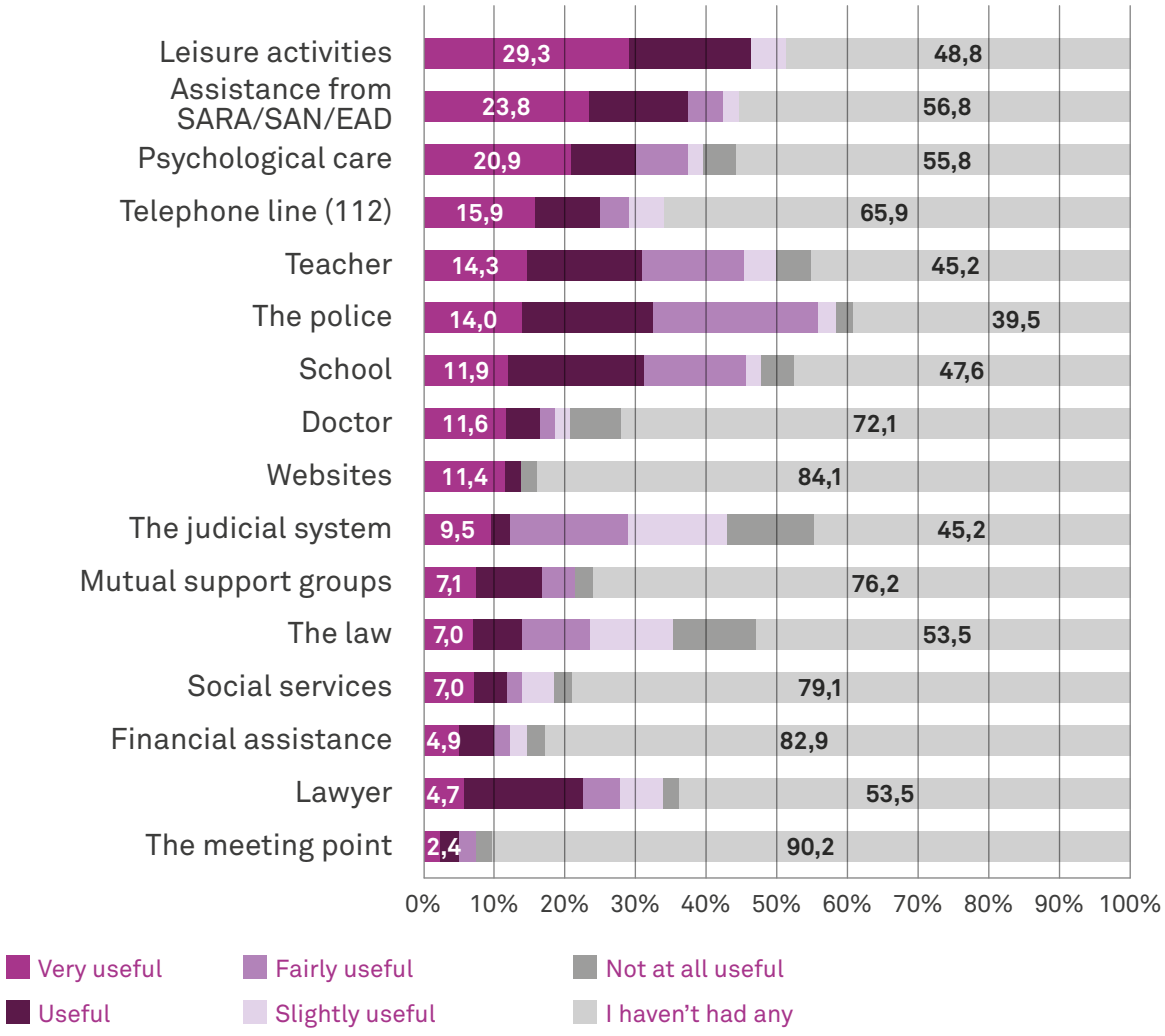
useful" to "useful", we understand them to be very important resources for them, but which could be more so in terms of helping them face these situations.

Social services centres, mutual help groups, meeting points and financial assistance are in intermediate positions within the ranking of services and resources considered as very useful but which were chosen by less than 10 young people, which signifies that they were not part of many of the respondents' experience.

On the other hand, these results are very similar to those attributed by the mothers surveyed to their children, excluding those connected with teachers and school, where mothers consider them much more useful than young people do.

Graph 68. Types of assistance that were the most useful to young people during the situation of violence that they experienced



The long-term flats and shelters due to gender-based violence were considered useful by 50% of the 8 young people who rated them. With regard to emergency shelters, one-third of the 6 young people who rated them considered them very useful, while only 16.7% considered accommodation in a guest house to be useful. The CRAE was only chosen by three of the young people and none of them considered it very useful.

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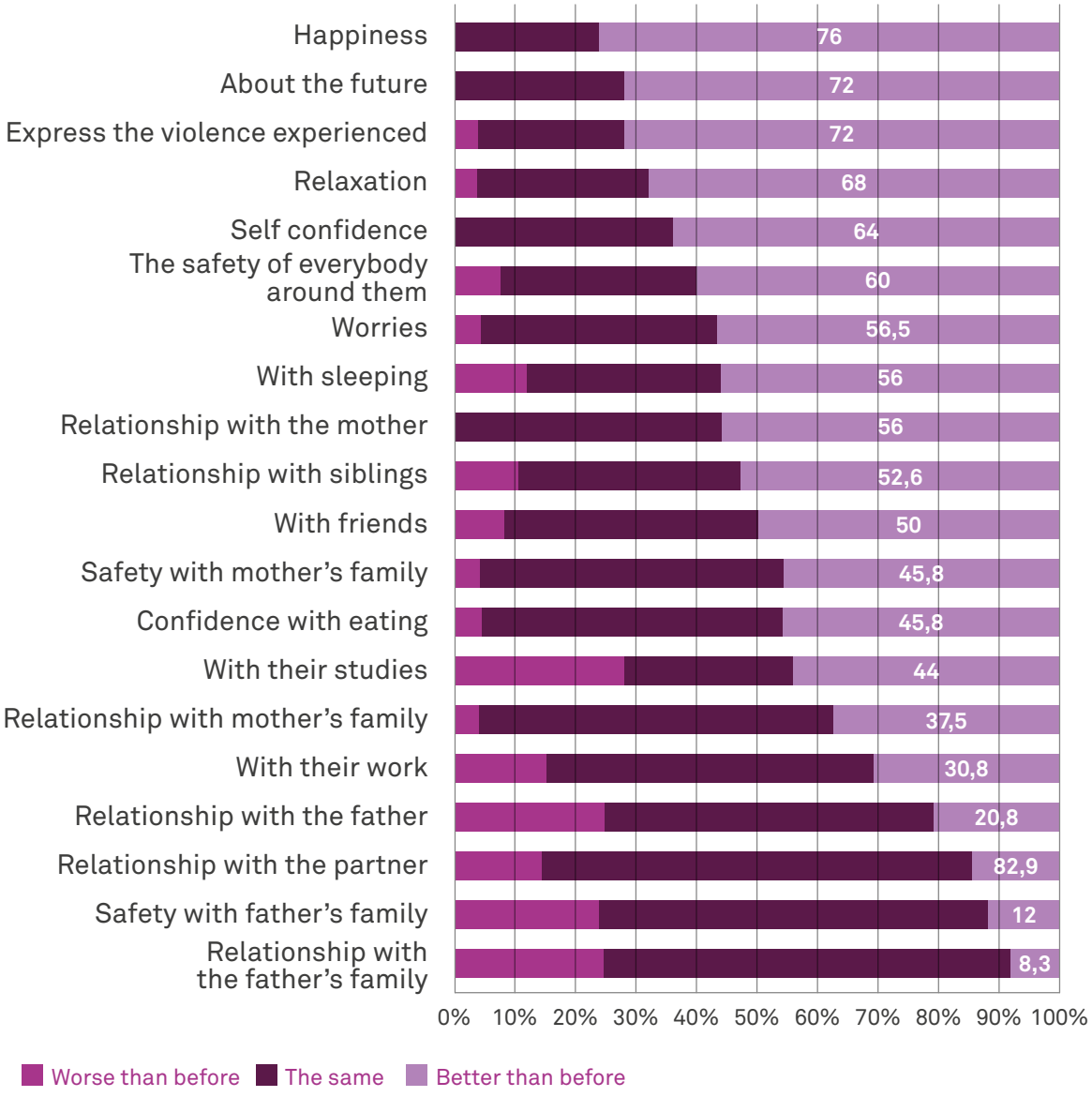
8.4 Perceived changes

25 young people answered this question—only those who had received direct care from one of the aforementioned services (Graph 69). The goal was to assess whether, after having received care, the young people perceived changes within themselves or regarding their relationships. Their answers reveal that the changes rated positively by between 60% and 80% of the young people are mainly connected with feeling happier, with how they perceive their future, with the opportunity of expressing themselves regarding the situation of violence that they experienced, with feeling more relaxed, and with feeling more self-confident and secure.

Graph 69. Changes perceived by the young people after receiving care



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50% to 70% of the young people felt that they were nor better nor worse off concerning their perception of safety and their relationship with their mother's family, with their partner or with regard to food, possibly because the impact on these aspects was lower. Relationships and sense of safety with the father's family—and with the father—experienced no changes, after the young people had received assistance, in a high percentage of cases.

The highest percentage of answers involving relationship deterioration are connected with this same group, as 25% of the young people stated that these relationships got worse, particularly among older people.[58] The area where the most variations were observed was education: 44% of respondents felt that it had improved, while 28% considered that it had deteriorated. This aspect registered the highest percentage of perceived decline.

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58 Statistical significance: $\chi^2(4)= 10.058$, $p>0.039$

8.5 Satisfaction with the care received

The average level of satisfaction reported by the 25 young people who received care was 8.4. Their level of satisfaction is, therefore, quite high (Table 19). Based on their answers, satisfaction with the care received increased with age. Satisfaction was also higher among respondents born in Spain. There are no significant differences between genders.

Table 19. How satisfied are you with the care that you received from the services? (N=25)

	Satisfaction with the care received	
	A	TD
Total	8.40	1.443
Age		
From 15 to 17 years old	8.11	1.167
From 18 to 21 years old	8.14	1.345
From 22 to 30 years old	8.89	1.764
Country of birth		
Spain	8.60	1.392
Latin America	7.60	1.517
Gender		
Male	8.36	1.362
Female	8.43	1.555

If we compare the average satisfaction levels of mothers and young people based on their country of origin, satisfaction levels are higher for mothers originating from Latin America. The opposite is true for young people born in Latin America, whose satisfaction level is much lower when compared to young people born in Spain (Graph 70). Nonetheless, the sample of young people is too small to draw conclusions.

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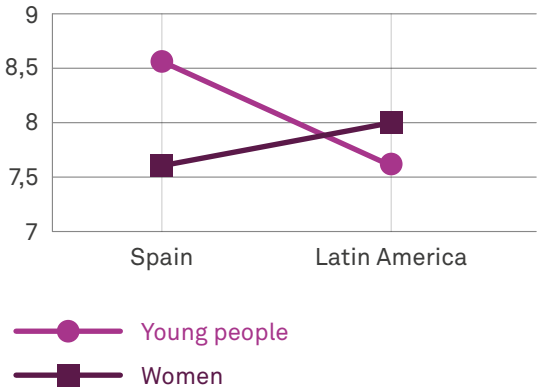
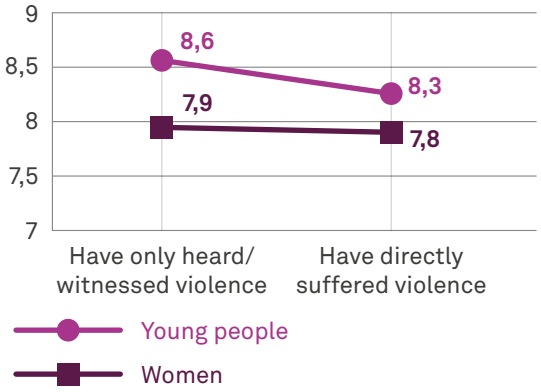
Graph 70. Satisfaction with the care received based on respondents' country of origin



We delved further into satisfaction levels based on certain variables connected with the type of violence. Graph 71 shows lower satisfaction levels among those who suffered violence directly, which leads us reflect on the fact that these situations are more complex and that more protection should be afforded to the children and adolescents who experience them. A slight trend in the same direction can also be observed based on mothers' answers, with regard to their children, but it is less acute.

Graph 71. Satisfaction with the care received based on whether the individual was the receiver or a witness of violence, according to mothers and to young people



We also cross-checked this data with the type of care that they received, which revealed, as shown in Graph 72, that satisfaction was higher among young people who received direct care from the services. Despite the fact that for this section we only selected young people who reported to have received care from the services, there were certain situations—although very few—involving indirect care; satisfaction levels were the lowest in the latter cases. This rating is also true—although less acute—among the mothers surveyed.

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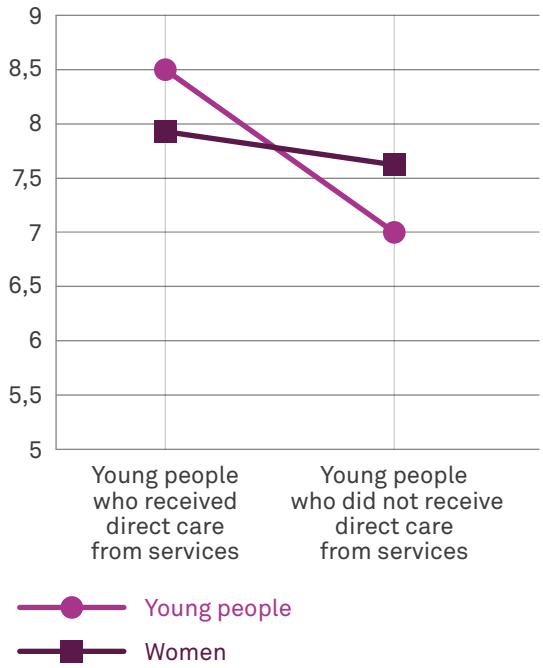
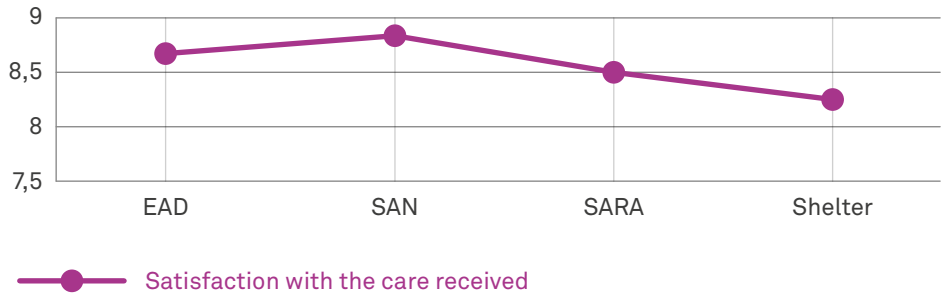
Graph 72. Mothers' satisfaction concerning the care received, based on whether their children received direct care from the services, according to the mothers and young people

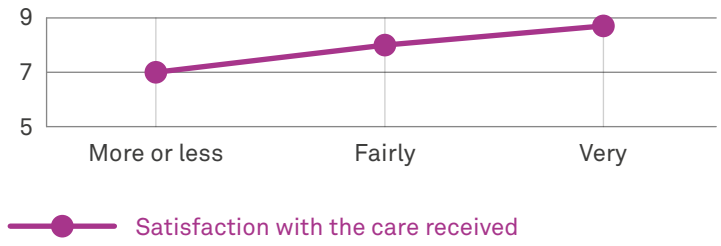


Satisfaction levels, according to the type of service (Graph 73) are very similar for the EAD, the SAN and the SARA. The young people's recollection of their experience with the SAN is slightly more positive, but differences are not pronounced. The lowest rating, although few of the respondents used this service, was given to shelter services due to GBV (emergency and long-term). Lastly, satisfaction levels correlate with the level of usefulness attributed to the assistance received (Graph 74).

Graph 73. Satisfaction with the care received according to the service that attended to them



Graph 74. Satisfaction with the care received according to how they rate the usefulness of assistance received



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8.6 Summary of the main results based on the young people's questionnaires

- Out of the 44 young people between 16 and 30 years old who answered the questionnaires, two-thirds are younger than 22 years old. Half are men and the majority were born in Spain. 70% live with their mother and one-fourth are emancipated. Two-thirds are students and the rest work full or part-time. 63% recognise the need for school support.
- The violence was mainly perpetrated by the father. 59% inform that they were direct victims of the violence, which is higher than that informed by the mothers. One-third state that the violence already existed when they were born, and in 27% of cases it began when they were adolescents. Only 18% state that the situation of violence came to an end more than 4 years ago; and for the rest, it either ended recently or still continues. Over half report that the violence lasted over 10 years, more than that informed by the mothers. When asked who had decided to take the necessary action to try to stop the situation of violence they experienced at home, the "mother" option was chosen by two-thirds of the young people. However, it should also be noted that 40% chose the option that attributes said role to the young people themselves.
- Slightly more than half of the cases received assistance mainly from the SARA and the SAN, and a smaller number of cases from the EAD. The other half were not attended by specific violence related services. One-fifth had passed through a shelter service due to GBV. With regard to the types of support received, they had school support, followed by someone to talk to and emotional support, although they say they needed more than they received (and more than that recognised by the mothers), such as financial support and more information on gender-based violence. The mothers think that their children received, above all, the support of having someone to talk to and emotional support, more than that stated by the young people; and also information on gender-based violence. On the other hand, young people reported to having received much more school and financial support than what the mothers attested to. The need for a safe place to live stands out more for females than males. These different perceptions between mothers and young people confirm the importance of having both points of view.
- Three-quarters of the young people stated that their mother's support was very useful. This percentage was very similar to that attributed by mothers. Then they highlight friends, relatives (particularly on the mother's side) and the support of siblings. Finally, the father and neighbours come in last place.

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- With regard to assistance from the services, they inform that in general they did not receive any. The fact that they did not receive financial assistance or care from the social services centres is highlighted. A significant percentage states not having received assistance (to face the violence) from doctors, psychologists or lawyers, among others.
- Among the assistance considered as very useful by the young people, leisure activities are highlighted, followed by specific services and resources for dealing with these types of problems. The other answers selected were a teacher, the school and the police.
- The changes rated positively by between 60% and 80% of the young people are mainly connected with feeling happier, with how they perceive their future, with the opportunity of expressing themselves regarding the situation of violence that they experienced, with feeling more relaxed, and with feeling more self-confident and secure. However, relationships and sense of safety with the father's family and the father himself, are those rated with the highest percentages for deterioration of the situation. The area where the most variations were observed was education: 44% felt that it had improved, while 28% considered that it had deteriorated.
- Satisfaction with the care received was rated higher than by the mothers at 8.4, although we must consider that it was only rated by the 25 young people who had received care from the services. Those who had directly suffered violence showed less satisfaction with the care received, and those who received direct care showed higher satisfaction, coinciding with the mothers.
- Given the fact that the sample of young people was small and probably not representative, it should not be used to draw conclusions but rather as an initial approximation aimed at stimulating reflection.

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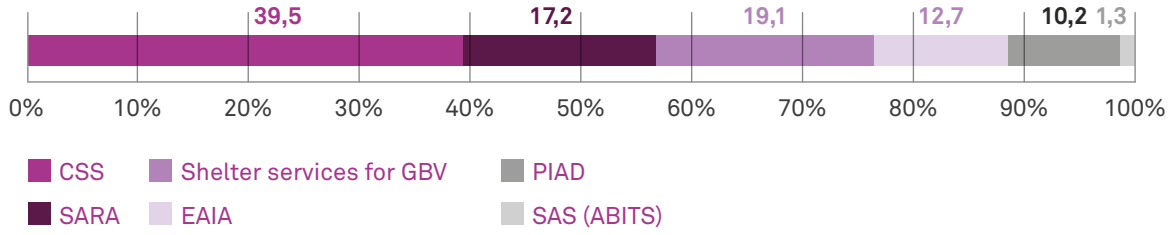
9.
RESULTS OF QUESTIONNAIRES FOR PROFESSIONALS AND COMPARISON OF SOME MOTHERS' AND YOUNG PEOPLE'S RESULTS

9.1 Characteristics of the professionals in the sample

157 questionnaires were received, of which 39.5% were from the CSS, 12.7% from the EAIA and 10.2% from the PIAD. With regard to the specific services for gender-based violence, 17.2% work for the SARA, 13.4% for public shelter services, 5.7% for private shelter services and 1.3% for the SAS (ABITS).

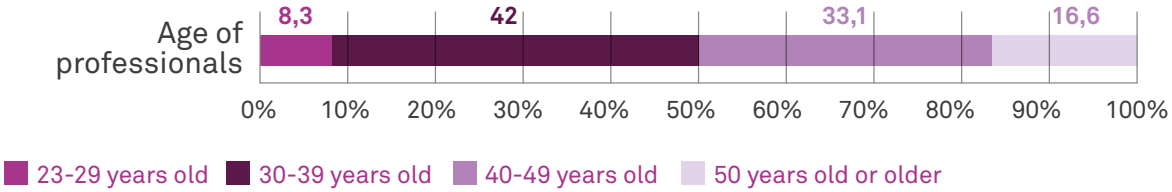
Graph 75 shows that, of the sample obtained, 56.7% corresponded to professionals from the social services centres (CSS) and teams specialised in children at risk (EAIA), who attend to situations of gender-based violence among other issues. This differentiation of services was considered while analysing the results obtained, which were broken down according to this variable.

Graph 75. Service in which they work



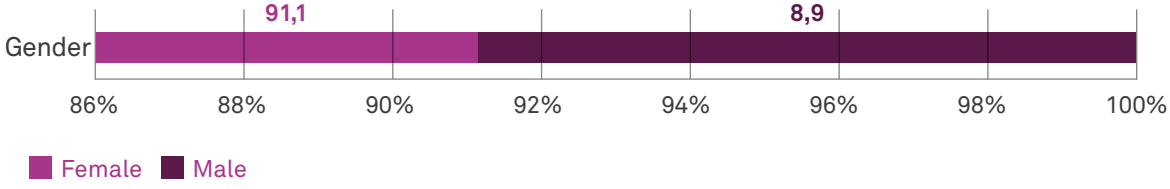
In Graph 76, the age of the professionals who answered the questionnaires can be seen, with 8.3% of the sample being under 30 years old.

Graph 76. Characteristics of the sample of professionals (N=157)



By gender, and as foreseen, the majority of professionals from the sample are women (Graph 77).

Graph 77. Gender



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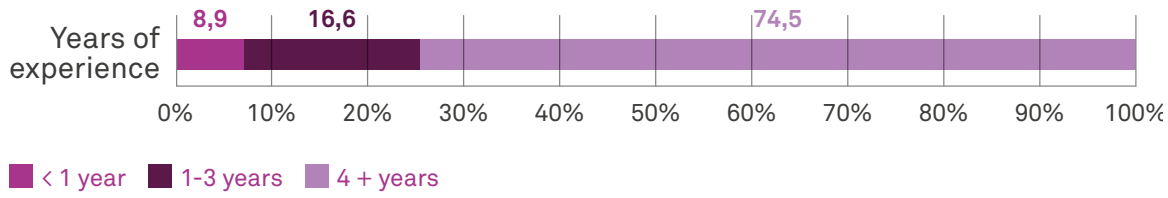
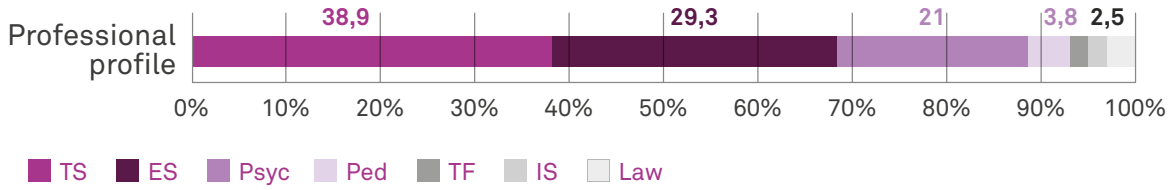
The years of experience show that the professionals of the sample mainly have a lot of experience in the field of social services, children at risk and gender-based violence respectively, which provides the answers with more consistency (Graph 78).

Graph 78. Years of experience



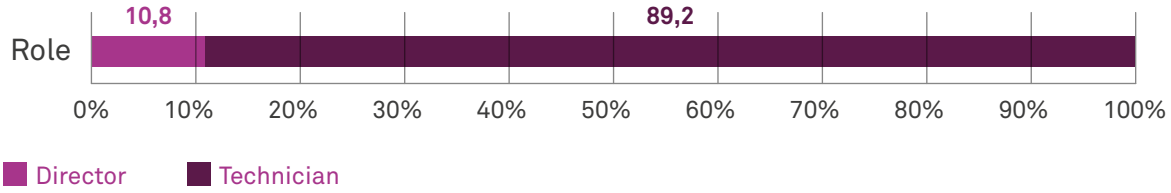
With regard to the professional profile, one-third are social workers, followed by the group of social educators and 21% are psychologists (Graph 79).

Graph 79. Professional profile



Of the respondents, the majority work as technicians within their service (Graph 80).

Graph 80. Role carried out



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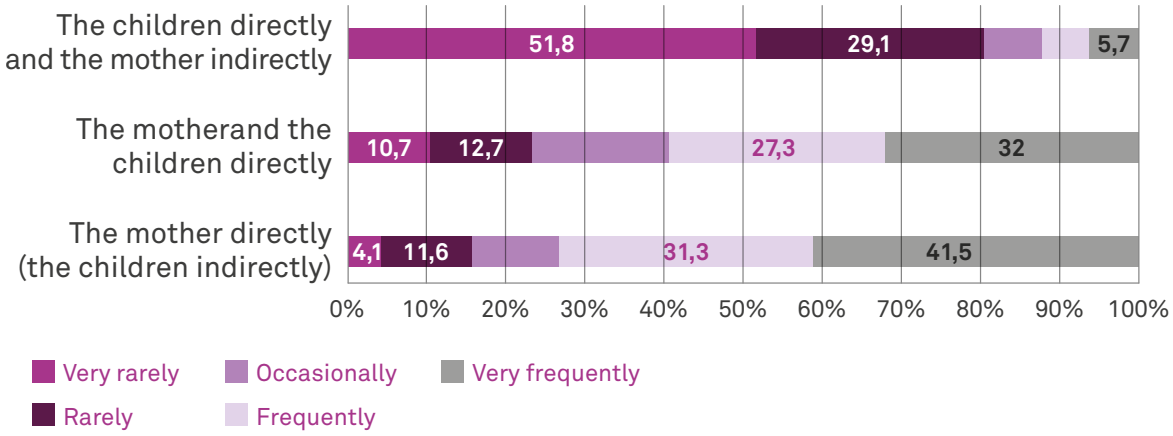
9.2 Type of care from the service

The professionals were asked if they were used to attending to the children directly, or if they attended to the mothers more frequently without dealing directly with the children and adolescents. The results show that it is more common for them to attend to the women directly, understanding that they are the ones for whom the service is intended, and that the intervention with them will also have an impact on the children. For this option, *frequently* and *very frequently* were selected by 72.8% of the professionals. In second place, we find direct intervention with both the mother and her children. However, as shown in Graph 81, directly attending to the children and indirectly attending to the mother is *very rarely*.

Graph 81. Who is usually attended to by the service



The differences depending on the type of service where the questionnaire was answered mainly focused on the following aspects (the PIAD will not be mentioned, as it only attends to women aged 18 years and above):

- The option of direct care for both the mother and children was selected as *very frequently* by the shelter services due to GBV; *very frequently* and *frequently* by the EAIA; *frequently* by SARA; *occasionally* and *rarely* by CSS.[59]
- The option of attending to the mother directly (and the children indirectly) was selected as *rarely* by the shelter services due to GBV and *very rarely* by the EAIA.[60]

59 Statistical significance: $\chi^2(16)= 132.814$, $p>0.000$

60 Statistical significance: $\chi^2(16)= 47.772$, $p>0.000$

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9.3 Assistance requested and offered

In the questionnaire, the professionals had a list containing all items that appear on Graph 85. They were asked to choose a maximum of 5, while considering the type of support or assistance most often requested by the women attended. From the same list, they were to choose a maximum of 5 answers regarding the service or assistance they provided most often, along with (from the same list) the types of support or services the women usually requested for their children. Hence, the aim was not to find out which services were offered, but instead, which services were offered more often.

In Graph 82, the types of assistance requested by the mothers for themselves are sorted from more to less often, as perceived by the professionals. In this manner, we see that they mostly request emotional support, followed by financial support and legal advice. This is followed by two aspects which once again are related to the first: psychological treatment and having someone to talk to. Based on this data, the professionals perceive emotional support, understood in a broad sense, as the most requested. One-third request help on being a mother, followed by assistance with their children's visits with the fathers. Requests for information on gender-based violence are very seldom according to the professionals, and the figures are even more derisory regarding child protection or telecare services.

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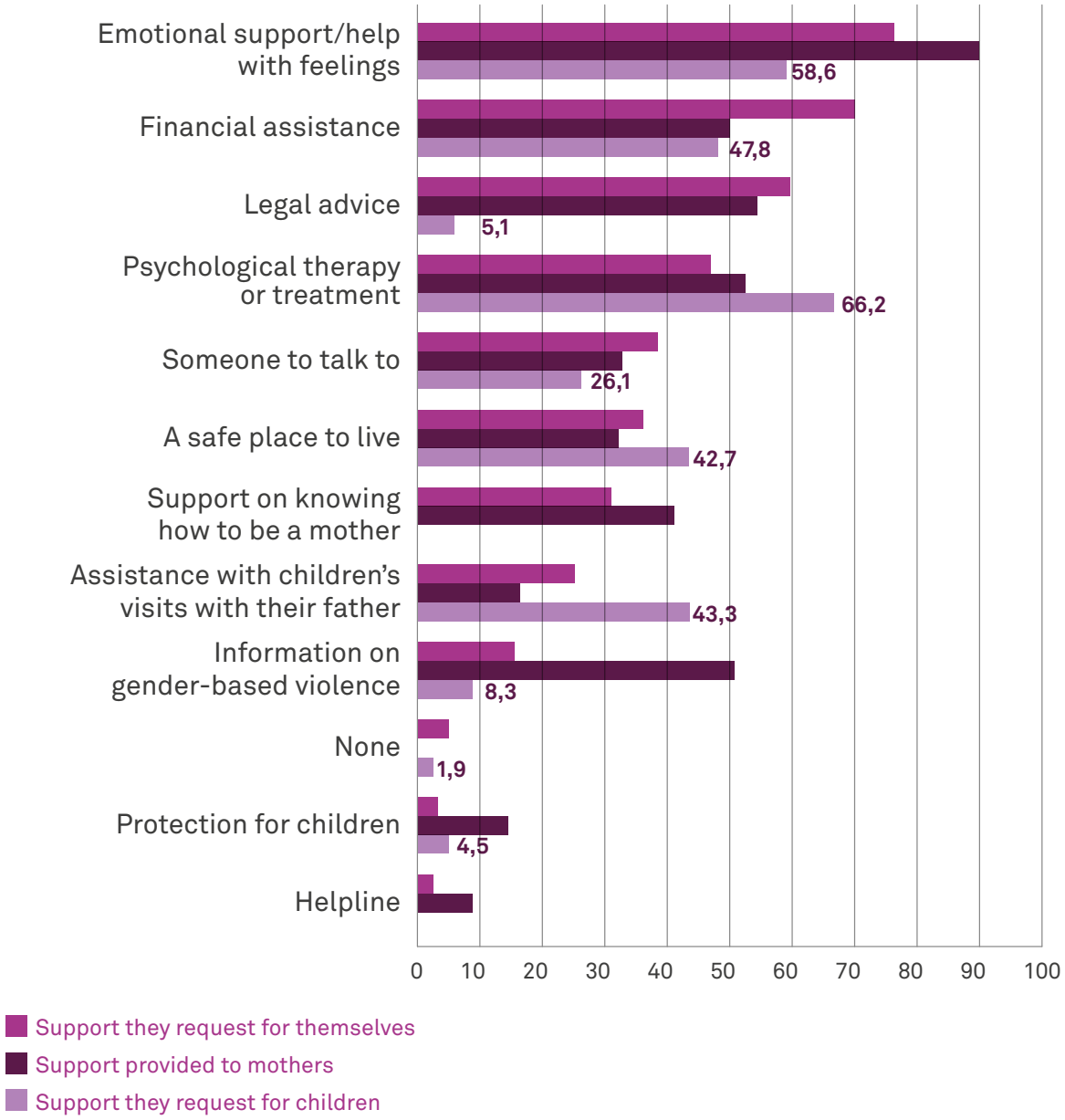
Graph 82. Types of assistance requested by the women most often and to whom it is provided, according to the professionals.



That said, what the services state that they offer does not exactly fit in with the demand perceived, although it is related in the case of some items. For example, the professionals state that they offer a lot of emotional support, psychological treatment and legal advice, but less financial assistance than that requested. However, the professionals offered more than what the women requested with regard to information on gender-based violence, child protection, support on being a mother and the telecare service. That is, the professionals gave these areas more importance than the women themselves.

This divergence in perceptions was even more evident in what the mothers requested for their children. They chiefly requested psychological treatment,

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followed by emotional support and financial assistance. These were followed by assistance with the father's visits and having a safe place to live. The figures with regard to legal support and information on gender-based violence were very low. This leads us to believe that the professionals perceive that the mothers greatly prioritise the protection of their children, while they prioritise their own active participation in the process very little.

If we match these results with the types of services to which the professionals belong, we observe some significant differences, all of which are justified by the type of service and differentiated assistance offered by the different services:

- The PIAD is the service in which the professionals believe that women request more information on gender-based violence,[61] which is completely understandable, as it is basically an information and guidance service.
- The services in which the professionals believe that all mothers mainly request emotional support are those of public and private shelter services due to GBV.[62]
- The professionals who perceive that mothers request help on being a mother the most often are from the SARA and those who think that they do so the least often are from the CSS.[63]
- The lowest demand for legal advice is perceived by the EAIA.[64]
- The highest demand for financial assistance is perceived by the CSS and the lowest by the PIAD, as this service does not provide this kind of help.[65]
- The professionals of the public, private and SAS (ABITS) shelter services due to GBV perceive a higher demand for a safe place to live.[66]
- The professionals of SARA state that the mothers request more assistance with their children's visits with the fathers.[67]
- Although the EAIA believe that the women tend to request help, they have a greater tendency to believe that the women don't always ask for help.[68]

With regard to assistance that the professionals state that they are accustomed to providing mothers experiencing gender-based violence from their partners, differences can also be observed according to the type of service:

- The subject of support on knowing how to be a mother in situations of violence, is comparatively less selected by professionals of the CSS as assistance that is provided often.[69]

61 Statistical significance: $\chi^2(4)= 14.375$, $p>0.006$
62 Statistical significance: $\chi^2(4)= 17.515$, $p>0.002$
63 Statistical significance: $\chi^2(4)= 15.793$, $p>0.003$
64 Statistical significance: $\chi^2(4)= 13.390$, $p>0.010$
65 Statistical significance: $\chi^2(4)= 29.451$, $p>0.000$
66 Statistical significance: $\chi^2(4)= 23.615$, $p>0.000$
67 Statistical significance: $\chi^2(4)= 11.568$, $p>0.021$
68 Statistical significance: $\chi^2(4)= 23.532$, $p>0.000$
69 Statistical significance: $\chi^2(4)= 10.750$, $p>0.030$

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- Assistance in terms of psychological treatment or therapy is above all highlighted by professionals of the SARA.[70]
- Legal advice is not mentioned at all by the professionals of the EAIA.[71]
- Financial assistance is provided above all by the CSS according to its professionals.[72]
- A safe place to live is ranked first place by the professionals of the shelter services due to GBV, second place by those of the SARA and much less in the other services.[73]
- The subject of offering child protection even if it is without the mother, is basically answered by the EAIA.[74]
- Providing assistance with the children's visits with the fathers is ranked first place by the professionals of the EAIA, and second place by those of the SARA.[75]

Lastly, with regard to the perception of the assistance requested by mothers for their children, there are also different ratings according to the services to which the professionals belong:

- The subject of having someone to talk to stands out with professionals of the shelter services due to GBV.[76]
- Support for doing homework outside school is not perceived as something that the mothers request from the service for their children, according to professionals of the SARA and the EAIA.[77]
- Requesting psychological treatment for children is perceived more by the professionals of the SARA than those of the EAIA.[78]
- Financial assistance for children is a request perceived as made often by the professionals of the CSS while not by those of the SARA.[79]
- Having a safe place to live with the mother is perceived more by the professionals of the shelter services due to GBV than the CSS.[80]
- Receiving assistance with the children's visits with the fathers is highlighted by the professionals of the SARA.[81]

70 Statistical significance: $\chi^2(4)= 13.549$, $p>0.009$
71 Statistical significance: $\chi^2(4)= 28.394$, $p>0.000$
72 Statistical significance: $\chi^2(4)= 38.345$, $p>0.000$
73 Statistical significance: $\chi^2(4)= 67.902$, $p>0.000$
74 Statistical significance: $\chi^2(4)= 50.849$, $p>0.000$
75 Statistical significance: $\chi^2(4)= 47.718$, $p>0.000$
76 Statistical significance: $\chi^2(4)= 12.979$, $p>0.011$
77 Statistical significance: $\chi^2(4)= 25.110$, $p>0.000$
78 Statistical significance: $\chi^2(4)= 23.994$, $p>0.000$
79 Statistical significance: $\chi^2(4)= 21.878$, $p>0.000$
80 Statistical significance: $\chi^2(4)= 33.222$, $p>0.000$
81 Statistical significance: $\chi^2(4)= 10.149$, $p>0.038$

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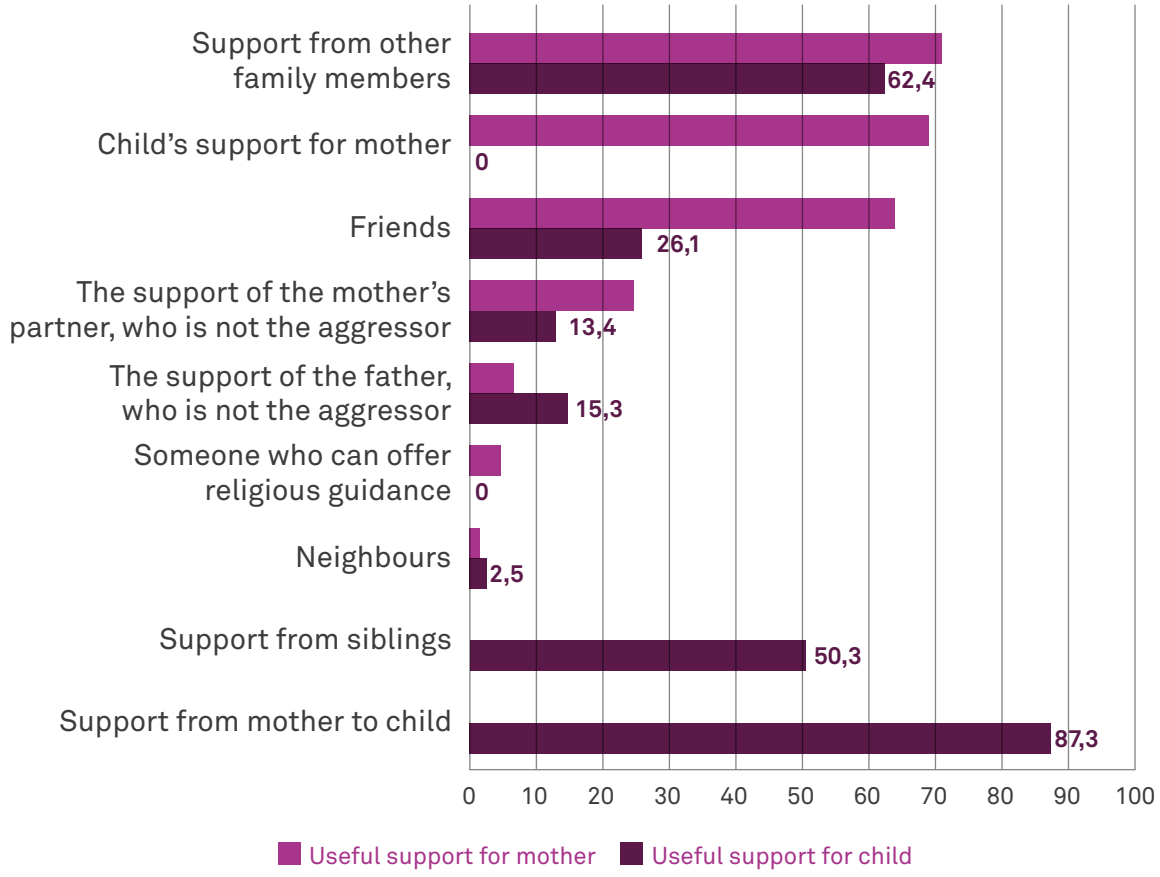
9.4 Usefulness of the assistance and services

We tried to go one step further with the questionnaire, as it was aimed at finding out not only which types of assistance were most requested and covered, but also which were considered the most useful by the professionals, both with regard to the mothers and their children (Graph 83). With the same list-based procedure, they were asked to select a maximum of 3 answers related to the people in their environment they perceived as the MOST USEFUL, for themselves and their children, for dealing with violence.

Graph 83. Support that is useful to mothers and children according to the professionals



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Based on the results, we can say that both groups (mothers and children) only coincide in rating as useful, the children's support for the mother and the mother's support for the children, followed by the support of relatives. The professionals also believe that for the mothers, the help they receive from friends is useful and in some cases—albeit a few—the support of their non-aggressor partner; to a lesser extent, the father of the children if he is not the aggressor (more so for the children).

With regard to the children, the professionals also highlight the help of siblings. However, the professionals perceive that the subject of friends is not as relevant as it is with adults.

We find differences in the ratings according to the type of service to which the professionals belong. With regard to the usefulness of the support for women and children:

- The support of the non-aggressor partner is not well rated at all by the professionals of the shelter services due to GBV and slightly well rated by the CSS.[82]
- The support of the non-aggressor father is highly rated above all by the professionals of the PIAD.[83]
- The children's friends, the SARA and the PIAD are the highest rated services.[84]

In Graph 84, we can see the resources and services considered useful by the women and their children from the professionals' viewpoint. In this case, the professionals had to select a maximum of 5 answers considering the mothers, and a maximum of 5 considering what the mothers' see as the most useful for their children.

The assistance provided by the specific services for gender-based violence were considered the most useful for mothers by the professionals, in comparison to the others, followed by the shelter services due to GBV and social services centres, as well as financial assistance and mutual help groups. However, for children, school is the most useful and with the help of specific services in second place. Then we see the CSS, the shelter services due to GBV and psychological treatment outside specific services. With regard to children and adolescents, financial assistance, groups, the police, or telecare are not highly rated, in comparison to how they are rated by the mothers. By contrast, leisure activities are well rated by children and adolescents. Websites, laws, the legal system, lawyers, helplines or residential centres for children and adolescents (CRAE) are not rated as very useful by the mothers and the children.

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82 Statistical significance: $\chi^2(4)= 11.329$, $p>0.023$
83 Statistical significance: $\chi^2(4)= 11.982$, $p>0.017$
84 Statistical significance: $\chi^2(4)= 11.565$, $p>0.021$

However, with regard to these results, we must keep in mind that there are significant differences according to the service to which the professionals belong, who rate the usefulness of the support provided to the women. Furthermore, mistrust and an undervaluation of others' work is revealed:

- The support they have received from the EAD, the SAN or the SARA is not rated as especially useful for the mothers[85] or their children[86] by the CSS.
- However, the support for mothers provided by the CSS is highly rated by CSS professionals, and poorly rated by the PIAD[87]. The support provided by the CSS to children receives a low rating from the shelter services due to GBV.[88]
- The PIAD's support for mothers is rated lower by the shelter services due to GBV and higher by the PIAD itself and above all by the EAIA.[89]
- Financial assistance for women is rated as not very useful according to the EAIA and as very useful according to the shelter services due to GBV.[90] Financial assistance for children receives a low rating from the services in general.
- Having a psychiatrist or psychologist other than that of the EAD/SAN/SARA services is highly rated by the shelter services due to GBV with regard to the mothers.[91]
- The shelter services due to GBV for women are highly rated by the services themselves and receive a low rating from CSS professionals.[92] With regard to the children, these services are considered useful by the SARA and above all by the shelter services, and not very useful by the CSS.[93]

85 Statistical significance: $\chi^2(4)= 27.944$, $p>0.000$
86 Statistical significance: $\chi^2(4)= 38.670$, $p>0.000$
87 Statistical significance: $\chi^2(4)= 26.494$, $p>0.000$
88 Statistical significance: $\chi^2(4)= 26.105$, $p>0.000$
89 Statistical significance: $\chi^2(4)= 17.833$, $p>0.001$
90 Statistical significance: $\chi^2(4)= 17.160$, $p>0.002$
91 Statistical significance: $\chi^2(4)= 15.748$, $p>0.003$
92 Statistical significance: $\chi^2(4)= 32.696$, $p>0.000$
93 Statistical significance: $\chi^2(4)= 40.452$, $p>0.000$

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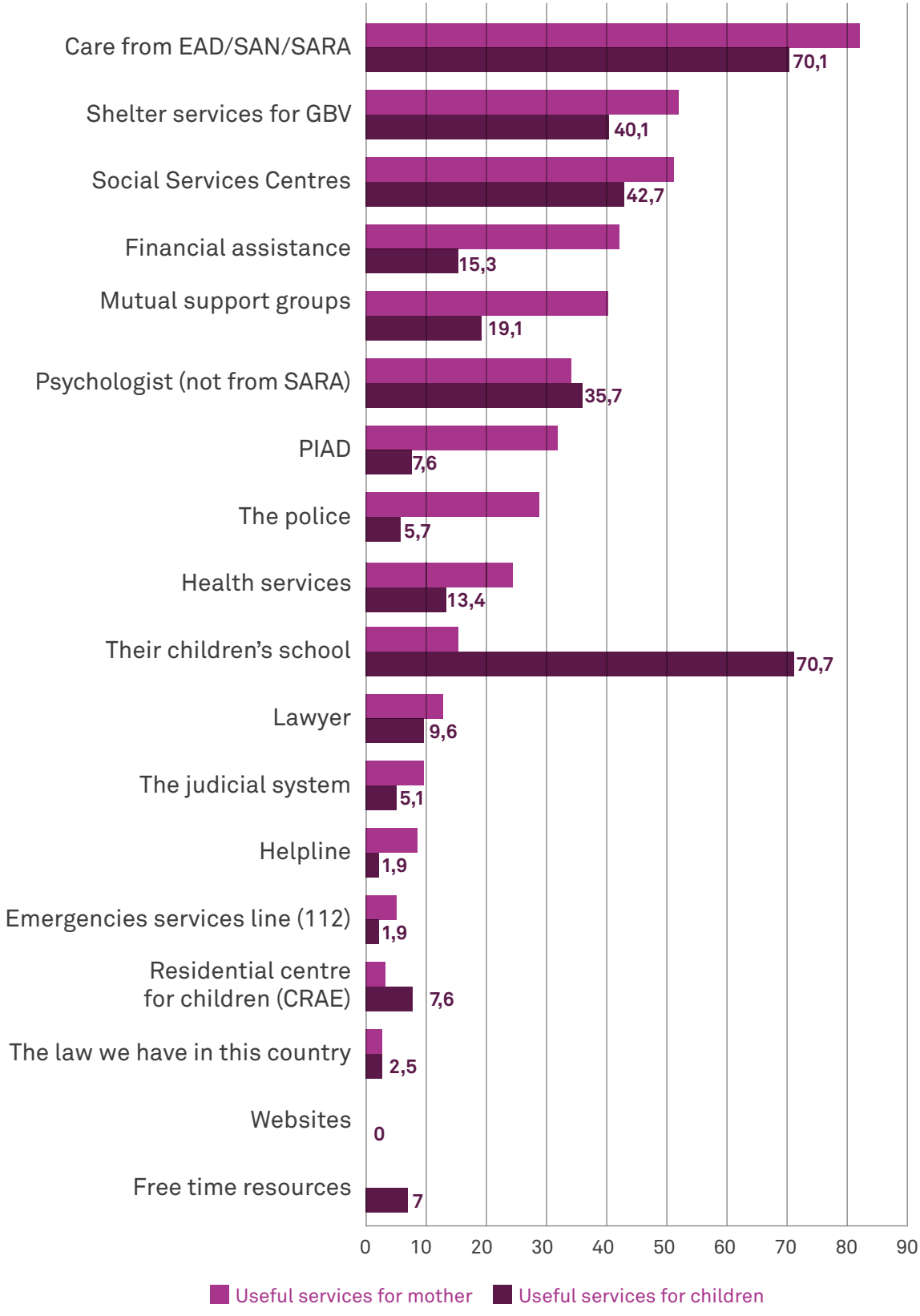
Graph 84. Services and resources that are useful to mothers and children according to the professionals



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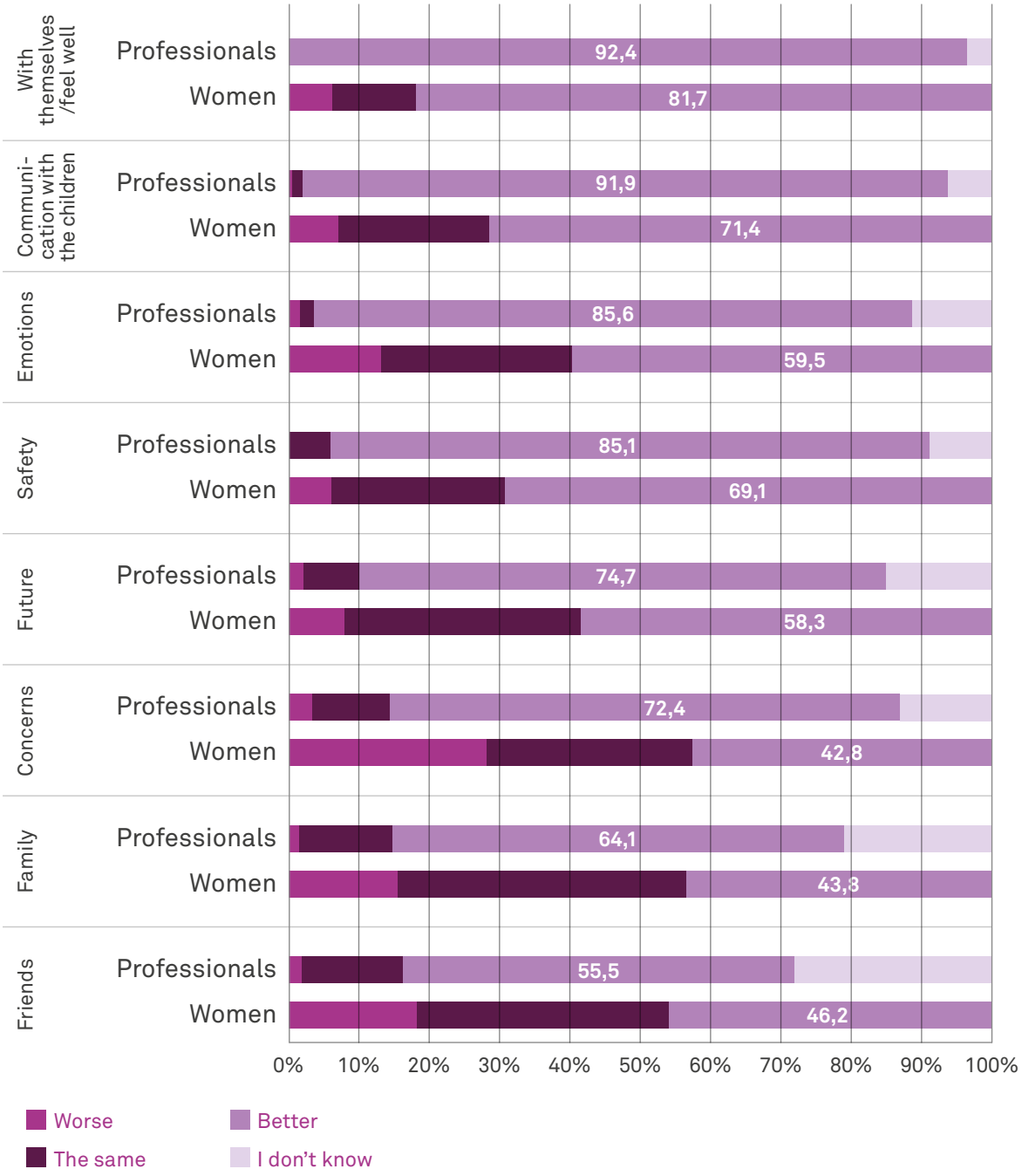
9.5 Changes perceived after the intervention

Graph 85. Changes in the women noted by the professionals after completing the work plan with them, compared to the changes perceived by the women themselves.



In this question the professionals could mark whether they noted a change for better or worse, or that they didn't notice any change in the women attended to by their service. They also had the option to select "I don't know". As shown in Graph 85, the most positive changes observed by the professionals focus, above all, on the increase in self-confidence, feeling good about themselves, and dealing and communicating with their children. By contrast, the areas in which the professionals perceive less changes in

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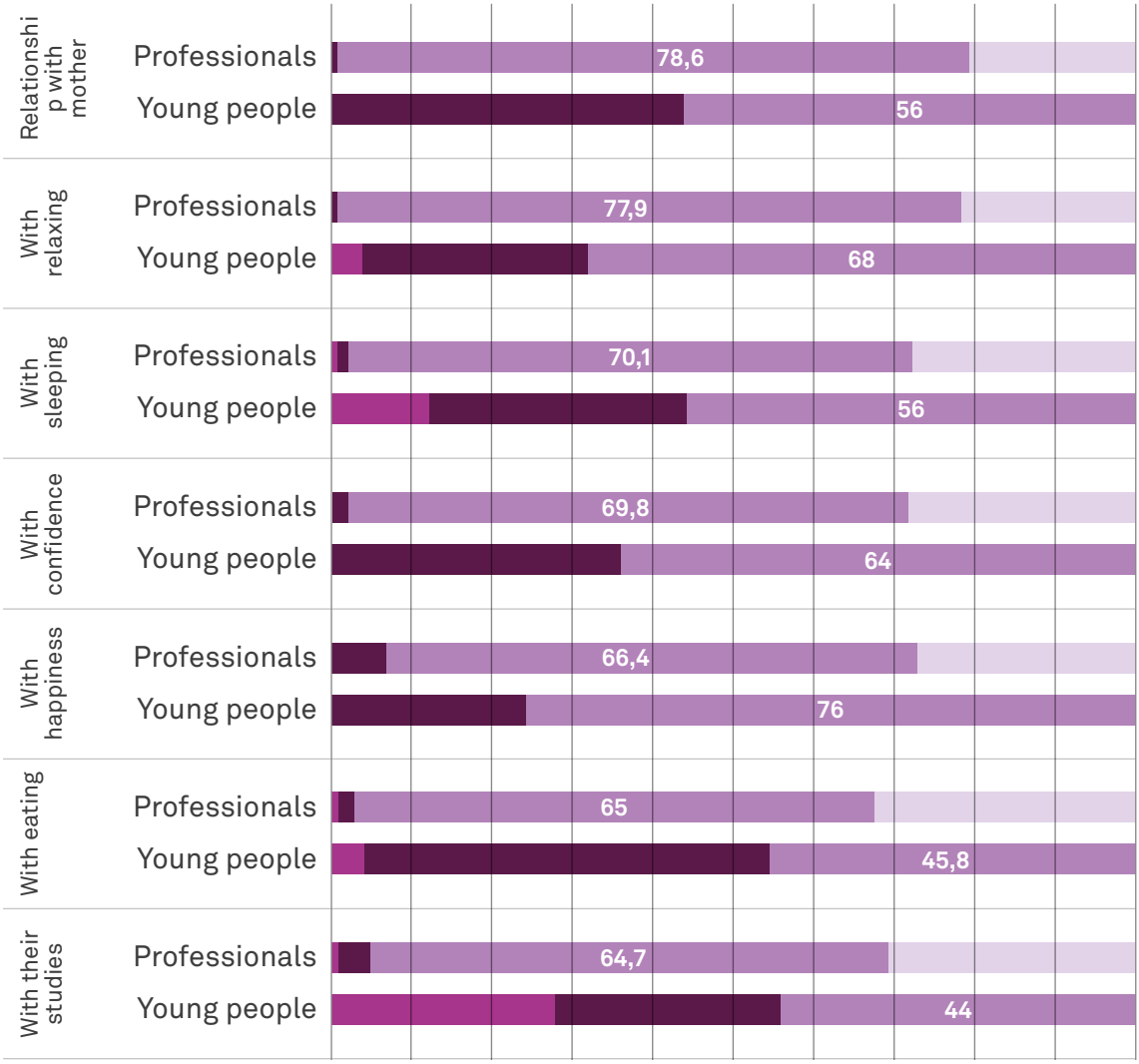
situations or they don't know about, are those related to friends, family, worries about and perceptions of the future. However, if we compare this with the women's perception of themselves, in ALL aspects, we see that the improvement noted by the professionals is much higher than that perceived by the women themselves, which invites us to make a deeper reflection.

If we analyse these changes separately, according to the service rating them, we hardly see any differences, as the answers are very similar across services, except for:

- With regard to the changes connected with feeling good about themselves[94] and how they perceive the future, the EAIA units select "I don't know" more often.[95]

Graph 86. Changes the professionals have noted in children after receiving care, and changes noted by the young people themselves.



94 Statistical significance: $\chi^2(4)= 12.820$, $p>0.012$

95 Statistical significance: $\chi^2(12)= 24.207$, $p>0.019$

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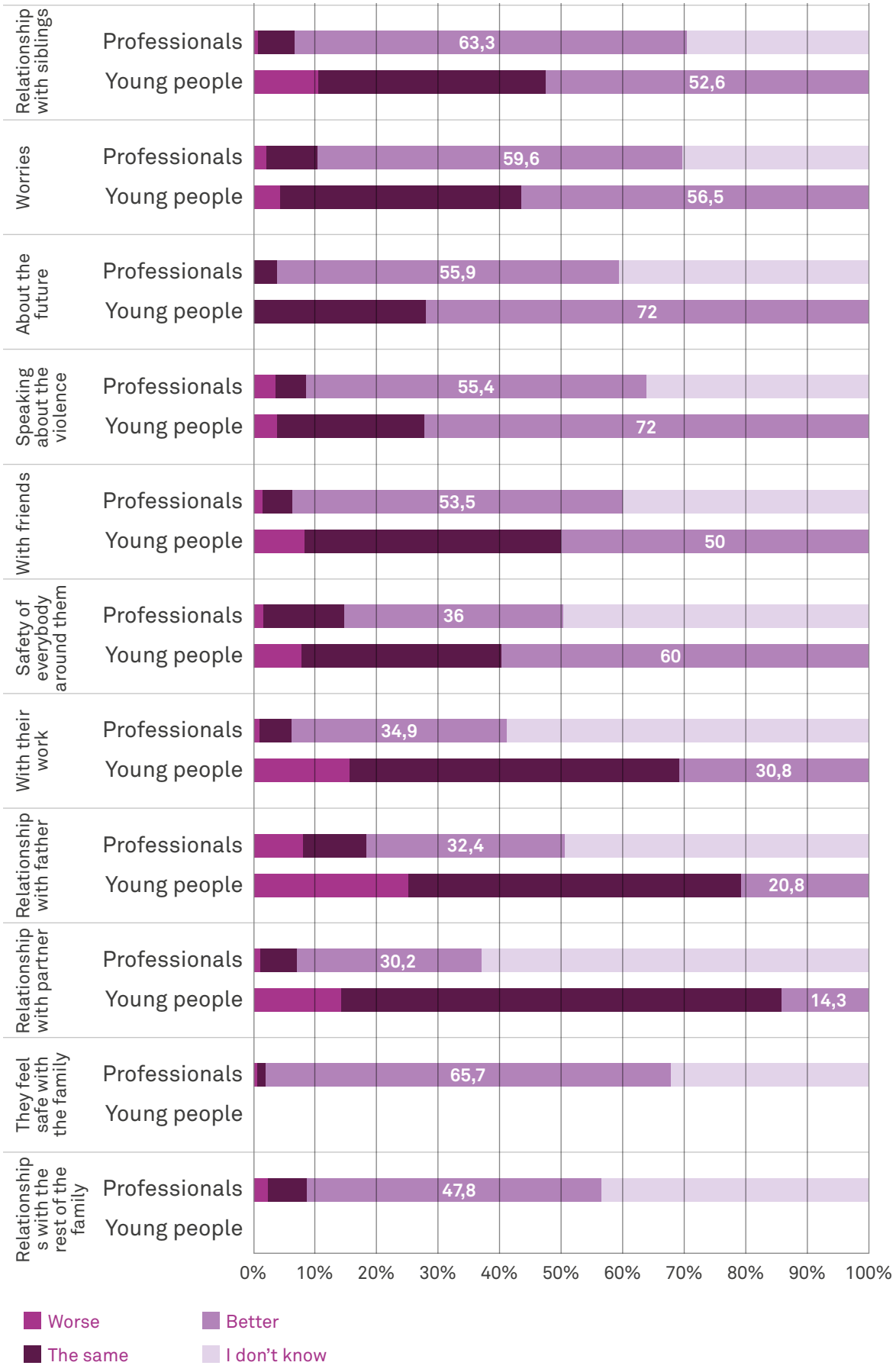

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However, when we discuss the changes perceived in the child after having received care from the services, the professionals' reply of "I don't know" increases, and in some aspects it is even the most popular answer (Graph 86). This is the case regarding items such as feeling safe everywhere, the relationship with their father, partner and job (the last two items, logically only refer to the older children). On the other hand, the professionals perceive that their situation improves in relation to feeling more relaxed, regarding sleeping, feeling good or content, feeling safe as a family, eating, studies and the relationship with siblings. There are less positive ratings in relation to their view of the future, feeling worried, or being able to talk about the violence they experienced.

If we compare this with the young people's perception of themselves, the situation is quite different. Unlike the mothers (where the professionals were more optimistic than them regarding the changes noted), the young people noticed more positive changes than the professionals in the areas of feeling happier and safer in general, regarding their future, and being able to talk about the violence experienced. In many other aspects, improvement is more equally appreciated, although we must consider that in many items, the professionals answered with "I don't know", which did not occur with the women's input. Furthermore, there are aspects where the professionals are clearly more optimistic than the young people, such as with feeling safe within the family, their relationship with the father and partner, aspects in which the young people have noted little improvement.

Regarding this question, the answers of the professionals from different services coincide quite significantly.

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9.6 Areas perceived by the professionals as being the most difficult for mothers when caring for their children

What stands out the most in Graph 87, is that there is no area which the professionals rate as "very easy" but rather on the contrary, the values of "moderately difficult" predominate in some aspects, such as ensuring their safety and setting boundaries which may be as expected, but also regarding esteem and emotional warmth, empathy and stimulation which were not so evident. Aspects referring to favouring the children's relationship with extended family, friends and school support stand out as being frequently rated as "neither too easy nor too difficult". The only aspect that stands out as "moderately easy" is keeping track of children's health, followed at a distance by basic attention and care. Furthermore, this stands out even more when compared with the mothers' results, as the women tend to select the "easy" tick-box, which is the total opposite to the tendency of the professionals. Ultimately, the professionals have quite a generalised perception of these women experiencing high levels of difficulty being mothers, a result that was not expected to be so resounding.

There are also differences that should be considered according to the services to which the professionals belong:

- In the basic care of children, those from the EAIA and the shelter services due to GBV perceive a higher level of difficulty for mothers.[96]
- The highest level of difficulty in ensuring child safety is perceived by the EAIA.[97]
- The CSS and EAIA are the units that detect a higher level of difficulty for mothers in providing their children with love. At the other end of the spectrum we find the professionals of the PIAD who perceive this as very easy.[98]
- The EAIA and shelter services due to GBV consider that the mothers have great difficulty empathising with their children, while the PIAD perceive the total opposite.[99]
- Professionals of the EAIA rate the mothers as having moderate difficulty keeping track of their children's health.[100]

96 Statistical significance: $\chi^2(16)= 39.806$, $p>0.001$
97 Statistical significance: $\chi^2(16)= 33.426$, $p>0.006$
98 Statistical significance: $\chi^2(16)= 44.862$, $p>0.000$
99 Statistical significance: $\chi^2(16)= 43.162$, $p>0.000$
100 Statistical significance: $\chi^2(16)= 26.776$, $p>0.044$

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Graph 87. The most difficult areas for mothers when caring for their children, according to the professionals and the mothers

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9.7 Satisfaction with the work done related to gender-based violence by professionals from their service

Table 20. Satisfaction of the professionals with the work done related to gender-based violence, according to the services in which they work, compared to the satisfaction with the care received according to mothers, young people and professionals

	No.	A	TD
Satisfaction with the care received according to mothers	310	**7.57**	2.287
Satisfaction with the care received according to young people	25	**8.4**	1.443
Satisfaction with the care received according to professionals	149	**6.58**	1.805
PUBLIC SHELTER SERVICES DUE TO GBV	20	**8.15**	1.182
PRIVATE SHELTER SERVICES DUE TO GBV	9	**8.00**	1.581
SAS (ABITS)	2	**7.50**	0.707
SARA	27	**7.41**	1.047
PIAD	14	**7.07**	1.730
CSS	58	**5.67**	1.583
EAIA	19	**5.37**	1.802

The professionals rated their satisfaction with the work done related to gender-based violence in the service in which they work, on a scale of 1 to 10. In Table 17, we can see that the overall satisfaction is rated 6.6, although the differences[101] between the services are enormous: the greatest satisfaction is expressed by the professionals working in the shelter services due to GBV, in second place, the professionals of the PIAD services and specific care for people experiencing gender-based violence. The lowest satisfaction, with notable differences, is expressed by services where their care is not exclusively for cases of gender-based violence, but also multiple areas (as is the case with the CSS), or the protection of children and adolescents at risk, as is the case with the EAIA. This issue, which was also unexpected, leads us to make a deeper reflection. In Table 20, we can also compare the satisfaction of mothers (7.5) and young people (8.4) with the care received, which is higher than the average for the services (6.6), another fact that gives us food for thought.

Noteworthy differences are also observed according to other variables, related to the characteristics of professionals. For example, in Graph 88, we can see that male professionals are more satisfied with the work done than female professionals.

101 $F_{6,142} = 12.495$ Significance = 0.000. The Bonferroni test indicates that the most significant differences are observed between the CSS and the rest (except for the SAS-ABITS and EAIA) and between the EAIA and the rest (except the SAS-ABITS and CSS).

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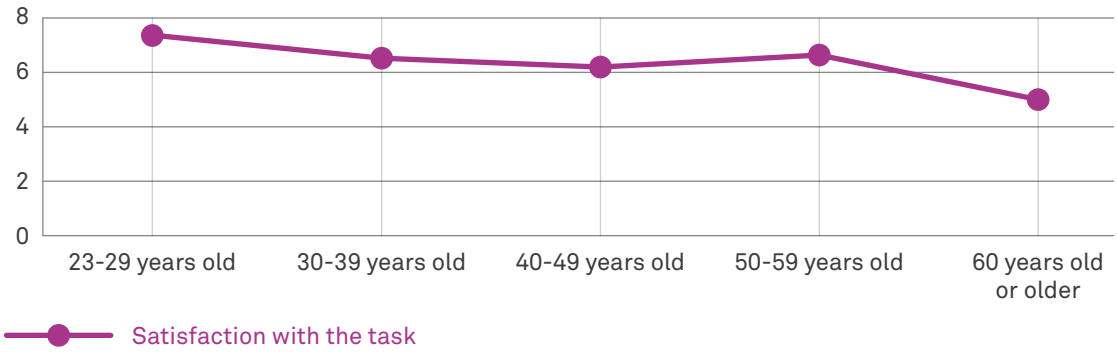
Graph 88. Satisfaction of professionals with the work they do related to gender-based violence according to gender

It can also be seen that the older the professionals, the least satisfied they are with the work they do related to gender-based violence, where the line clearly descends (Graph 89).

Graph 89. Satisfaction of professionals with the work they do related to gender-based violence according to age



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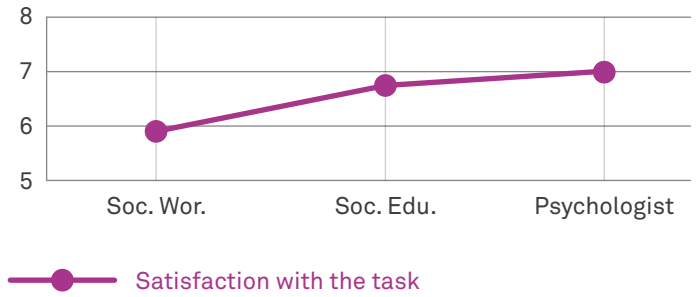
According to years of experience in the service (Graph 90), the more time they work, the lower the satisfaction they show, an aspect that may also coincide with age.

Graph 90. Satisfaction of professionals with the work they do related to gender-based violence according to years of experience

And lastly, another piece of data that leads us to reflect and which obtains statistical significance is regarding the professional profile. Among the three disciplines most represented in the sample, the lowest rate of satisfaction is expressed by social workers. The highest rate of satisfaction is found with psychologists, and social educators are found halfway between the two (Graph 91).

Graph 91. Satisfaction of professionals with the work they do related to gender-based violence according to professional profile



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9.8 Summary of the main results based on the professionals' questionnaires

- 157 questionnaires were received, of which 39.5% were from the CSS, 12.7% from the EAIA and 10.2% from the PIAD. With regard to the specific services for gender-based violence, 17.2% worked at the SARA, 13.4% at public shelter services due to GBV, 5.7% at private shelter services due to GBV and 1.3% at the SAS (ABITS). Half of the professionals are over 40 years of age and the majority are women. Three-quarters have over 4 years of professional experience in their field. One-third are social workers, followed by the group of social educators and 21% are psychologists.
- It is more common to attend to the mothers directly, understanding that they are the ones most affected by the situation, and that the intervention with them will also have an impact on the children. Nevertheless, there are many differences between the services in all of the results. shelter services due to GBV, the SARA and the EAIA directly attend to the children and adolescents more often and the CSS less often.
- From here on, the main results obtained are summarised, some of which are also compared with the ratings provided by the mothers and young people. **However, it should be noted that these results show many differences depending on the service responding to the questionnaire.**
- According to the professionals, the types of assistance most requested by mothers for themselves are emotional support, followed by financial assistance and legal advice. One-third request help on being a mother, followed by the subject of their children's visits with the fathers. Requesting information on gender-based violence happens very seldom according to the professionals, and the figures are even lower regarding child protection or telecare services. They acknowledge that they offer less financial assistance than that requested by the mothers. There are great differences between the services described in the previous pages.
- The professionals perceive that the mothers request psychological treatment and financial assistance for their children, as well as assistance with the father's visits and a safe place to live. The figures with regard to legal support and information on gender-based violence were very low. There are also great differences between the services.
- Nevertheless, they coincide in rating the mother's support for the child or the child's support for the mother as useful for both mothers and children, followed by the support of relatives and friends. For children, the professionals also highlight the support of siblings and that of friends less so. However, differences in these ratings are observed between services.
- The assistance provided by the specific services for gender-based violence were considered the most useful for mothers by the professionals, followed by the shelter services due to GBV and social services centres, as well as financial assistance and mutual help groups. However, for children and adolescents, the

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most useful is school and in second place, the assistance of specific services. The professionals don't rate financial assistance, the police or telecare too highly for children and adolescents; however, leisure activities are well rated. Websites, laws, the legal system, lawyers, GBV helplines or residential centres for children and adolescents (CRAE) are not rated as very useful by the mothers or children. Although there are considerable differences depending on the service.

- The most positive changes after the intervention highlighted by the professionals are centred on the increase in the mothers' self-confidence, feeling good about themselves, and dealing and communicating with their children. However, the areas in which the professionals perceive less changes in situations or they don't know about, are those related to friends, family, worries about and perceptions of the future. If we compare this with the perception the women have of themselves, we can see how in all aspects, a much greater improvement is noted by the professionals than by the women themselves.
- With regard to the changes perceived in children after the intervention, many professionals acknowledge not being able to identify them; this is the case regarding items such as feeling safe everywhere and the relationship with the father. They perceive that their situation improves in relation to feeling more relaxed, regarding sleeping, feeling happy, feeling safe as a family, eating, studies and the relationship with siblings. There are less positive ratings in relation to their view of the future, feeling worried, or being able to talk about the violence they experienced. The perceptions of professionals and young people don't coincide much. Also in this case many differences are observed between the services.
- The professionals have quite a generalised perception of the high levels of difficulty for the women on being mothers, and they never coincide with the abilities the mothers see in themselves. The professionals consider that they find it moderately difficult to ensure their safety and to establish boundaries for their children, with emotional bonds, empathy and stimulation. Aspects referring to favouring the children's relationship with extended family, friends and school support stand out as being frequently rated as "neither too easy nor too difficult". The only aspect that stands out as "moderately easy" is keeping track of children's health, followed by basic care. Many differences are also observed between the services.
- The overall satisfaction of the professionals with the work they do related to gender-based violence is rated at 6.6, not too high, although the differences between the services are significant: the professionals who express greater satisfaction work for the shelter services due to GBV, followed by the professionals of the SARA and the PIAD. The lowest satisfaction is expressed by the professionals of the CSS and the EAIA. The older the professionals, the less satisfaction they show with the work they do. Less satisfaction is observed among social workers than any other professionals.

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10.
RESULTS OF THE DISCUSSION GROUPS, INTERVIEWS, AND OPEN-ENDED QUESTIONS OF THE QUESTIONNAIRES. THE VOICES OF CHILDREN, ADOLESCENTS, YOUNG PEOPLE, MOTHERS, FATHERS AND PROFESSIONALS

In this section we present the results extracted from the content of the discussion groups held with children, adolescents, mothers and professionals, and the interviews held with young people and fathers, as well as the content of the answers to the open-ended questions of the questionnaires for mothers, young people and professionals.

A content analysis was carried out, where the text was coded, and categories and subcategories established. The results are shown in tables with the main category and subcategories or subjects dealt with and the number of textual references for each subject. The number of references does not correspond with the number of people who talked about or defended a specific question, but instead, it is the number of verbatim quotes gathered on a certain subject; hence diverse references may correspond to the same person. By reading and following the quotes included, we can get an idea of the complexity of the phenomenon in order to formulate lines of action for the future. Not all subjects were covered by everyone, which doesn't mean that they weren't of interest to them, but that sometimes during the discussion groups and interviews, the time allowed some subjects to be delved into more than others.

The results are also organised according to seven subjects that were covered in the discussion groups and interviews, and the order in which they were covered. Each subject consists of a category. The last subject of proposals was broken down into two categories to deal with it more in depth. We covered the following 8 categories:

1. The effect of gender-based violence on children and mother-child and father-child relationships (860 quotes)
2. Coping strategies of children and adolescents when facing situations of gender-based violence at home (114 quotes)
3. Mother-child relationships (96 quotes)
4. Father-child relationships (86 quotes)
5. Repairing the damage (1008 quotes)
6. Obstacles to intervention (326 quotes)
7. Proposals for families, children and adolescents (700 quotes)
8. Proposals for professional intervention (1223 quotes)

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10.1 The effect of gender-based violence on children and the mother-child and father-child relationships

"I had to grow up very quickly. In failed my studies a lot, I had eating problems and I didn't trust men"
(Interview with a young woman)

Table 21. The effect of gender-based violence on children

EFFECT	Number of quotes from interviews and focus groups						Number of open-ended answers in the questionnaires	
	Total quotes	Children and adoles-cents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q
REFLECTIONS ON THE EFFECT:								
Repeating of patterns	**88**	5	**13**	5	3	**7**	1	**54**
Does not affect them	**74**	1		1	6		**12**	**54**
Affects them (without specifying)	**68**	**10**		2	**8**	2	3	**43**
Awareness of the situation	**27**	6	6	4	6	4		1
Does not know how it affects them	**17**	1			1			15
EFFECT BY AREAS								
School	**89**	6	**9**	4	4	3	**9**	**54**
Relationships:	**104**							
Relationships with others	**68**	**11**	**11**	2	4	1	**12**	27
Changes in family relationships	**36**		5	1	2	1	3	24
Emotional sphere:	**145**							
Fear/insecurity/ mistrust	**60**	**8**	6	**8**	2		2	**34**
Anger/resentment/ hate	**24**		3	4	2	3	5	7
Sadness	**16**	6	1					9
Guilt	**12**		3	3	1	2		3
Feeling unloved/ abandonment	**11**	1	3					7

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EFFECT	Number of quotes from interviews and focus groups						Number of open-ended answers in the questionnaires	
	Total quotes	Children and adoles-cents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q
Emotional sphere:	**145**							
Powerlessness and frustration	**11**	1	4	4			1	2
Shame	**6**	1		3		1		1
Loneliness	**5**	1	2					2
Development and behaviour	**184**							
Difficulties talking about it	**39**	**14**	**14**	**10**				1
Low self-esteem	**38**	1	4	1	1	1	5	25
Maturing too early	**26**	1	4				**8**	13
Behavioural problems	**24**		1	2	1	2	3	15
Aggressiveness	**22**			5	1		2	14
Change in character	**14**		2		1			11
Introversion	**11**			3				8
Developmental problems	**10**					3		7
Health problems:	**64**							
Mental health problems	**47**		5	1	1	3	3	**34**
Physical health problems	**11**		4				1	6
Suicide attempts	**6**		5					1
Total	**860**							

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This subject consists of one of the explicit objectives of the research, and has been the subject of the questionnaires for mothers and young people, as well as the interviews and discussion groups. We have grouped the results of the effect on children (Table 21) into two areas: one that involves reflections on the effect—if there are repeated patterns, whether or not they are affected by it, if they are aware of the situation, or are unaware of how they are affected by it—, and another that involves areas affected by it—school, family relationships, the emotional sphere, behaviour and development and health. Specific aspects have been brought to light in each area.

With regard to **reflections on whether they are affected by it and how**, the subject of **repeated behavioural patterns** stands out, constituting a subject for debate and reflection among the participants—especially young people and mothers—in different directions. On the one hand, there are people who state that the patterns of violent behaviour tend to repeat themselves in the children, both when they are small and when they are grown up. On the other hand, there are those who state the opposite, above all, based on their expectation and hope not to repeat the pattern. In any case, we have seen that this subject is very present in their conversations and is strongly based on their personal experience.

"Indeed, I didn't realise it. I am trying to see how the situation I experienced with my ex-partner has a lot to do with what happened at home. I had never made the connection between them before, but yes, it is true that it has great consequences. What you have experienced in your home with your father and mother, I behaved in the same way as my mother, always doing what the other wanted, shutting up and listening, if you say no, well, the thing is you can't say no (...). Indeed, I see my father and realise that the patterns are exactly the same" (Interview with a young woman).

"Life at home was good and now I am in this situation. In my case I am in one of those centres and I had normal parents and siblings, I didn't experience any case of violence" (Interview with a father).

"I hope I don't turn out like my father or anything like him, I don't think I will" (Interview with a young man).

The thought also appears, which is especially present in the mothers' answers to the questionnaires, that the violence experienced at home **does not affect the children**, mainly arguing that it happened when they were still very young. Some also refer to the "oblivious" nature of the child. Some of the statements are sometimes expressed as a wish, that is, that they hope that the children were not affected. The children and adolescents don't show it.

"Not at all, because they didn't experience it, my daughter was very small" (Mothers' Q).

"They were not affected much, the father made sure they didn't experience it. When he would hit her they weren't there" (Mothers' Q).

"I don't think they were affected, they hardly lived with him, and when they did, I put them to bed before he got home. Nobody around us knew about the situation" (Mothers' Q).

We also find statements of fathers, mothers, children and adolescents affirming that they **were affected but they don't know how to describe it specifically**. Some of these quotes provide further corroboration of its effect in general.

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"Well, I think that it continues to have an effect even when they grow up. My daughter was affected, although my son wasn't because he is in his own world. I guess that it must have a great affect. It must be a strong blow to them, but as I haven't experienced it, I don't know" (Interview with a father).

"Everyone. All children, even if they have not been hit themselves, but one of their relatives has been hit, they are equally affected. Even if they are very small" (Interview with an adolescent boy).

With regard to the effect, we highlight how adolescents and young people explained how they gradually **became aware of the situation as they grew up** and matured. Nevertheless, there are diverging opinions as to the age at which this occurred: some say from 4 years of age onwards, others at 7 or 8 years of age and others say from adolescence onwards. They describe very well how they go from thinking that it is normal, to discovering that it is not, by comparing themselves with their friends, or because someone explains it to them (a relative, teacher, older sibling). The descriptions of these adolescents and young people are very interesting.

"When you are small you feel more afraid because you feel more... like more isolated. When you get older you are more aware and you start to say "I'm not going to let this happen" and you act and face up to it. You cry, because that's what children do because they're young. If that happened now it would be very different" (Interview with a young woman).

"When children are young and this happens to them or their mother, what they see is that "my Dad is hitting my Mum", but later, as children grow, they begin to realise that it isn't right. In the beginning they don't realise it and think that all Dads hit all Mums, but then they start to realise that this is not normal" (Interview with a young woman).

"When children turn 12 or 13 years old, they themselves realise that something is not right, that it doesn't happen in other families. At 7 or 8 years old, they already realise that Dad shouldn't hit Mum, so they already start intervening and asking why Dad hits Mum. They are aware of what is going on around them, but they are unaware of what is happening to them. Then at 12 or 13 years old they finally open their eyes to it. I realised that my Dad would hit me and that it was wrong, that I experienced things that I shouldn't go through and of course, you are too young to decide what to do with your life, to leave your parents, because they are the people who raised you and brought you into the world. To reach the decision that I want to leave them. If I leave them I will feel guilty because I will have done this and that to them. Some feel that "my parents are my parents and I have to do what they say". When I was 13 years old and my father hit me, although I felt awful, I thought I would grow up and get married, depend on someone and have their children and care for them. Then at 15, it also depends on the situation around you, not just the family situation but also your friends, school. Because if a child stays at home and only sees their parents, they will never realise that what is happening at home is not normal. But if the child starts to go to school and decides to tell someone, they start to realise that it is not normal. And that is when the child decides whether or not to leave home" (Interview with a young woman).

"I spoke to my cousin and she told me that it wasn't normal for my father to say the things he said to me or to treat me they way he did. If she hadn't told

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me, I wouldn't have known. You see that you are being treated badly, but you don't really realise that it is much worse than you think. And, my friends are very understanding, but as I didn't realise …" (15-18 year old adolescents' DG).

There is also a group of quotes related to the fact that they **don't know or are unsure of whether it affects them**, especially the mothers. These are answers arising from confusion or the hope that it hasn't affected their children.

"I don't know, we'll see in the future" (Mothers' Q).

"He doesn't speak about it much, I don't know if he has been affected" (Mothers' Q).

With regard to the **DOMAINS** of all the effects expressed, if we consider them separately, what stands out is the acknowledgement of the impact on **school performance emphasised** by the mothers, children, adolescents, young people and fathers, as well as by the professionals in the discussion groups, albeit to a lesser extent (in the professionals' questionnaire, this question did not allow for an open-ended answer). In general it refers to the fact that the violence experienced has a negative impact on the children's school performance and academic results, as well as others aspects of school adaptation. There are only five quotes by children and young people affirming that it had a positive impact on their studies, with school being a refuge and becoming the main focus of their lives.

"It affects studies. Because when you are worrying about what is going to happen, you can't live with that fear, and when they are explaining things to you, you are not capable of listening. Your grades drop" (12-14 year old adolescents' DG).

"It affected me greatly. Those were a few years with a huge family problem and things weren't great at school either. Those were really shitty years" (Interview with a young man).

Another area in which they are affected and which is very important is in relation to **changes in family relationships,** where above all, mothers and young people explain that as they grow up, they stop doing things together as a family and they isolate themselves waiting for the time to pass. Many explain that they no longer fear their father and lose their respect for their mother, while blaming her at the same time.

"It's quite contradictory, I always felt on one hand, that I would like someone, whoever it was, to come and give me hug. But on the other, you don't want to be around anyone, you want to be alone. (…) You need your parents, that's obvious, but when you watch things grow from bad to worse, you are unaware and the years go by and you say 'well, they just fight'. But when you're older, you arrive home and everything is dark. One of them is in bed and the other elsewhere. And as soon as they get up, they already start arguing. You get used to it. So you don't expect anyone to come and say 'how was school?'. Indeed, this is something that the parents don't realise. They worry about you, but not in the way that a child needs. You like it when you get home from school and they ask you how your day was, things like that start to slip away, and then you don't have them any more…you don't talk any more. You get to the point where they don't know you, so when they judge you, you think they have no idea what I do or don't do, and so the part of adolescence arrives where you say 'you know nothing about me'. Then the situation reaches boiling point" (Interview with a young woman).

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"Yes, because also, with the situation, whether you like it or not, the roles in your home change. So you have to adopt a new role in your home. Things change a lot" (Interview with a young man).

Also, the number of quotes in **the area of relationships with others** stands out, especially with peer groups in and outside of school, but also regarding relationships with other adults. This issue is especially present in the discussion with children, adolescents and young people. They lose friends, find it hard to make new ones, are rejected or ignored, the girls find it difficult to mix with boys, and this all happens because they are introverted, exhibit difficult behaviour, are constantly moving from place to place, have very low self-esteem, feel ashamed of their family, etc.

"It affects everything right? They can't bring friends home, or go out, or take part in activities, their circle of friends is very small, and studying is surely not very easy when they are shouting at home" (15-17 year old adolescents' DG).

"What do you do? You distance yourself from people, all of this, they also distance themselves from their friends, so that friends don't see their father, all of a sudden, doing what he does. Because they are ashamed, because it is not normal, they know that it is not normal. Because they do go to a friend's house and see how their father behaves" (DG mother).

"What happened to me, with my family, damaged my current relationship. It affects my daily life, you know what to do but you do so automatically in a certain way, when things are not even being said that way. Or you get stressed at the slightest noise. Even today, at nearly 25—and my father stopped drinking when I was 13—, I am always on the alert. The times I would hear the door upstairs and the sound of the blind closing. Now, whenever I hear a similar noise, I am on the alert and on the lookout" (Interview with a young woman).

That said, the type of effect is very well specified in the area of feelings and emotions. Among these, in first place and quite resoundingly so for the children, adolescents and mothers, what stands out is the **feeling of fear, insecurity and mistrust** towards the aggressor, and also towards adults in general, which in some cases stays with them quite persistently until they reach adulthood.

"My little girl would sleep with a knife in her bed" (Mothers' Q).

"The first thing you feel is fear, because when you see the situation there is fear. The second is understanding and the third is guilt. Not in this order, but the main one is fear" (Interview with a young woman).

"Two years later, he continues to need psychological support. He has problems with self-esteem, a lack of self-confidence and of trust. He is permanently flustered and agitated and he doesn't feel safe at any time" (Mothers' Q).

"The eldest closes the door with lots of keys. They were greatly affected by it, and have had psychological treatment" (Mothers' Q).

The feeling of anger, resentment and hate is very present and the mothers and young people agree, using these very words without any hesitation. They may have these feelings towards the father (aggressor), especially hate, but also towards the mother, especially anger, for doing nothing to remedy the situation.

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"I guess that throughout the years, you feel more hatred, the hatred grows, and the anger, and the feeling of being powerless, completely powerless" (Interview with a young woman).

The **feeling of sadness** is also very present in the conversations of the children and adolescents, who define their childhood as sad because of what they went through. This feeling impregnates everything: the home, school, free time, etc.

"Sadness, a lot of sadness" (12-14 year old adolescents' DG).

In a smaller proportion of quotes, **guilt** also appears (the young people ask why they weren't able to stop it or help their mother).

"It is easy to have feelings of guilt as they are your parents, and you think that he is your father and you can't complain, it's like you are committed to him. Not only to him, but because of your culture it is very difficult to leave your father. When I told my house mates what had happened me, they said they wouldn't be capable of leaving their parents, but maybe the would if they had gone through what I did, maybe they could have. Sometimes you also do it for your mother, you don't leave him because your mother would be left alone or because of your culture, that the community would speak badly about us and would blame my parents" (Interview with a young woman).
"In my case, if you know the child, you see that the child really thinks that it is their fault" (Mothers' DG).

The feelings that stand out for some children and young people is **feeling unloved** or **abandoned** by the adult role models, directed towards the fathers who are aggressors as well as to mothers, relatives and teachers.

"They have been affected, the eldest says that his father hasn't visited him. They notice that their father doesn't call, or help them or congratulate them" (Mothers' Q).

"Yes it is true that you isolate yourself and spend less time with your parents, you don't feel really loved, because as one of them gets annoyed and the other locks themselves up in their room, you truly feel alone. It happened to me, and my sister is going through the same thing. She is in her own world, gives cheeky answers; we don't do anything together now. It is an entire process where the child, unconsciously, feeling uncomfortable, isolates themselves" (Interview with a young woman).

They feel **powerless and frustrated** because they can do nothing; the young people and mothers feel trapped and reach the conclusion that they have to wait to grow up to escape the violence.

"I felt bad, powerless, because I couldn't do a thing to fix it and that frustrated me (...). You scream and cry at the top of your lungs, your life depends on it, in fact. Powerlessness, pure and simple, because you see it and it is happening to you, but there's nothing you can do about it. You have nobody to turn to, you might even be screaming and nobody is listening, nor do you have the strength or the power in that house to stop it" (Interview with an adolescent girl).

"As a different man, from another perspective, I have lots of pent-up anger and a strong sense of powerlessness for not having grown up sooner to help my mother and give her the support she needed back then..." (Interview with a young man).

Also, some mother express **feelings of shame** experienced by the children

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about what went on in their home: shame about what their father did, what their mother didn't do, shame talking about their home or taking friends home. And lastly the feeling of **loneliness** appears with some young people and mothers.

"They feel shame and fear" (Interview with an adolescent boy).

"From my point of view, when I experienced violence, I felt unloved, alone and I didn't feel secure enough to live my life independently. I felt mistreated, like 'I will never amount to anything'. Anything I did—cleaning, cooking—'I'll do it wrong'. Being negative about everything" (Interview with a young woman).

Furthermore, we have grouped the categories of answers in relation to **behaviour**, **development** and **character**, also very present in the interviews and groups, as well as in the answers to the questionnaires.

An aspect that stands out within this section is young people's **difficulties to talk about** and express what is going on at home, what is happening and why—a particularly pronounced issue among children and young people. Some of them attribute it to a mental or emotional block, while others connect it with the fact that they are unable to acknowledge it, it is too painful, they are ashamed of it or they do not know how to express it. They also state that, once they do externalise it, an aspect where they acknowledge the assistance provided by professionals, they feel very relieved.

"It depends, if it's someone that I trust, yes, but [this] isn't something you'd tell someone who's a bigmouth and who's going to tell everyone and make you feel embarrassed (...). I don't want people to feel sorry for me or laugh at me" (Interview with an adolescent boy).

"In my case, particularly with friends, it's a difficult topic to tackle. You isolate yourself. On the other hand you don't, because you open up more with your mother, which marks a stage when you get to know each other more in depth, but as for everything else, isolation: from the person who commits the act, from your father and from your friends. What's more, it isn't isolation in the sense of not talking or having antisocial behaviour; with your friends, you act as you usually would, and in fact, if you saw yourself from the outside, you'd say 'he's doing great', when he really isn't" (Interview with a young man).

Mothers and young people also define the problems stemming from **low self-esteem**. They agree that children value themselves very little or not at all, holding the belief that they are not worth much.

"There's a point where you don't even feel valued for that, and you reach a point where you no longer know yourself, you don't know who you are" (Interview with an adolescent boy).

"My daughter hated and feared males (men and boys) for a long time. Her studies have never gone well. She feel inferior and has very low self-esteem." (Mothers' Q).

Many of the respondents coincided, young people in particular, that the situation affected them in the sense of making them **mature too early**. This aspect comes as a shock because adolescents and young people in particular assert that it helped them mature, learn a great deal of things very quickly and become more responsible. Thus, they admit to a positive aspect despite the suffering.

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"Yes, if this happened when you were 10, by the time you're 15 you realise all you've gone through and it's as if you were already 25. I matured because of everything I experienced. It's as if you lost part of your childhood, part of your life, you don't have that stage any more and you're not living fully. Sometimes you feel like you're not living your life" (Interview with a young man).

"That's true, you mature much more quickly because you force yourself to mature, the situation makes you mature, to value yourself and everyone else. You realise that you have to take care of yourself and be strong; it's not a matter of choosing whether you mature or not, the situation forces you to mature. Now I'm actually thankful for it, well, not thankful for it, but at least I gained something from it. And that's positive, the fact of gaining something (15–18 year old adolescents' DG).

With regard to **behavioural problems**, although they are present, they are in the thirteenth place. Many of the behavioural problems are mentioned by the mothers.

"Children are like sponges, they absorb what they see, meaning that their behaviour can be aggressive and their conduct inappropriate" (Mothers' Q).

"Concerning my third daughter, indifference and aggressiveness. She has relationships with boys who are older than her and who psychologically abuse her. Academic failure" (Mothers' Q).

"Now I've settled down, but it took me down wrong paths, I kept bad company and reacted in ways that I shouldn't have" (Interview with a young man).

They also admit that young people often respond **aggressively**, as confirmed by the mothers, who attribute it to an imitative behaviour, as well as a reaction to the anger they feel.

"Towards everything, towards everyone...Towards other children, towards their mother, towards their sibling, towards any situation, and 'if I don't get something'...that is, 'I want to do this and if it doesn't work out', they hit the door, 'because I didn't get it right', because their way of expressing the anger that they feel and their inability to confront their father, was through aggressive behaviour" (Mothers' DG).

Mothers also become aware of how the situation affects their children as a result of **changes in their personality**. They state that their children become more serious, more withdrawn or less expressive, unhappier, more uncommunicative.

"Personality-wise, if you're a person who gives a lot of, experiencing that and being afraid makes you hold back, you lose some of your initiative" (Interview with a young woman).

"His character changed, [he became] more reserved. More uncommunicative" (Mothers' Q).

Introversion is very common among children who experience situations of violence at home, in the sense that they become very **introverted**, which also corresponds with many of the aspects mentioned earlier, such as mistrust and difficulties to talk about it.

"They became introverted, they withdrew further within themselves, it took them a long time to wake up" (Mothers' Q).

"Negatively, they are very withdrawn and don't know how to express their feelings. The oldest is very shy, he's just starting to express himself" (Mothers' Q).

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Mothers, as well as certain professionals, also highlight that another side effect is **developmental problems,** which include a wide array of issues connected with delayed development, enuresis, etc.

"We assist children with all kinds of problems, including children with attention problems who are incapable of reading a single sentence. Very young children often experience regression issues such as lack of control over their sphincter. Not eating is common among young children and adolescents alike" (Professionals' DG).

Mental health problems resulting from having experienced a situation of violence at home come in seventh (of 27 items), in terms of frequency. This issue deserves further reflection due to its gravity. The mothers surveyed, as do the young people, provide accounts of anxiety disorders and severe anguish, as well as of anorexia, bulimia, depression and other disorders.

"I'm currently being treated for anxiety and panic attacks, which started shortly after the situation [at home] returned to normal. I'm unable to handle situations where someone acts violently and find that I force myself to be watchful and alert all the time, for in case my father is nearby, because the harassment and threats haven't stopped yet" (Interview with a young woman).

"She has had difficulties learning how to speak and to read. Her self-esteem [is] at rock-bottom. Now she's very aggressive and she hits her mother. She will end up in hospital some day. She resents her mother because of the separation. She has eating disorders, she's addicted to the computer..." (Mothers' Q).

We have included, separately from other aspects and due to their relevance, **suicide attempts**, as explained by the young people.

"One day I reached an extreme situation: I locked myself in the toilet and did something foolish. My parents called an ambulance right away. I was taken to a facility" (Interview with a young woman).

"They feel very mistreated and extremely lonely, as in 'What am I alive for?', and they probably contemplate the option of committing suicide many times. They're not all right" (Interview with a young woman).

"I would also tell them to trust themselves, that they can find people who will support them, but above all, to trust themselves. I wrote three letters because I was going to commit suicide. I couldn't take the combination of what was going on at home and at school. I went from home to school and from school to home, I got good marks, but I couldn't take it any more" (Interview with a young woman).

It is also worth emphasising **physical health problems** among the young people, such as stomach problems and asthma.

"It affected him in every possible way, it changed his life. He's more insecure, he has somatisation issues and stomach problems"(Mothers' Q).

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10.2 Coping strategies of children and adolescents when facing situations of gender-based violence at home

"Girl 1: **Grab a knife** [Laughing]
Girl 2: **Grab your phone and distract yourself. Yes, so I don't hear what's happening.** Boy 3: **Turn on the radio.**
Girl 4: **Otherwise, you start to cry and say 'Stop, please stop…'"**
(11-13 year olds' DG)

We have gathered a total of 114 quotes from the interviews and discussion groups. We have arranged them according to five coping strategies (Table 22). Within this category, the most common reaction among children **faced with conflict is to try to intervene**. How they do so, however, depends on their age and possibilities. Reactions range from drawing attention to themselves to stop the fight, to trying to make them stop arguing, to separating them or trying to protect their mother. Some of them stated that they placed themselves between [the attacker and the victim] when they were children, but were less likely to do so when they were older, either because they were more aware of the danger or because they were tired of doing so. Others, on the other hand, declared that when they were younger they did not intervene because they were afraid and did not know what to do, whereas when they were older they did take action. Instances of the aforementioned came mainly from young people, in the questionnaire's open-ended question, but there were also instances thereof among children and adolescents' answers during discussion groups.

"Even though I felt powerless and aggressive, I got in the way. I faced him and defended my mother. I would move my father away and tell him not to scream at my mother, or I'd take my younger sister and leave" (Young people's Q).

"… They're 5 now and they're aware of what's happening. Their reaction is to scream, to attract my attention, and make requests so that we don't argue. They also protect me or stay by my side" (Mothers' Q).

"When you're older you're more aware of things and of the danger involved and you ponder much more before intervening. When you're younger….I, for instance, when I heard something, I didn't hesitate to run out and see what was going on. You don't think about it, you just act, you're trying to protect your mother. Protecting your mother and your sister outweighs protecting yourself, you're bolder, you're braver. When you're older, yes, but you're more aware of the fact that something can happen to you too. It's not a matter of indifference, I never ignored it, because it becomes a habit" (Interview with a young woman).

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Table 22. Children and adolescents' coping strategies in situations of gender-based violence at home

COPING STRATEGIES	Number of quotes from interviews and focus groups						No. of open-ended answers in the questionnaires	
	Total quotes	Children and adolescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q
Intervene in the conflict	39	8	2	2	1	2	25	1
Protect one's self/ calm down	25	6	7	2	1		8	1
Leave/seek distraction	21	9	6	2	1	2	3	
Cry and scream	17	4	2	2	1		4	4
Call the police	12	8		1	2		1	
Total	114							

The answer concerning **trying to stay calm**, particularly as a **self-protection measure,** is so as not to make things worse. They believe that the best option is to stay still, hide—if they can—and refrain from doing anything, not draw attention to themselves, not intervene and simply wait, hoping that the episode ends as soon as possible. These answers were mostly provided by children, adolescents and young people.

"Even though it's very difficult—even impossible—to react in that way, the best would have been to stay calm. When you get upset, you cry or you scream, things get much worse, your father gets even more upset, your mother gets even more upset, the situation becomes even more distressing, but I don't know how things would have turned out had I stayed calm" (Interview with a young man).

"Stay in bed and do nothing. Yes, because children are powerless, they can't do anything" (12-14 year olds' DG).

"They would hide under the bed... Because they were very scared" (4-7 year olds' DG).

"Withdraw, hide in a corner. I used to cover my ears, I even prayed. I'd hide in my bedroom, switch off the lights, close the blinds and stay there, pretending it had nothing to do with me" (Interview with a young woman).

Leaving home while the aggression took place so as to not witness it, or **seeking distraction** is another strategy used by children and adolescents. These accounts come mainly from children and adolescents, as well as from young people. These strategies range from playing video games or playing music with their headphones on, to leaving the house and spending time with friends. Taking siblings away from the conflictive situation was another common answer.

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"Whether it's going for a stroll, a bike ride, playing and pretending to cook, watching a film...all of this helped me a lot. It's a way of looking after yourself, because while your parents argue, or while they're breaking things, you go to your bedroom or for a walk; it's time that you get for yourself, to be at ease. Younger children tend to spend that time playing, which is very healthy. My brother locks himself in his room, puts his headphones on and does stuff of his own, that's where he spends the day. In my case, lately, I watch films on the computer" (Interview with a young woman).

"[Spend time] with friends, or if they have a boyfriend or girlfriend, they go to their house, where they feel safe—anywhere but their own house"

"Well...think about happy dreams" (8-11 year olds' DG).

Crying and screaming, particularly as a reaction to fear, is an account given both by mothers and by young people, particularly with regard to young children.

"I was very young, so I cried and was afraid" (Young people's Q).

"The baby was only nine months old, but whenever she heard screaming, she would get very nervous and anxious and she would cry" (Mothers' Q).

"My daughter can't stand any kind of argument: she gets very nervous, tense and cries inconsolably" (Mothers' Q).

"Go to your room, fill up the sink and scream underwater" (Young people's Q).

The automatic and effective response of calling the police was expressed mostly among the youngest respondents, which point to an urge for someone to come from outside, save them and stop the aggressions. There are also a few instances of mothers who reflect on the use of doing so in time.

"Call the cops" (4-7 year olds' DG).

"It would have saved them many years' worth of violence, of seeing things, of suffering. When my children were both very young—one of them was 2 or 3 years old, they're 4 years apart—, they once started screaming and jumping, one at each side of me, telling me 'Mum, call the police, call 112, mum, call 112'. And now I think about it, that day I should have called and left".

"Sometimes I got in between them and and if I couldn't, I called the police" (Young people' Q).

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10.3 Mother-child relationships

"I don't know, you feel sorry but at the same time you think 'Mum, do something'. You also feel hatred because she doesn't do anything to stop it and at the same time, you don't understand anything" (Interview with a young person).

Table 23. Mother-child relationships

MOTHER-CHILD RELATIONSHIPS	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adolescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Expectations of mother's response	**34**	**13**	**10**	2	4	5			
Difficulties/ negative/asking for her to take action	**33**	7	**10**		3	3	3	6	1
Positive/close	**12**	3	1	3	4	1			
Ambivalent	**11**		1			**10**			
Protective towards the mother	**6**	2	1	1				2	
Total	**96**								

This section (Table 23) complements what has already been stated in the section on the effect, with regard to the changes that take place in the relationships between children and their parents when the former experience situations of gender-based violence. The aspect that stands out the most is **children and adolescents' expectations** towards their mother when they are young children. This topic arises frequently in discussion groups. The crux of the matter is that children expected their mother to take action, separate or do something to stop the suffering that they were all experiencing, as if they spent their entire childhood waiting for her to make a move in their favour and, in the end, some of them ended up doing so themselves when they were older. These quotes do not define the type of relationship, they merely focus on the expectation.

"I was young and if my mother, instead of staying in bed all day, had had some time to herself, had gone out for a stroll and returned feeling better, I'm sure that when she got home she would have asked me how my day had gone and we would have done something together" (Interview with a young woman).

"You don't need to put up with this. The relationship between them is insincere, so I don't really understand it. But I guess it depends on everyone's personal situation, everyone has their reasons, but they should think about their children and about themselves. They can lead good lives and save their children from experiencing that. Now we are experiencing the results, if she had done so before, we'd be better off" (Interview with a young man).

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"She should separate from the father, be well. Realise that this isn't normal, think about that fact that this situation isn't good for her children and they shouldn't have to experience it. All they can do is try to tell their mother to leave their father, but if she doesn't want to, the children have to decide whether they leave home or they stay with her. Some children stay and don't say anything to their mother or to their father, they just suffer, while others are willing to leave even if their mother isn't" (Interview with a young woman).

The following answers, on the other hand, which were mostly provided by young people, are connected with **expectations of change**; they reveal relationship **difficulties with the mother**. What is more, they believe that certain relationships improve as the subjects grow older and more capable of understanding the situation, whereas in other cases they deteriorate when they become aware of how much they have suffered and realise that it could have been prevented. They also report **negative relationships** stemming from the feeling that they are not receiving any help, or have not felt that they have ever received any from their mother. Some of the mothers surveyed also admitted to this same sentiment.

"Of course, it could have happened much sooner. The fault is shared, as it always is. One party because of what they do and the other party for what they allow to be done to them, or for not doing anything, because they certainly do have reasons" (Interview with a young man).

"It depends on your age and on the relationship you had before. For children it is especially difficult to understand what is going on, and instead of improving, the relationship with their mother deteriorates, resentment or negative emotions appear towards the mother, which doesn't help. Perhaps, but not necessarily, when you're an adolescent you're better equipped to understand things and the relationship is reinforced in a positive way"

"It depends on how much the mother withdraws within herself. When they are treated badly, mothers often cry and they don't listen to their children. After an hour they haven't heard anything of what they've been told and they go about their tasks. Or the child is crying a lot and they say 'It's OK, off you go'(...). The children's relationship with their mother begins to change when they realise that what they're experiencing isn't normal. The child starts to intervene in the situation and the mother tells them not to get involved because it's between herself and the father. Whenever my father would hit my mother, I would tell her that we needed to leave, that that wasn't normal. She would tell me that I was right and we should leave, but after a couple of days, things were back to being the same (...). After all, the father and the mother are like a little pack. No matter how much he hits her, the mother will always be with her husband. Her husband comes before her children. That's what my mother was like" (Interview with a young woman).

"Nothing. My mother doesn't do anything, she doesn't say anything" (Young people's Q).

Instances of **close and positive relationships** between mothers and children were also reported by mothers and respondents from different age

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groups, describing the type of mother-child relationship.

"Very good because your mother is more caring, more affectionate, she supports you in everything that you do" (Interview with an adolescent girl).

"I don't know. She behaves wonderfully with my wife and smiles at her. You become aware of this starting from the very first month (...). I think it has to do with the fact that she feeds and breast-feeds her; that's a bond that doesn't break (Interview with a father).

Professionals, in contrast, report that discussion groups reveal **ambivalent relationships** between mothers and children, stemming from the lack of frankness in explaining what is happening, from the requirement for children to take sides, etc. Nonetheless, they also highlight that this ambivalence also exists with regard to the services when they intervene in similar situations.

"In a way, children are being asked to be loyal either to their father or to their mother. This is very difficult for them because once they've chosen they feel contradicted, they think 'Oh, but now...'. This also generates a fantasy of 'Maybe I'd be better off with the other parent...'" (Professionals' DG).

"Concerning the subject of loyalty towards their mother, which doesn't allow them to name their father, yes, it is very common" (Professionals' DG).

"The ambivalence that mothers often feel towards their partner, towards [assistance] services and towards their children is also common among children, who feel this way about the situation of violence: on the one hand, they're able to discern that what their fathers are doing isn't right, while [on the other hand] they love them 'But he's my father...' It occurs often that when mothers try to leave the father out, not involve him and not tell the children what their father is really doing, in a way this places him in an uncertain situation, as in 'Neither with you nor without you'" (Professionals' DG).

"In a way, the services are also contributing to that ambivalence. On the one hand we treat women as victims and provide support through groups and whatnot, but on the other hand, we kind of treat them as if they were incapable of caring for their children..." (Professionals' DG).

Lastly, the subject of **protection towards the mother** was reported transversally throughout the study. This section includes a few examples thereof: some of them, particularly among children, reveal a constant and obsessive concern to protect her, while the concept of protection is more reasonable among other respondents.

"When you're a child, you stick to her like glue, you don't leave her side. When my father would come home drunk I'd tell him we should go to the mountains...You try to protect your mother, not leave her side, know what time your father is going to return and in what state so that you can anticipate what he'll say or think and take him with you. For such a young girl to mull so much over things, that isn't good" (Interview with a young woman).

"First you're overprotective, then you gradually teach them what you learn along the way. You reach a point when you have to teach them to be independent and help them understand that these situations are situations that can occur in life and which have to be managed. Accompany. But a mother's first reaction is to protect" (Mothers' DG).

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10.4 Father-child relationships

"Children expect their father to change. I used to see how smooth things were for my friends' parents and I'd wonder why mine weren't like that" (Interview with a young woman).

Table 24. Father-child relationships

FATHER-CHILD RELATIONSHIPS	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adolescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Negative	**36**	5	**7**	2	1		**19**	2	
Expectations of father's response	**26**	**8**	6	1	**6**	5			
Ambivalent	**13**	1	4	1	1	**6**			
Positive	**6**				**6**				
Negative expectations of change	**5**	2	2		1				
Total	**86**								

In Table 24 there are four quotes that reveal **very negative relationships** with the father. These are connected with the fact that the respondents were either direct recipients of violence, or due to the behaviours stemming from the father's alcoholism. Some respondents express feelings of pity, although fear and hatred are also displayed by many of them. In the questionnaire's open-ended answers, young people reveal that they feel that the father has done nothing for them.

"If a father hits a child from a very young age, the child stops talking to him. When a young child is beaten, they stop talking, stop being a living person, stop playing and speaking with other children; they stop doing a lot of things because they've shut down. The child isn't aware of the fact that this is happening because their father hits them, they simply don't feel like playing. When the child grows older, they hate their father. They don't talk to him. The father's routine is 'I hit you, then I apologise. I hit you again, I apologise again…' Your father hits you and you don't say anything. At first, if he apologises, it's OK, you forgive him. But later, if this goes on, you end up being quiet. You don't say anything when he hits you nor when he apologises. You withdraw into yourself and all you feel towards that person is hatred. You wish that he'd die, that something would happen to him and this [situation] would end…" (Interview with a young man).

"Fear. I feared him. He'd ask me to accompany him to the supermarket and I'd say no, I'd tell him that he'd get drunk. He'd tell me that he wouldn't get drunk. I was seven years old. I'd hide under a chair. He'd tell me that he wasn't going to drink, but he'd drink. I'd tell my sister that I wanted to go on foot, with her, that I didn't want to go with my father. But of course, my

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sister was 13 and I was 7! We were just kids! And he'd drive, drunk, and well..." (Interview with a young woman).

"I still feel sorry for my father, he's still a very withdrawn man. He isn't well, he's still unwell, and that's not something that children should have to experience" (Interview with a young woman).

During their childhood, children, adolescents and young people **expect their father's attitude to change**, for his relationship with their mother and his children to change. Sometimes they merely waited for a positive change to occur, but it never did. When asked what they expected from their father, these were some of the replies given:

"It's so simple and so difficult at the same time...You merely want him to behave like a person, to stop doing all of that and stop doing harm to others" (Interview with a young woman).

"For him to change, to start treating others better and talk to them if he has a problem" (Interview with an adolescent boy).

"For him to be well, not get angry and not sever the relationship, because he's someone who you love a lot, no matter what he's done. To stop messing up, although he keeps messing up" (Interview with a young woman).

The subject of **ambivalence** is also present in relationships with the father and was expressed by professionals and young people alike. Children and young people alternate between thinking that perhaps they shouldn't love him, on the one hand, and the positive feelings that they may have, on the other hand. Professionals also reveal that, in some cases, fathers force children to take a position; fathers' comings and goings confuse them. What's more, these situations persist after the separation, in court.

"It's very confusing because on the one hand, there's a great deal of hatred, but on the other hand, it's very tough because he's your father and you also feel positive emotions towards him! But it's very confusing because on the one hand, you love him, and on the other hand you hate him as you've never hated anyone else. That means that you've got a fight within yourself about which side outweighs the other, and you're always trying to make hatred have less weight, for his sake...But it isn't easy" (Interview with a young woman).

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"These situations are very ambivalent. We have also encountered cases where the opposite has been true: adolescents who identify more strongly with their father. All of the anger towards the mother can reappear if she gets back together with the father" (Professionals' DG).

"This situation persists after the separation because the separation doesn't always end the conflict, particularly when it involves issues such as custody of the child or the whole legal process. So the whole situation persists" (Professionals' DG).

Fathers, more than anyone else, express that regardless of what happens, it is possible to maintain the bond and have a **positive relationship**. These statements are often connected with their hopes.

"Yes, I guess so. It also depends on the children's age and on how long they witnessed the abuse. But I imagine that they still feel something, the bond, there must be something positive left" (Interview with a father).

Still on the subject of expectations, a significant number of adolescents and young people express **negative expectations**, which occur when they don't expect change because they feel that their father is not going to change. They progressively lose hope concerning any changes and thus develop negative expectations.

"Nothing...children see how badly their father treats them and they stop expecting anything from him. For example, I do expect things from my mother: I expect her to understand me, to pay attention to me" (Interview with a young woman).

"When you leave you're convinced that your father isn't going to change. When you're at home you think that it's normal for your father to hit you. When you ask him why he's hitting you, he hits you even more. You don't expect anything from your father" (Interview with a young woman).

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10.5 Repairing the damage

"Learning to accept it because there's nothing you can do about it. And looking at the present and the future, to feel better" (Interview with a young woman)

"In my case, my change meant my children changed. We started to live with respect, love, lots of understanding and lots of dialogue. We gave up on resentment and forgave. Understanding that we're all human and make mistakes, but this is a process, something you work on bit by bit (...). Not everyone has the same pace, or the same ability to manage their emotions and obviously you need help with it. I asked for help, it's hard to do it on your own, however strong you are" (Mothers' DG)

Table 25. Repairing the damage

REPAIRING THE DAMAGE	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adoles-cents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Mother's esteem and protection of her children, talking to them	**169**	2		4		2	9	**152**	
Separating/report-ing it/getting away from the father	**138**	3	2	1	1	1	**12**	**118**	
Professional psy-chological support	**127**	**4**	2			1	**11**	**109**	
The damage cannot be repaired	**90**	2	2				**15**	**71**	
Intervention by professionals	**79**	**7**	4	3	2		5	58	
Does not know	**61**	3					5	**53**	
Family and social support for the child	**54**	**8**	4	3	1	1	3	34	
Talking about it	**44**	2		**7**	2	3	5	23	2
Change in mother's attitude	**36**		1	2			5	**28**	
Accepting it, forgetting about it and looking to the future	**33**	2	1				**18**	12	
Involvement from school	**29**	**4**	**9**	**6**	3	1	1	4	1

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REPAIRING THE DAMAGE	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adoles-cents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
It can be repaired in time	**17**		1				5	11	
Intervention/treat-ment for father	**15**				1		4	10	
Father's emotional support	**15**	1			1		**7**	6	
Doing leisure activ-ities/keeping busy	**14**	2	1	1		**4**	3	2	1
Informing and edu-cating the children	**14**							14	
Staying at a shelter	**13**	2	3					8	
It must not happen again	**12**	2		1			4	5	
Mother's social support	**12**			3		1		8	
Not talking badly about the father/ mother	**11**			4			1	6	
With religious faith	**6**						1	5	
Your own strength	**6**		1				**5**		
Mother at shelter	**5**	1						4	
Forgiving	**5**	1		1			1	2	
Helping others from personal experience	**3**	1					2		
Total	**1008**								

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Table 25 presents, in decreasing order, the number of quotes that correspond to each issue on how to repair the damage the children have suffered. An absolute majority of mothers answered that the way to repair the damage their children had suffered due to family situations of gender-based violence is by **loving them, being by their side and talking, but also protecting them from violence.** For some, this means leaving the aggressor, and for others, it means making sure they do not see the situations or suffer the violence directly themselves. The words used by them are: "Give them affection", support, being by their side and talking to them. Some think that it is good for them to know that their father has done wrong, while others insist they should not speak ill of the father. Also, when it comes to speaking, some think they should speak openly about what happened while others consider it necessary that they not talk about it at all.

"Affection, hugs and a lot of peace and love!" (Mothers' Q).

"Speaking with her, creating a normal climate, following a normal routine and not speaking ill of the father" (Mothers' Q).

"Listening to him and seeing what he's going through, looking after him and protecting him. Being with him, giving him support and talking. Always staying in the same place, not changing your strategy and remaining constant" (Mothers' Q).

"What helped me the most was the fact she worried more about me and sometimes she understood me. Feeling her support helped" (Interview with a young woman).

"Keeping them out of harm's way" (Mothers' Q).

The second key point, mostly brought up by the mothers, but also by many young people, was the ability to repair the damage and above all prevent any more damage by **leaving the aggressor, their ability to get away from the situation of violence**. In their explanations, they often spoke about the issue of reporting, divorce, making a decision and above all the ability to stick to the decision they have made. The testimonies of the mothers about this show how when they fight to stay away from the aggressor, with all the difficulties and risks that this brings with it, they do it with their children as their priority. Other witnesses said they wished they could but had not managed to do so. The opinion of young people is clear and unanimous: they think that mothers find it hard to do it, many end up not doing it or do it too late and it causes them tremendous damage. When they are older, some feel the desire to leave home, some even when they are adolescents, if the couple has not separated yet.

"So that's that, the child separates from their mother. Everyone has to make their own decisions in life, you might not be able to choose your parents but you can improve your life" (12-14 year olds' DG).

"It's something that really sticks with you, you don't forget it, but they can rebuild their life, even if it's not easy. My mum says that until she completely leaves him, she won't be able to think about herself and us, if she stays with the aggressor it's more difficult" (Interview with a young woman).

"I'm at the point where I'm reporting my father for negligence along with the divorce while he's still living at home...

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It's hard to handle that. I'm thinking of leaving while all this is sorted out. I'm still thinking about everything the situation involves" (Interview with a young woman).

"The fact that I took the decision to leave my partner and stuck to it throughout the process. Self-confidence and communication and dialogue" (Mothers' Q).
"Asking to leave him, getting a divorce, getting stronger, fighting, crying while she was sleeping, smiling again, letting her know that everyone loves her, fighting for her rights, 'deciding to go on on my own even though I felt alone...' She's worth more than anything else" (Mothers' Q).

The adolescents and young people, and of course mothers, think they need to receive **psychological care** to repair the damage and to take on the present and the future. The mothers generally answered that they simply have to go to a psychologist, that it is good for them to receive help. The children, however, explained their reasons in an interesting way: some think that they should go as a preventive measure for when they are adults; others remember that it helped them a lot, and that they now go back to what they did with the professional. Others think that it would have been a good idea for someone to have given them the opportunity to go.

"I think that younger children need psychologists, because the situation they've experienced at home might have affected them the most. They need an adult they don't know to tell them that everything will be all right, that they're going to be fine" (Interview with an adolescent boy).

"Going to a specialist, a psychologist. Just in case. Even if they don't think they need it, they should. In case they have some kind of trauma when they're older that might affect them. That's what's happening to me, I don't want to go, but I do because maybe I've got problems subconsciously and I don't realise it" (Interview with an adolescent girl).

"I don't go to the SAN any more, but it helps me a lot to remember everything I learnt and shared with the psychologist. In general, you learn to get on by working with your feelings, exploring them, reflecting" (Young people's Q).

The young people and mothers, in their answers to the open-ended question in the questionnaire, wrote that **the damage cannot be repaired,** in simple but forceful terms. They mean to say that there is no going back and the damage that's done is done; the most you can do is learn to live with it, but it cannot be cured or forgotten.

"You don't forget it, because you can change material things, but your feelings can't be fixed" (Interview with an adolescent girl).

"I don't think you can fix the damage, because however hard I try, I can't forget everything I lived through over those years. I don't know what solution there is to fix the damage caused, it's something I carry with me inside" (Young people's Q).

"You can't repair it, the damage exists and is there, what you can do is learn to live with it" (Young people's Q).

"It's a burden you carry until you die" (Mothers' Q).

Many mothers think that the professionals can help repair the damage; children and adolescents especially in their interviews and discussion groups refer to the figure of **support profes-**

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sionals, as opposed to psychologists, which is why we've grouped these answers in a separate category. They also refer to the benefits of group interventions.

"They don't need as many psychologists, but they do need someone to ask them every day how they are, what they're feeling... The educators" (Interview with an adolescent boy).
"In groups, they don't give the solution to the problem but they give you tools so you can move on yourself. And take better care of yourself" (15-18 year olds' DG).

There were 53 responses from mothers saying they do not know, they simply say that **they do not know how you can repair the damage**, without offering any further explanation and in a tone of despair.

"I don't know how I could do it. I've no idea" (Mothers' Q).

Some of the mothers and children agree that one way to repair the damage is to have the support of extended family and friends. The role of brothers and sisters, friends, partners in the case of young people, and grandparents often comes up.

"When I was young I felt alone, but as I grew older and had friends, I began to see that even though they weren't in the same situation, it doesn't mean they can't understand you. When I finally told them, I had their support. I wasn't happy at home, but I got to school and I knew I could tell someone and I felt a lot better" (Interview with a young woman).

"My sister and I are very close. Having a sibling is the best, it's what helps you the most" (Interview with a young woman).

Here we have grouped the answers that relate to the benefits of **children and young people having** someone to talk to, if possible the mother, father or a relative, if not, friendships can play a an important role.

"Talking about it feels like you're letting it all go, it doesn't hurt as much. And you feel more understood, because they talk to you and understand you. But when you talk to a friend who has the perfect fairy-tale family and she says 'Don't worry, you'll be fine', yeah, you feel worse" (15-18 year olds' DG).

"Feeling listened to is essential, and I think it depends on the age, people who are older need to hear an apology and repair their emotional ties..." (Professionals' DG).

"They need someone to explain their feelings to, and they need to have a safe place to live" (Young people's Q).
The **change of attitude** in the mother, for example after separating, is valued as key to recovery, especially by the mothers themselves.

"The fact that I took the decision to leave my partner and stuck to it throughout the process. Self-confidence and communication and dialogue" (Mothers' Q).

Young people focused firstly on the fact that the only way forward is to **accept the hurt they have been caused**, try to forget it, if possible, and most importantly, **to look to the future** and the opportunities they have.

"By trying not to remember, not looking back, staying in the present" (Interview with a young woman).

"Keeping on moving forward, forgetting everything and starting all over again" (Young people's Q).

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"Looking for a better life" (Young people's Q).

Where **the school has helped,** this has been very important for children, and also recognised by some mothers. What has been most useful was talking to a teacher about the problem they had at home. It helped them to release the burden and in many cases, the teacher then helped them to take the necessary steps, sometimes in the official report, or simply by giving them continued support in a range of areas, far beyond the strictly academic. However, they do not like everyone finding out and receiving pity from others. The examples speak for themselves:

"Well, it helped me, I asked the teacher for help, I stayed a little while after class. Because the teachers knew that my abused me, well, he abused all three of us. But I asked them if I could stay to talk with the teachers and I talked about the problems, I liked it because I felt like a weight was lifted from me" (8-11 year olds' DG).

"I was lucky, the school was very understanding. In the last year of ESO [equivalent to GCSE] I only went in the morning and I passed the course and now I'm finishing my degree. They did it as a favour, yes, but I was able to see that and they gave me a vote of confidence. There are other girls who are on the street, who haven't passed their ESO (...) because at the time no one helped them. They need people to help, especially those close to them. A child, whatever their age, won't just ask for help" (Interview with a young woman).

"I think that especially during adolescence, because, for instance, it happened to me during my Bachillerato [equivalent to A Levels], and I was doing a Research Project, you have an assigned tutor and you have to meet up with them, and if sometimes you couldn't go because of something that had happened at home, like it or not you end up talking about it, and it helps a lot. In my case I spoke to my tutor and the project tutor and it turned out to be a great source of support" (Interview with a young man).

"Then I told a teacher I knew and I got close to her, she helped me both financially and emotionally. In the end, I thought that as long as I could study and it wasn't too bad at home, I could last until I was 18 and then I'd leave. My teacher decided to help me when I was 18, then I realised they wouldn't let me take up Bachillerato, so I went to the headmaster and he had to say something, he went with me to the police station and we reported it. There are lots of children that don't have that and they don't feel able to file a report. I think that I'm one of the few people who was able to go against their parents, I think it's one of the hardest things you can have to do, because in the end there are lots of children who end up getting used to it, and they even thank their parents who have hurt them, and because that's what you're used to, you'll end up doing the same" (Interview with a young woman).

"You need to be clear about what life you want, about what you want to be when you're older. In my case, for instance, my mum didn't get an education, so I definitely wanted to study. My mother wasn't independent, I wanted to be. That's what made me hold on till I was 18 and then I decided to leave. Support from school, them telling you that it's not normal, that you have to put your own life first... I was young so obviously, you don't think about what you want to do with your life. You do know that you don't want to live with that, but you're not sure how to get out. That's when teachers tell you it's not

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normal, that you need to get out. There are children where their teachers are the ones who lay things out clearly for them, they don't tell them what to do, but help them to reflect on the fact it's not normal" (Interview with a young woman).

"But it turned out a teacher decided to take an interest. Then you feel a certain pull that says this person's going to understand you, that it's okay if you tell them everything. You stop closing yourself off when you see someone talks to you about what's happening (...) and you'll remember that person forever" (Interview with a young woman).

"Yes, but I think a child who has this happen to them doesn't need people to pity them, you need normality. If the teachers realise [what's going on], that's good, but you don't like every-one finding out, because you feel bad and everyone reminding you makes it worse" (15-18 year olds' DG).

Some mothers and young people think the way to repair the damage is **to let time pass**, that time can also help cure it. In short, it takes time to accept it and deal with it.

"Living, that's the only way, even if it seems impossible. You learn with time" (Young people's Q).

"With time... Make sure it doesn't happen again and that they're okay" (Mothers' Q).

"I take it as a stage of my life that's over. It's what I had to deal with, the same as you might get to live in a palace or you might end up in poverty. Whatever it is, what's past is past. Sure, if it was still happening to me, it'd be much different, but since I've already gotten over it, that's it. You have to get out, you can't play the victim, or look for pity. You had it rough for a time, but now you're a lot better, these things happen. That's how I take it" (Interview with a young woman).

Some mothers and young people, as well as fathers (who are in treatment) think that one way to help children to recover from the situation is for the father or whoever **the aggressor is to receive treatment.**

"If he took the step to ask for help (the father) and he felt some regret..." (Young people's Q).

"Mandated therapy for the aggressor" (Mothers' Q).

"I've changed by signing up to one of these centres. All my life I've been around fighting, it can be changed, I'm sure of it. I've been here for two weeks, but if you do the things they tell you, I think it can be changed. I've noticed the change. If I can do it, other people can too" (Interview with a father).

Getting **emotional and financial support** from the **father** is also valued by some young people, in particular.

"Financially and emotionally" (Young people's Q).

Doing leisure activities that are rewarding is offered by some young people and mothers as a way of living and facing the present and the future in a different way, stating that it is of great help, and also helps to **distract them** and not think about problems arising from violence at home.

"They need distractions. Playing, making new friends..." (Interview with an adolescent boy).

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"Living the everyday as intensely as I can with my friends, having fun and enjoying myself" (Young people's Q).

The mothers believe that children should be **informed** both to understand what is happening and to help them get out of the situation, and especially to keep history from repeating itself when they are older. They insist that they need emotional **education.** These are answers to the open-ended questions of the questionnaires.

"By offering them security, education on abuse in secondary schools and teaching them to understand why their mothers take certain decisions" (Mothers' Q).

"Including it in their education and improving their ability to reflect" (Mothers' Q).

Some adolescents and young people, as well as some mothers, think the key point is for the **violence not to be repeated**, and if they have taken the step to get away from it, to stick to it.

"That stage of their life mustn't be allowed to repeat itself" (Interview with an adolescent boy).

"As long as I don't go through it again, I'll be happy and I can carry on" (Young people's Q).

The **mother's need to enjoy social support** (family, friends, work colleagues) was part of answers that are not directly related to recovering from the damage suffered by the children, but they focus on how the mother can move on, which they believe will have an indirect positive effect on the children.

"Talking with my immediate family (parents, sister), because they gave me security and all kinds of help, while accepting the path I chose" (Mothers' Q).

"The day I spoke about it at work, I wasn't the only one. Work colleagues came out who were going through the same thing, and they told me not to be scared, I was ashamed and they said I had no reason to be. And they were all shocked, 'How could you be going through all this and not have anybody notice anything?'. I don't know, at work you give it all you can..." (Mothers' DG).

Some mothers and young people recognise that it is important for the recovery of the child **to avoid talking badly about the father,** that that just hurts them even more.

"Don't poison me against my father" (Young people's Q).

For some young people, it helped their recovery **to enter a residential centre**. Some mothers also think that having been **taken in by a member of the extended family** or going to a shelter helped them, but not everyone is of the same opinion.

"Yes, because on the one hand, the parents realise they can't treat their children like that, because they can disappear and, on the other hand, the child's scared to express what they feel, they're not scared of getting home and knowing someone is going to hit them. You lose that fear. In the beginning you don't want to go, you're sad you're not home, but you get used to a different routine, which is what you should be living, just that you're not home. It's a relief" (Interview with a young woman).

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"If a girl's 16 or 17 years old, it should be her who decides if she wants to go or not. In my case, with my teacher, she was the one who mentioned it to me. In the beginning I never thought I'd be in a children's shelter, that I'd leave home. They need someone who, like my teacher, can help them and stay with them" (Interview with a young woman).

"Question: How can a child be protected? Answer: Take them to a children's centre" (15-18 year olds' DG). Some mothers in the questionnaires appeal to **religious faith** as the only way to repair the damage.

"I don't know, God, He's the only one who can heal the pain" (Mothers' Q).

Moving on thanks to **one's own strength** Having confidence in oneself is an aspect that young people bring and is something we have found in other pieces of research: when young people have experienced very difficult situations and have moved on on their own, they feel like there is nobody who can help them in the same way they help themselves.
"It's something that only I can 'get over', however much support I get, only I can do it" (Young people's Q).

"The first thing is not to drown in it. Trying to let it affect you as little as possible and finding a solution, if they're not happy at home then they should leave, not resort to the justice system or anything (...). I'd also tell them to trust themselves, they can have people to support them, but they need to trust in themselves" (Interview with a young woman).

"It's just a situation that's in the past and that's it, I don't hide it or shout it from the rooftops, it's something that happened and that's that. I don't talk about it because I don't like to be seen as a 'weirdo', but if I'm asked, I can nod my head and smile... I am proud of who I am and how far I've come. In my everyday life I'm very, very happy, I wouldn't change my life for anything" (Interview with a young woman).

For some mothers, it was helpful to go to **a shelter due to gender-based violence.**

"Getting out (the home) and going to a shelter" (Mothers' Q).

Being able to forgive also helps the recovery for some mothers and young people, especially if accompanied with an apology.

"Hope the young girl understands what her mum has done and forgives what she has to forgive" (Mothers' Q).

"Talking about it, getting it out and forgiving... And for him to apologise" (Young people's Q).

Helping others from personal experience is an aspect that also emerged in other research focusing on young people. From their experience, they express the desire to choose a profession where they can offer expert support in this area that they know as victims.

"Seeing how they help children, I'd like to help too when I'm older... Become a Social Educator. Yes, study. Because you know what it's like and you can help" (12-14 year olds' DG).

"Next year I'm going to do Social Integration to work on this, with abused women" (Young People's Q).

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10.6 Obstacles to intervention

"The need to further specify the functions of each service and use them to avoid repetitions, e.g., to avoid reassessment when social services (TS, ES, PS) have already carried one out, and another assessment is made by specialised teams, they seem like parallel services..." (PS. CSS)

In Table 26 we can see aspects that relate to the difficulties identified for intervention in cases of gender-based violence. The obstacle most brought up by professionals when intervening with mothers is the **emotional situation blocking everyone out.** They are very weak, making it difficult to talk about the problem, recognise it, with an attitude of change that is perceived as unclear by professionals. They find it **very hard to recognise the suffering** of their children, either because they are focused on their own suffering and they cannot see it, or through fear of the consequences, a fear of the intervention of professionals when it comes to the children.

"What we see is that mothers are often focused on their suffering, on the impact the violence has on them, and they're unable to put into words, how overcome they are, all the chaos (...). Lots of the time, they're in a bad way and aren't aware of the suffering of their children, (...) That's something that surprises us: they're so focused on themselves..." (Professionals' DG).

"They don't want to say anything else to avoid lifting the lid on everything that's happening, because, like it or not, in their surroundings they're surviving well, they know how to get by more or less; the problem is that if it comes out, the insecurity it might cause this woman in terms of what will happen when it comes out..." (Professionals' DG).

"A lack of recognition of the problem or no willingness to start a process of change" (TS).

In the discussion groups and open-ended answers to the questionnaires, the professionals point out that **specific care services and professionals for gender-based violence are lacking,** but they mainly refer to those attending to women or the entire family, without specifying the issue of children and adolescents.

"A lack of psychologists at the CSS to address so many situations" (ES CSS).

"It is hard to refer them to women's psychologists because they're fully booked and often those using the service need urgent and constant care to improve their personal situation" (SARA).

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Table 26. Obstacles to intervention

OBSTACLES TO INTERVENTION	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and ado-lescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Woman's attitude/ emotional situation	**38**				**2**	**8**			**28**
Lack of professionals and specific services	**38**					2			**36**
Lack of time and difficult schedules/ Caseload pressure	**38**								**38**
Problems with pathways and coordination between services	**35**								**35**
Problems with response from justice	**35**		**2**	3		**3**	**2**	2	23
Problems with financial resources for women	**31**					2		1	28
Difficulties with shelter services for women	**24**	**2**		1				1	20
Difficulties caring for children and adolescents	**24**			2	1	**8**			13
Training of professionals	**22**								**22**
Cultural differences	**10**			1		**7**		1	1
Unsuitable spaces/ service far away	**10**								10
Lack of group work	**9**	1				2			6
Lack of care for fathers/men/ inflexibility of services	**5**					2			3
Awareness and visibility of services	**5**						1		4
Role of extended family	**2**								2
Total	**326**								

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Lack of time, **high caseload pressure** to deal with cases of gender-based violence as they need to be dealt with, as well as the issue of **difficult schedules**, particularly incompatible with care for children and adolescents. These are all aspects highlighted by professionals.

"With the current workload at my workplace, it just isn't viable to ensure quality care is offered as it needs to be" (TS CSS).

"Working hours aren't adapted to children's timetables" (SARA).

"The diary is too full to provide precise follow-up, especially when the woman and children leave the home" (SARA).

Problems with pathways and coordination between services is one of the main obstacles identified by professionals, among others, such as: network coordination problems, especially in establishing joint, agreed plans, a lack of services offering treatment, too many services giving duplicated assessments, slow responses from some services, pathways that continually change over time, specific tasks for CSS that cover too many aspects and are too generalised, services for a particular profile of gender-based violence.

"Very diverse roles that do not provide care and appropriate training for professionals" (Ed CSS).

"Sometimes there are differences of criteria across different services of the social services network (CSS, SARA, CUESB, EAIA) when defining where intervention should be done, and when they are not properly resolved, they can have a strong distorting effect on interventions with the woman and her children" (ES CSS).

"The inflexibility of the pathways: resources create exact profiles of victims of gender-based violence. The reality is much more varied and complex" (SAS-ABITS Q).

"There's a lack of stable protocols and guidelines on types of treatments/interventions and functions" (PIAD).

Professionals, mothers, and young people strongly criticise **judicial processes** as they exist in cases of gender-based violence: they are slow, perceived as 'very unfair', with a lack of awareness among the judiciary and legal professionals on the issue, and that the opinion and situation of children and adolescents involved are not taken into account. This is evident in custody decisions, visitation rights, management of restraining orders and ultimately, there is a lack of protection for women and children. This issue causes a great deal of anguish and a sense of powerlessness among mothers.

"My son, when they let him call, he calls me in tears asking to come back to me, 'mum, please come pick me up'. The other day he said to me, 'mum, you've tricked me'. I've always said that he can count on me for anything he needs, because we have a very close relationship. Now he blames me for having to be there, he doesn't want to be with his father. And I'm suffering because I want to go pick him up, but I have to respect the law... How will he ever trust me again?" (Mothers' DG).

"The justice system just doesn't work, they take ages, they'll only listen to you if you've been raped or abused, it's a shame and it makes me angry" (Young people's Q).

"I find it terrible that to get any help for abuse you have to call the police a thousand times for them to listen

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to you (they only listen once they've been killed and then it's too late to do anything). And the judges could think about children and abused mothers (giving them a safe place) and not worry so much about abusers" (Young people's Q).

"The legal issues are terrible, because the judge doesn't read the SATAV reports" (Mothers' Q).

"The complexity of the legal system, which disregards children's rights" (SARA).

"Obsolete legal system" (SARA).

The professionals also highlight a **lack of financial resources** and work as a key factor in cases where the mother decides to separate: trouble finding work, balancing her work and family life, etc. In short, a lack of financial independence to move on with her children.

"One of the most common situations is where the issue of separation due to fear of violence depends on whether or not you have the money to go it alone, it's the main frustration for services, because we can't always guarantee support" (Professionals' DG).

"Social barriers to integration of women after leaving a shelter: difficulties combining family and work life, difficulty finding jobs with decent pay that facilitate autonomy, follow-up and support for families after shelter, etc." (SARA)

"Lack of resources to promote employment and personal support for women to favour financial autonomy" (CSS ed).

Children and young people, mothers and professionals all highlight **difficulties in the women's shelter services**, especially in the case of emergency shelters, but they also talked about long-term shelters. For children and adolescents, criticisms of emergency shelters relates to the isolation suffered due to the temporary absence from school and the inability to see friends, as well as a lack of a space of their own, access to ICT, possibility to go out, etc. Women suffer over their children rejecting living in such conditions, as well as isolation. As for long-term shelters, they criticise the fact that they have to live with certain people. Professionals also see difficulties, mainly affecting children and adolescents, for example with their schooling, and the recovery processes of the women involved.

"You can't go to school, I can't even go out, the food is gross, you can't use your mobile, you can't play on the laptop, to be honest with you, this is worse than being in jail. At least in jail there's an outside area for recreation (...). We're like dogs, they take us out for a walk in the morning and the afternoon, they feed us and then it's off to bed... Like dogs" (11-13 year olds' DG).

"Going to a shelter home was the last thing my daughter wanted. We lived in a flat on our own and she didn't want to hear of it, because of the change in school, she had to travel further, and she's always enjoyed having her friends and classmates over, lots of problems, she's had a terrible time. Until now she says, 'mum, I want to go home, just us two and my friends'..." (Mothers' DG).

"It's what happens, you can't have anyone over to the shelter home. In my case, my eldest son can't even come over, and he doesn't even know where I live" (Mothers' DG).

"The definition of the resource as an emergency centre greatly limits the progress that families are able to make

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socially, such as at school, in their free time, with their education and in terms of social integration and employability, etc., all of which are key areas in the process of a family unit" (Private Shelter Services).

"Emergency shelters: lack of time to prepare children alongside the mother to talk about the step, to talk about how they feel, etc. (...), to give them enough real space and time like the woman receives" (SARA).

"Due to the lack of available places at long-term shelter services, families are forced to spend too much time in the emergency service as they wait for a place to come up. For both the women and their children, this constant waiting has consequences that are often negative, for example, children who are at a shelter due to a situation of risk take longer to get back to school" (Private Shelter Services).

Difficulties in caring for children and adolescents, mainly highlighted by professionals but also by some mothers. There are debates as to which services should provide care and offer a range of choices beyond the CSMIJ to adapt to what they need. One main point highlighted was the lack of care received in general by children, with little regard for their opinion or direct participation, or simply not informing them of what is happening at home.

"Predominance of caring for women, children receiving less care (lack of specific training)" (PS CSS).

"Often what we ask for is to shift the focus over to the children a little more, we often centre in on the work being done with the women, not the young ones, and lately, when we manage to incorporate the children's issues, like the issue of after-school activities, greater participation and even in individual interviews, the children tell you a lot of things" (DG Professionals).

"Sometimes you telling them from your point of view what's happening in an objective way helps young people and adolescents too (...) They can understand the story behind it... And deal with it better" (Professionals' DG).

"I'm unhappy with the CSMIJ. Very unhappy, at least with the care worker we were assigned, she's so harsh and aggressive when she deals with us. It makes me feel bad, responsible for things that aren't true" (Mothers' DG).

"We also find that mothers are scared of saying absolutely anything in case of what might happen. They're scared the EAIA might intervene, take away the child, losing the child and you find it's harder for the woman to express anything, (...) It's essential to evaluate with the mother, but with the children as well, because they're defenceless in these situations (...) We mustn't marginalise the child's perspective, we need to talk to them even if it be in the form of an interview or two, to see what they have to say, how they feel, what they think, or at least for them to have someone to go to, someone they trust a little, our services have to fulfil that role..." (Professionals' DG).

The lack of **specific training** in gender-based violence and integrating children's care into it is one of the aspects mentioned by professionals, both from multi-purpose and specific services.

"The lack of specific training to explore and intervene with women and children who have suffered gender-based violence" (ES CSS).

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"Shortcomings in the training received by professionals directly involved in the care of GBV victims" (PIAD).

Mothers and professionals talk about **cultural differences** and the role that certain cultures and traditions can play in sexism and how they can influence situations of violence, as is the case in the example. Professionals find it hard to manage these situations.

"In our culture (Arab), the man orders the woman around, the man can go out at night, while the woman stays at home; this is also gender-based violence. And he also grows up thinking that he can order people around because he is a man. He marries a woman and he also wants her to stay at home, because he has grown up seeing his sisters stay at home. And this is a cycle that repeats itself. There are few families wherein the father is more enlightened and makes it a point for his daughter to finish her studies. And the brother is a man. When the brother enters, the best armchair, the TV remote, the best dish..." (Mothers' DG).

"Many times, these are arranged marriages. The family has invested money, and there are many expectations all around. Most of all, should they separate, even when there is no family involved, rejection by the community is very, very strong... this pressure" (SARA).

The professionals outline some problems with **care spaces**, either because **they are not sufficiently adapted for children** and adolescents, or because the SARA resource is **too far** for the population to get to.

"The resource is too far for some people as it is beyond their immediate environment" (SARA).

"Space quite unsuitable to attend to adolescents and children" (PS CSS).

One difficulty mentioned by the professionals is the lack of time and areas dedicated to organising **group work**, either due to being a multi-purpose service or due to caseload pressure. There are also some contributions relating to the fact that not everyone likes group work nor is it right for everyone. Some children and adolescents also prefer to be attended to individually.

"The workloads do not always make group and community work possible" (ES CSS).

"Difficulty in creating groups of minors who have experienced violence due to the multi-purpose nature of the tasks that we carry out; lack of specialisation of most of the professionals" (ES CSS).

"Well, it hasn't been much use this year. Furthermore, I like talking about it, but alone" (8-11 year olds' DG).

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They believe that there is a **lack of services that attend to male parents**, aggressors, and other profiles that they encounter: fathers who experienced gender-based violence as children, male couples, etc. They believe that the services that deal with gender-based violence have a very strict definition of who can be a user.

"Difficulty in defining new profiles: men who experienced violence as children or from their same-sex partners (they would need an adult psychologist), difficulty in defining which bullying profiles can be attended to or not (which are sexist and which are not, and if they are turned down, where they can receive assistance...), or other types of domestic violence" (SARA).

"We cannot attend to men, those under 18 years of age, or families... only women" (PIAD).

They consider that greater **awareness** of the subject should be raised and that the services should be given more visibility, as lack of knowledge is an obstacle for the women and children who need them.

"Little information on the service available to the public. Many mothers do not know about us" (PIAD).

In this section, some professionals point out the difficulty posed by the **extended family** to women—both their own and that of their husbands—, particularly in situations of cultural dependence on the husband's or their own family. The professionals also state that when the extended family is a source of support, the cases do not reach the services very often.

"If they had an extended family, they wouldn't come, as they would have a wider support network. Those we usually see do not have many important figures..." (Professionals' DG).

"Separation is viewed one way or another, depending on what the extended family's position is. This can be supportive, and you find yourself being told, 'my child, you've finally separated from that guy', to others telling you 'but my child, what are you doing, go back, you have to tolerate it'" (Professionals' DG).

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10.7 Proposals for families, children and adolescents

"To mothers... I would ask them 'do you think that the children will be better off if their father is around?'. But this is not true, if the father is mistreating the mother and the child sees it, the child will not be all right. If the mother is all right, then the child will be all right. Staying with a husband who abuses her is not protecting the children" (Interview with an adolescent).

Table 27 shows the proposals for improvement aimed at families, for adults, children and adolescents. It can be seen how the majority of children, adolescents and young people, as well as mothers, strongly recommend that mothers not tolerate situations of abuse: **leave them, get away from them, or report them** if necessary, for themselves and also for their children. They say that staying with the abuser is not protecting the children. They feel deceived, powerless and relegated to second priority, especially when mothers say that they do not separate for the children's sake. The testimonies of adolescents and young people are overwhelming, and some of them give straightforward advice for the children to leave home.

"They shouldn't put up with the person who attacks them. Even if they tolerate it for their children's sake, it will get worse over time. They shouldn't tolerate it" (Interview with an adolescent girl).

"If they are truly thinking of their children, then they should put a stop to it as soon as possible, at the slightest provocation. There's no need to come to blows" (Interview with a young woman).

"All right then, to move forward, to be courageous, it simply has to be done, to not be afraid of whether he finds out... no, if it is necessary to , then they should do it, whatever it takes. There are many means and they are effective" (Interview with a young woman).

"If I have to be cold-blooded about it, the father should be imprisoned. If I have to be cold-blooded about it without considering my feelings for my father, if my father had disappeared, we would have been so much happier. My mother would not have ended up in such bad shape" (Interview with a young woman).

"But if it's a level of aggressiveness, there is no reason for them to tolerate it. 'I love him and I forgive him', always the same, such rubbish. He is who he is, and he will never change. If they're all right, fair enough, but the problem is that they're only deceiving themselves" (Interview with a young woman).

"The first thing is to get out of the cycle of violence, to have courage and to think of yourself and your children. Have no pity or sorrow for the aggressor" (Mothers' Q).

"Despite not being able to open their eyes at a certain moment, they should force themselves to do so, to get away from toxic people. And most of all, to love themselves and to take care of themselves above all. They are responsible for our lives" (Young people's Q).

"Even though they're their parents, they've given them life and they've raised them, what matters is how much they love them and how they raise them. If they've treated them badly, they should seek a new life where they're valued as people. The children have to think of themselves at that moment. Do not think about the people around you, but instead think of yourselves, your lives, your future. Children open their eyes when they think of the future. They realise that things are going badly when they think of

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the future, when they think, 'What will become of me in a few years' time?. If I don't get out of here, the same thing will happen to me'" (Interview with a young woman).

Table 27. Proposals for families, children and adolescents

PROPOSALS FOR FAMILIES, CHILDREN AND ADOLESCENTS	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and ado-lescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Stop it/separate/ report it	**224**	**28**	**12**	2	2	1	**34**	**145**	
Seek help from professionals/the police	**201**	**25**	**11**	1	**9**	1	**23**	**131**	
Seek help from family/friends	**90**	**16**	**10**	2	1		**12**	49	
Mothers should take care of themselves and remain strong to take care of the child	**79**	3	5	3			**16**	52	
Protect children and adolescents	**36**	2	2	1	**8**	1	7	15	
Advice to aggressors	**18**	**6**	6		5		1		
Can't give advice	**15**						4	11	
Do not press charges/tolerate it or take extreme action	**14**	3						11	
Be financially independent	**14**		1				1	12	
Child's support for mother	**9**	3					6		
Total	**700**								

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In the same way as the subject above, children, adolescents, young people, and mothers strongly recommend **seeking help from professionals and the police**, if necessary. They recommend that both mothers seek help for themselves and for their children, and the children seek help on their own. It is not necessary for them to wait for their mothers to do this, and to let them help at the same time. There is a wide array of responses on where and how to seek help: women's services, social services, school teachers, the police, lawyers, etc. Some seek out trusted people while others seek out people outside their immediate environment.

"But I could also go to the police. He could be in very bad shape and he could also beat Mum, which is why she was crying the other day" (4-7 year olds' DG).

"So they can tell their mother, and their mother can ask for help from whomever or she can go to the lawyer to press charges" (8-11 year olds' DG).

"School helped me a lot. I know that money goes a long way, but if you have needs, you can talk to Social Services, you can ask at school. Resources, there are resources for everyone, even if you don't have any money. Saying that you don't have any money and you can't help your children is not the answer. Everything is relative. When you see that your child has a problem and you don't know how to help, ask for help" (Interview with a young man).

"Ask for help and break free from all this (...). A psychologist, psychiatrist, relative or friend. You need something. You will never figure it out on your own" (Interview with an adolescent girl).

"There is no reason for them to experience these things or tolerate them. It's their parents' problem, not theirs, but it has an impact on them. And if they don't do anything about it, it will only get worse in the long run, with more suffering involved. They should seek help from any source, they should articulate their problem and let professionals help them (...) At least, think of yourself and sort out your life" (Interview with an adolescent girl).

"They should speak out, they shouldn't keep quiet about it. It's worse if you bottle it all up inside you. Don't talk about it with your parents, but instead with people you don't know. That way, there's no connection and you can let it all out" (Young people's Q).

Aside from professionals, there are many responses related to **asking for informal help, from family and friends.** It is a recommendation that is especially made by children and young people, but also by some mothers, although some trust the family less.

"Grandparents are good. They collect and take care of the child" (11-13 year olds' DG).

"This is why I believe that support from family is very important, because it can be very helpful to both child and mother alike in knowing when to put a stop to the situation and to do so for good, and not to draw it out or perpetuate unnecessary situations" (Interview with a young woman).

"Support, having someone at your side who can get you out of all this. For example, I had my uncle at my side. My cousin and I were of the same age and he always took me to stay at their house one month in summer" (Interview with a young woman).

"My advice would be to take a deep breath, keep a cool head and ask for

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help. Go and live at a friend/relative's house when you file the complaint, as things could turn violent, and move forward with your children and yourself—the only ones to whom you have an obligation. Never tolerate a man who believes himself superior to you and worse, who makes you feel inferior to him" (Mothers' Q).

The young people, as well as the mothers, are clear on this: **mothers should take care of themselves and remain strong to take care of their children.** They give lots of advice such as moving forward, believing themselves courageous enough and raising their self-esteem, not giving up, advice with healthy doses of optimism with the conviction that they will see that it was worth fighting for in the end.

"My mother was depressed for many years. And it's impossible to take care of children in that state. The best advice that I can give is for her to love herself a little, because a woman who suffers violence, is because she doesn't like herself. You can't be with someone else, you can't take care of someone else, you can't communicate with someone else, whether a child or a friend, if you're not all right" (Interview with a young woman).

"First and foremost, you're a person, and if you're not all right, you can't take care of your children in the way that you'd like to take care of them (...). So if you have this feeling of having some time to yourself each day, you've already looked after yourself a little" (Interview with a young woman).

"They should think about how they can't really take care of their children if they're not taking care of themselves, and that their children need to leave this environment, because otherwise, they will not be able to grow in the manner that they deserve. And if they don't grow up properly, they will be in bad shape...you have to take care of yourself in order to take care of others" (15-18 year olds' DG).

"I would tell them that the search for dignity and respect from others begins with self-esteem. I would participate in activities and I would interact with people who help me raise my self-esteem. They have to remain strong, they have to look ahead, and they don't need men at all if they don't make them feel good about themselves. Everything that they do sets an example for their children" (Young people's Q).

Protecting children and adolescents is a subject raised by the fathers interviewed. It is important to remember that these fathers voluntarily receive treatment for perpetrating gender-based violence. Protecting them, not just physically, but most of all, with regard to keeping them from getting involved and placing them right in the middle of their fights and conflicts.

"Most of all, not to use their children as a shield, not to let them take responsibility nor make decisions that are not theirs to make or responsibilities that they shouldn't shoulder" (Interview with a young woman).

"They should always protect their children in spite of everything. The best way to remain safe and protected is by asking for help. Don't stay with the person who attacks you because this also affects your children" (Young people's Q).

"There is no reason for the children to experience it, as they are entirely blameless" (Interview with a father).

"I would recommend that, most of all, they don't put themselves in the

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middle ... During an argument, it's easy to judge, it's easy to imagine what's happening, but it's very important not to make a value judgement without knowing, even more so when the children are very young, as they sometimes don't understand. They don't understand what the real reasons could be" (Interview with a father).

The **advice to aggressors** which children, adolescents, and young people basically give their own fathers is to realise what they are doing, that they are hurting their children, and that, on top of everything, they will end up losing them. But they also add that they are well aware of how unlikely it is that they will seek treatment. They share some experiences wherein they themselves have tried to make their fathers see what they were really doing.

"They should go to the psychologist to learn why they get violent. In this way, they can change the way they behave" (Interview with an adolescent boy).

"They should analyse the situation and see how it is also really affecting their children. And if they are with someone whom they love, why they treat them badly. They would be better off if they left them" (Interview with an adolescent girl).

"Yes, a psychologist or something. But obviously, no man who is abusive wants to get help. None. This is what makes it difficult, that none of them wants it. Because he'll tell you that he's not crazy and it causes a massive row and obviously, you're now afraid of saying anything else. For example, if my father had gone to see a psychologist, it would have been at my mother's urging, and then he would have told her 'look, this is your fault'. It was best when he was out, but when he was home 'He didn't want anyone's help'" (Interview with a young woman).

"Yes, of course, but the majority refuses. My father, for example, was undergoing treatment, but for alcohol. My father had never considered himself an aggressive person. One day, when I was 13 years old, I talked to him and I told him what I thought, that I was ashamed to be seen out with him by my friends, many things. And he stopped drinking . But well, the children should be interviewed first. And afterwards, everything they say should be shared with the father, but in such a way that the father doesn't confront his children about it. And to make them see, for example, by bringing them somewhere else, or putting on videos so that they can see how it looks from the outside. In my case, for example, my sister once recorded a video of my father when he was giving me a major telling-off. She showed it to him afterwards and he was completely shaken to see that he was actually foaming at the mouth" (Interview with a young woman).

Basically, some mothers say that **they can't give advice** because they don't dare to, it's difficult for them, or simply because they think that each case requires a different approach.

"I can't give any advice, as every person is different" (Young people's Q).

"It depends on each woman's situation. My case is quite peculiar and not applicable to others" (Mothers' Q).

"It is difficult to give advice" (Mothers' Q).

Here we have grouped the responses that either appeal to second chances for aggressors and to do nothing, or extreme solutions that include death. On the one hand, some children, adolescents and mothers think that it is better **not to press charges and to tolerate it**, as we see from the following examples:

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"They shouldn't fight and they should go back to living together again" (8-11 year olds' DG).

"And you'll always hope that your parents change, at least in my case. At the same time, it is obviously difficult. Looking from the outside, it is difficult to understand how someone can believe such a twit, but you believe them because they're your father or your mother. And this is difficult to deal with, because from the outside, your reaction would be 'but what are you doing?', and on the inside you're thinking 'okay, I'm sure that they'll change this time around '. At the same time, you should have a lot of patience" (15-18 year olds' DG).

"They should keep their ears open, they should be given the chance to get their partners back. Observe their partners. Listen, look at the situation, and take the family into account. See whether the aggressor is going through a rough time and it's simply how he reacts, but he loves the woman and is willing to change to overcome it" (Mothers' Q).

"They shouldn't press charges, unless they see that they or their children are in mortal danger" (Mothers' Q).

Other mothers think that it would be best to take **drastic action outside the law**, as we can see from these examples:

"The dilemma of pressing charges or not? Because you enter a really complex cycle and you sometimes think that they should be eliminated" (Mothers' Q).

"It's interminable and so exhausting that I would tell them to shoot themselves... To take the children and turn on the gas... it is unbearable" (Mothers' Q).

"I don't believe in justice and in pressing charges. They shouldn't have pressed charges and simply disappeared off the face of the earth, to save the children from the unpleasantness of it all" (Mothers' Q).

Some mothers are clear on the vital role of **financial independence**, whereas for others, it is more of a wish than a recommendation. Still others think that this by no means should be a deterrent, and that there are services available that can help you out.

"Having a job, financial independence. Getting your bearings to know what to do and to put what they tell you into practice" (Mothers' Q).

Young people advise **children to give the mother support,** but after reading their contributions, this goes beyond mere support. It includes protecting her, being proactive and taking action in initiating separation if the mother does not.

"Getting help for the mother, so that she is capable of leaving the aggressor and saying no" (15-18 year olds' DG).

"They should pack their bags, leave with their mother from where they are and press charges. If there are any blows, take photos" (Young people's Q).

"If their mother doesn't take action, they should be the ones to do it. They should take their mother and siblings and leave. They shouldn't have to live like that" (Young people's Q).

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10.8 Proposals for professional intervention

"For the professionals, instead of giving them advice, I would congratulate them for their capacity to listen to us and give us support. With their support, they make us feel that we can get on with our lives" (Mothers' Q)

"They should think that in desperate situations, we all go to extremes, and they shouldn't judge. They should be patient with the changes, be supportive and give advice with no pressure. Most of all, they should value people and make them feel good about themselves" (Young people's Q)

Table 28. Proposals for professional intervention

PROPOSALS FOR PROFESSIONAL INTERVENTION	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adolescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
It is good/ appreciation	**148**	**10**	1	2	1		**16**	**116**	2
Professional's empathic attitude, listening skills and support	**142**	**8**	5	2	3	5	**14**	**105**	
Improvement of the judicial system and legal advice	**112**	3	5	**5**	4	1	4	**86**	4
Work with children and adolescents	**95**	3	7	3	**7**	**19**	3	23	30
Information, awareness and visibility	**89**	5	**12**	3	1	2	1	53	12
Training of professionals	**84**				1	1		49	**33**
Lack of professionals/caseload pressure/ratios/time	**79**		1			3		19	**56**
Financial/housing/ employment assistance	**71**					2		**53**	16
Coordination between services	**57**		2		1	4		10	**40**
Involvement from school, knowing its importance	**55**	**20**	**16**	**6**	**6**	1		6	
Group work	**39**	5	3	3	1	2		6	19
Women's residential shelter	**37**	1	3	1		1	1	13	17

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PROPOSALS FOR PROFESSIONAL INTERVENTION	Number of quotes from interviews and focus groups						Open-ended answers in Questionnaires		
	Total quotes	Children and adolescents	Youths	Mothers	Fathers	Prof.	Young people's Q	Mothers' Q	Profs.' Q
Doesn't know what advice to give	**34**	5			1	1	8	19	
Work with the father	**33**	2		1	2	2	4	21	1
Proposals for improvement for the treatment of women	**32**					**12**		15	5
Speed of care	**29**		1					25	3
Work with the nuclear family	**28**				1	1		4	22
Reviewing care pathways and redefining roles and services	**25**				1	1		6	17
Brief or poor treatment	**25**							23	2
Improving teamwork	**9**					4		2	3
Total	**1223**								

Table 28 groups together all responses aimed at improving professional intervention in cases of gender-based violence.

Firstly, we can see how the mothers, young people, children and adolescents **greatly appreciate the service provided** acknowledging the high level of professionalism, as well as good treatment and empathy. One of the fathers interviewed also shared the same view. This mainly involves the former SAN and EAD and the current SARA and SAH. They think that the services are very good and they encourage them to carry on thus so that many other people can benefit from them.

"I feel that they are highly qualified(...). It works for me. I come here of my own accord and I do it because I want to. I feel better about myself. But when I no longer feel good about it, I'll stop. Nobody forces you to come" (Interview with a father).

"They really know how to help us, they know how to understand you, to say the right words (...). There's really nothing negative about them. They trust you, and they put themselves in your shoes" (15-18 year olds' DG).

"For me, from the inside, it works well. But if you ask me when I leave and go

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back to living a normal life, I will be able to see what didn't work out and what did. But from the inside, they've given me nothing but support. We know that the professionals are paid for their work. But they exude such humanity, which is what really counts in this job. I've found sentiment, support and more. The first time you come in, you're in a bubble, in a never-ending cycle. I talked to someone and told them my story, which calmed me down. Afterwards, I dropped the ball again, and I found someone else to talk to who listened to me... until you become emotionally stable" (Mothers' DG).

Most of the mothers and young people recommend and demand a **more empathic attitude** from the professionals attending to them, ones who know how to put themselves in their shoes. Some go so far as to say that only professionals who have gone through the same experience can truly empathise, as they think that it is very difficult to understand and comprehend them. This is why they repeatedly ask **to be heard more**—a more active and unhurried listening, with more **patience—,** and generally speaking, to ask them less questions, at least at the beginning of the process, which they acknowledge is a slow one. They think that the **support from the professional** is crucial to the process, but that it has to meet these conditions to be truly effective. They also assert that protocols and regulations are followed to the letter, and that it is necessary to be more flexible, adjusting on a case-by-case basis. They ask professionals not to behave coldly, to be kind, and to treat them with affection.

"No matter how professional someone is, they cannot ask a person to tell them the story of their life simply because it's their job and it's what they have to do. No, I'll only tell you my story if you try to understand me and you try to put yourself in my shoes. Being friends, there should be a good relationship. The very first time, you describe what happened, but only giving the bare facts. You don't share what you hold deep inside you; maybe you'll share that someday. This depends on you, the psychologist, and the relationship that you have" (Interview with a young woman).

"Listening more instead of passing judgement" (Mothers' Q).

"More empathy, they are sticklers for protocol. They haven't experienced it. It's not like assembling a table from IKEA. The protocol should be different for every woman. They should be more flexible and empathic in every case" (Young people's Q).

"Being more empathic. There is a lack of understanding. It is easy to go by the book without having experienced it. Love, understanding and a pleasant manner are more important than following the rules" (Mothers' Q).

"There is no professional better than the one who has gone through a situation of violence" (Mothers' Q).

"Most of all, listening, even with just the tiniest bit of care. They should feel valued and that they can trust you. Show them that they can trust you and that they can talk calmly" (Interview with a young woman).

"They should be patient, as it is hard and difficult, and at times, our behaviour is not exactly the best (with our nerves on edge). But we 'highly' value the support and strength that they give us" (Young people's Q).

"It should be handled in a kindly manner. With children, try not to remind them of everything that they're going through at that time. They're

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afraid and this should be left for later. At such times, give support, care, and security" (Young people's Q).

The mothers, children and young people demand **urgent improvement of the judicial system** and better legal advice and support. We could say that this is the probably the only area where we've encountered nothing but criticisms, some extremely harsh, and no acknowledgement whatsoever of any best practices. They complain about the slowness of processes, the lack of any real protection, the lack of specific training in gender-based violence of the judiciary and legal professionals, the lack of consideration for the children's opinions and views, the lack of awareness and care for people who are victims during judicial processes. They particularly complain about the granting of joint custody and visiting arrangements.

"Justice is sometimes very unfair, because for example, I was there, and I explained to them everything that had happened. And afterwards I didn't say anything because my parents told me not to; I was 10 years old. And they let it go at that, and they made me go with my parents, even when I didn't want to go. And they didn't realise that, which was quite unfair. If a child comes to you and tells you everything at the beginning, and then goes to see a doctor and goes to three or four centres, and at the trial says that nothing happened, the child shouldn't be believed. Because if you've been to all these places, the trial should take all the records and what they show into account" (12-14 year olds' DG).

"At court, in my experience, when we went, I had to declare and it seemed that the judge sided with my father, because my father denied everything. And it made me so mad because, I felt powerless as I couldn't say anything to the judge (...). And the judge didn't believe my mother because she had no bruises. But it was probably because my father didn't beat her that day..." (Interview with an adolescent boy).

"I would protect them, I would create a law for children for protection. Because in my case for example, I had the hearing for the provisional trial and only my lawyer and his lawyer were there. The Children's Ombudsman, the prosecutor, wasn't there. And the court order stated that the public prosecutor was there, when in fact no prosecutor showed up" (Mothers' DG).

"Not any judge will do, because they have to be familiar with the subject. They should know how to give the matter the treatment it deserves. There are a lot of campaigns for women to press charges. It takes a lot of effort and when you finally decide to do it, you feel so alone. If not for my family and friends, I don't know where I would have ended up" (Mothers' Q).

"Public defenders are more specialised/qualified in these situations" (Mothers' Q)

All of the professionals, mothers, young people, children and fathers think that it is necessary **to improve the aspect of working directly with children and adolescents**. They think that very often, they are either not taken into account or only minimally and indirectly, particularly in the judicial sphere. It is necessary to be able to talk to them, listen to them, create a trusting relationship and give them a lot of support from all services of the network. Some assert that they are the ones who suffer the most in these situations and, on top of everything, if they do not get timely and effective help, they will bear the scars all their lives. The young people and adolescents themselves suggest strategies on how to make children and adolescents

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open up, speak out and make proposals. They also discuss the subject of age but they agree that, despite being very young, talking to them is important.

"The children's opinion, they should be asked about what they feel, what they believe should be done in this situation (...) Well, to give children the confidence to express themselves, because otherwise, they will just clam up and nothing will come of it" (Interview with an adolescent boy).

"They should be given encouragement, their behaviour should be taken into account. If they're improving, then they should be told that they've improved or what they still need to improve on. They should be given encouragement. The educators should help you, but you sometimes think that they meddle with everything. It's up to you to call on them, even though you don't realise it, they're always there, waiting to help you. Always. Those from SARA, as well as those from EAIA" (12-14 year olds' DG).

"First of all, the emotional state should be taken into account. The children should also be allowed to express what they feel and what is happening around them: first what they feel, and then what is happening around them without any fear. When you're a child and you see your parents argue, the first thing that crosses your mind is not to say anything when others ask you about it. The professionals should bear in mind that the first thing a child will do is protect their parents. (...) It is important to find out where this child is, how they feel, not only at home but also at school, see what differences there are, to see whether they can be given some support at school as it is not possible to access the home at the moment. The professionals focus a lot on the home, on the family, and very often, the family—where the problem lies—cannot help the child" (Interview with an adolescent boy).

"They should take the children into account. They are the ones who hurt and suffer the most, and who will have to bear the scars in the future. They should be given a lot of help" (Young people's Q).

"Transmit optimism and hope, because they fall to pieces. The children need a lot of support, much more than adults, because they remain silent about everything and bottle it all up inside" (Interview with a young woman).

"They (the children) should be given help. I believe that, however young they may be, they should be taken into account, because they are the ones who are having a rough time of it. If the mother is the one receiving abuse, the mother will probably say that it doesn't affect her so as not to upset others. But the child will think otherwise, and they will also present their views. There are children aged 5 or 6 years old who have experienced this and already know how to express themselves, because they grew up in a way that they shouldn't have" (Interview with an adolescent girl).

"Here in Catalonia, I think that once they're 11 years old, they already have a right to decide. Those younger than 11 years old should also be asked. They may not be able to decide, but a professional would know how to get the necessary information out of them" (Interview with a father).

"I remember that at the SATAV, they didn't even interview my son. They talked to his father, they talked to me and they wrote a report stating that the boy had said so-and-so..." (Mothers' DG).

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"When you start working on a case like this—a situation of gender-based violence—under no circumstances should you avoid talking to the children. Yes, the children should be able to talk within a certain environment. If it's within a group, so much the better because it's more natural. If this is not possible, then talking to them individually is fine. If it's not possible to talk to them every month, then two interviews are fine. But the important thing is for them to be able to speak out, to say what they think of the situation, what they want... where they want to go" (Professionals' DG).

Everyone unanimously believes that more **information, awareness and visibility** are necessary. Information on the subject of violence, starting from an early age in school and with a new approach by the media. The young people criticise the publicity campaigns and contribute ideas. They highlight the contradiction between the message that women shouldn't be abused and the image of women as fragile, sex objects disseminated by advertising, television programmes and the media. In addition, they think that it is necessary to make existing services even more visible, as many children, adolescents and women do not know where to go when they have a problem.

"Advertise more on the radio, in the neighbourhoods, as I only learned about it through a friend" (Mothers' Q).

"I've seen some advertisements on television, but only on TV really. More advertising about these matters. It is also possible to search on the Internet... I don't know, more campaigns" (Interview with an adolescent boy).

"All advertisements and magazines always portray women and models naked, so they only see us in this way. I think that a different sort of advertising is called for. 90% of those working at TV stations and in politics are men. They should start including us, because if the people who have a say in society do not change things, it won't matter how often we come to the centre or whether each district has a men's centre. If they keep seeing magazines portraying fragile women—with whom they can do what they want—whenever they go out, they watch videos showing the woman arriving home from work, and she has to have something for... they'll do it again" (Interview with an adolescent girl).

"There shouldn't be so many advertisements on violence, because it has become commonplace. They shouldn't appear so often on TV, because the children also see them. It should be a little more subtle on television, but more constant in real life" (Interview with an adolescent).

"Adolescent 1: Well, on TV, they shouldn't tell the men to put a stop to violence, but instead tell the women to do it. In other words, make an advertisement with the message 'If this happens to you, call 112 or the Women's Care helpline, even if he tells you that he'll kill you', or something to that effect, and that she has to put an end to it. They should remain strong. Adolescent 2: Now that we are young people, we can create a project to raise awareness. Adolescent 1: And they should think of their children" (12-14 year olds' DG).

"I know that the trust between a child and their teacher is very important, and sometimes they tell their teachers things that we don't learn about at home. But as this is a taboo subject, the children don't talk about it either. If, for example, there were some pages or a book of theirs that discussed or

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explained abuse. This way, when the child sees this at home, it will set off alarm bells" (Mothers' DG).

"Education during childhood and adolescence to try to avoid these cases" (Mothers' Q).

"Give talks at school in case there are children who are going through this and they don't know what to do. These will help them and give them ideas on what they can do" (15-18 year olds' DG).

Increasing training of professionals with regard to how to intervene in situations of gender-based violence is a proposal that has been put forward mainly by the professionals, and also by some mothers. They demand training both for basic and multi-purpose teams and specific and specialised teams. Mostly aimed at professionals in the judicial sphere, starting with the judges.

"More specific training for all team members" (TS. CSS).

"Specific training on intervention tools for professionals" (SARA).

"Training for judges, lawyers and the Prosecution Service" (SARA).

The professionals, together with the mothers and some young people, think that **there is a lack of professionals** providing services. This leads to visits that are few and far between and it takes time for the first interview to take place, particularly psychological care. Therefore they talk about **ratios, the lack of time** to intervene in depth and ultimately, high **caseload pressure**. It is worth pointing out that when they talk about this, they mainly refer to care for mothers, without overly emphasising that of children and adolescents. High caseload pressure has been identified for both basic services of multi-purpose care and specific and specialised services.

"Unfortunately, there are only 3 psychologists in this centre. There should be more, because there are more women who need help and they don't get it. I go to the psychologist every month and a half" (Interview with a young woman).

"For example, with regard to psychological care, we have a backlog of more than a month "The quality level is highly questionable…" (Professionals' DG).

"On the one hand, what the institution wants is to boast of thousands of cases that have been attended to, to write up glowing reports, and on the other, you have to make extra effort to provide proper care…" (Professionals' DG).

"Provide more staff for these services in order to receive more ongoing and comprehensive treatment" (Mothers' Q).

"Being able to dedicate more work and energy to these interventions, as due to workloads, this is not achievable at present" (TS. CSS).

The professionals and mothers perceive **that financial assistance** for women and children is lacking, especially help in purchasing a **home**, or staying at the shelter due to gender-based violence for women and children. On the other hand, they highlight the difficulty of finding work for women with schedules compatible with caring for their children, and with enough income to live on. They think that it is necessary to help them in **finding work**, which is crucial to their autonomy and self-esteem.

"Facilities, number of houses, etc. could be increased. And there should be "special" assistance with regard to

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employment" (Mothers' Q).

"They have been on the waiting list for social housing for a long time and they still haven't been able to have access to a home" (Mothers' Q).

"Easier access to financial assistance for women. Easier access and speed in getting their documents" (Private shelter services).

"Easier access to get social housing. Ensure financial assistance for children and adolescents (school, hygiene, leisure, food, etc.)" (Private shelter services).

The proposal to **improve coordination between services** comes mainly from the professionals, but also from some mothers and young people. The proposals include improving detection, particularly by the services caring for children and adolescents, avoiding having to go to different services to explain the same thing, having centralised information available to the professionals so that no important issues are repeated or omitted when providing support, avoiding long and slow pathways, particularly in the judicial system, where the lack of coordination has been pointed out by the mothers. Health services are particularly relevant, both for the preventive tasks that they can perform and detecting highly vulnerable situations.

"More stability, I went from one place to another. I must have gone to 8 different places several times" (Mothers' Q).

"Other resources should be considered. If you know that a child goes to see the family doctor or goes to school, wherever, all children have an immediate environment or an uncle. You should have the contact numbers of these people. You should be able to ring up anyone from the child's immediate environment to give some advice. Because you don't need the parents' permission to do this (...). Because it is a mistake to only focus on the family" (Interview with a young man).

"I came here because my family doctor noticed something and activated the protocol. Otherwise, I've spent up to 3 weeks in bed, not eating, not showering, without anything, letting myself die in bed with two children" (Mothers' DG).

"Being more sensitive, active listening, increased monitoring (the people change). More coordination among everyone and more consideration for each case" (Mothers' Q).

"There is no coordination. There should be a place where all the women's information can be found" (Mothers' Q).

"Programmes that facilitate coordination between the different services. I believe that this would shorten times and the women would not have to repeat their story at the different services" (Private shelter services).

"Coordination between different services and most of all, coordination between the police and courts and among the different courts" (Mothers' Q).

"Improving collaboration and coordination between the different services of the network for detection and treatment of situations of violence, to avoid losing important information and to prevent repeated interventions with women and children" (ES CSS).

Understanding the **importance of school** in the lives of children and adolescents who are experiencing gender-based violence at home is what the children and young people of the study are trying to tell us. They ask

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schools to get involved, to be on the lookout to detect, to not look the other way, and once detected, to talk to the children and adolescents, to give them support, to be patient and understanding and to intervene, by notifying other services of the situation or talking to the mother and the child or adolescent directly. In contrast, for the mothers who make proposals in this regard, it is practically a delegation of responsibility, in the sense that when the women do not take action for the children's sake, the school should be the one to do so. The professionals do not make any proposals aimed at schools.

"The school should protect us so that nothing happens to us. Call the police and tell them what the child has confided so that they are already apprised of the situation" (Interview with an adolescent boy).

"For the teachers and educators, ask the child what's going on, ask the mother if she wants them to write some reports. And then ask the child if they want to explain what's going on at their father's house and ask the child if they want a report written up" (8-11 year olds' DG).

"I remember, for example, one day in secondary school, I was crying in the bathroom and a teacher entered and asked me about it. But it was just a simple question and that was the end of it, because I didn't even tell her what happened. Maybe if they were to bear in mind that it is much more commonplace, maybe they would pay more attention to asking in different ways to get to the bottom of what is happening" (Interview with a young woman).

"No and yes. No, because they would also treat you as the odd one out, and I've never liked playing the victim, no. But they should know about it because it happened to my sister when she was studying compulsory secondary education (ESO). The teachers used to give her a telling-off. They would see her crying but they did nothing. She would start crying, and all because it was Friday and it was D-day, which was when my father would get extremely drunk and would give her a really hard time (...). There was also fear that they'd say something to your parents. Because of course, at school you're considered a child and it's possible that they'll say something to your parents and naturally, they'll deny it" (Interview with a young woman).

"Because they would see me crying every Friday. I knew that my father would get drunk and the teacher wouldn't even look at me" (Interview with a young woman).

"Young children, what they need is someone to play with them (...) or get them out of there. When children are older, for someone to listen to them, for someone to take them aside and not to ask them, 'what's going on with you?' but instead to say, 'I know what's going on with you, you're experiencing violence' to get a reaction out of the child. Even if the exact details of what is happening remain unknown, it's obvious. When someone suffers violence, you can see it clearly. When a child goes to school, it's obvious. Those at school can see it. The teacher has to realise that a child is being abused. And I think that it's unfair that you go to school, they see that you're in bad shape, and despite this, they don't ask you anything" (Interview with a young woman).

"If the teachers are nice, they try not to meddle in your life and they try to have a good relationship, then you can tell them what is happening. The important thing is to understand the person and if things deteriorate, then to contact

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Social Services. But many teachers don't do this so as not to get into trouble" (Interview with a young woman).

"I suppose that teachers can give them encouragement, encourage them a lot. Because when this happens to you, you need care, a lot of support to move forward. The teachers should report it to Social Services and they should intervene, by investigating until they find methods to let children get it off their chest" (Interview with a young woman).

"I believe that school would be the best place, because they can change everything for the children's sake. I think that it would be the best place. They should call you, with a psychologist, if performance has decreased, so that they can give you the confidence explain why" (Mothers' DG).

"Usually, all children invite their classmates to their birthday parties. When there's one who never does, why is that? That's odd, isn't it? That everyone invites everyone else to birthday parties and this one doesn't. It would set off my alarm bells. (...) I think that it is the place where it can best be detected and where they can get help. Even before the mother dares to talk about it with anyone" (Mothers' DG).

The children, adolescents, young people, mothers and professionals all coincide in thinking that **group work with the children**, as well as with the mothers, is beneficial for the people who participate. The adolescents and young people acknowledge that they feel good about sharing their own experiences with others like them and that the atmosphere tends to be relaxed and pleasant despite the issues that they deal with. The professionals think that this should be done more often and that it should be improved. **"I believe that yes, it (the group) helps a lot, especially because you see that you're not the only one. Because it makes you feel that you're the only one going through this and seeing other people your age... I went and I have very fond memories, because you're with people your age, they joke with you, nothing depressing, and it helps you a lot"** (Interview with a young woman).

"Yes, because you cry a lot...(smiles). But I believe that it's good because when you suffer violence, whichever type it may be, the needs that remain unmet are usually the same. And of course, they tackle this subject a lot, and it's okay. I liked it" (15-18 year olds' DG).

"They should understand that getting out of these situations takes a very long time. It is a very slow process and 10 or 12 visits to the psychologist are not enough. They should promote support groups among women in similar situations. It did wonders for me" (Mothers' Q).

"Improvement of group care for children/adolescents" (Private shelter services).

The subject of shelters due to GBV, whether for emergencies or long-term stays, is a thorny one, and the adolescents, young people, mothers and professionals propose significant changes and improvements. To begin with, the children suggest that regulations be flexible, adjusting to their needs, allowing them more individual freedom and in terms of relationships, whether face-to-face or virtual. Internet access and use of other technologies are also among the improvements requested. Problems of coexistence have been mentioned by both the mothers and children, which are in addition to others. They don't know what the solution should be, but in any case, it is the reason why some leave the house. This also affects long-term shelter

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services. The mothers and professionals also mention improvements to be made in terms of food and different cultural habits, etc. Some mothers complain that they are denied access when they have a job or an income, a fact that further promotes their image as a marginal place where only poor people go to. But this opinion is contradictory to the access criteria for shelters due to GBV, for both emergencies and long-term stays, and the information provided by the services themselves[102]. Even so, demand is high and according to the professionals and mothers, it would be necessary to increase the capacity of shelters due to GBV, and most of all, to offer alternatives to long-term stays. The presence of professionals with more specific training in childhood and adolescence would also be necessary. Lastly, we highlight the difference of opinion between the professionals who view the fact that there are male social educators working there in a positive light and some mothers who think that their presence intimidates them.

"As it is structured, which means that there's a schedule, you are required to be down here with the other children in the mornings. I would prefer to be alone in my room, reading or listening to music, (...) I believe that they should leave you a little more room to think" (Interview with an adolescent girl).

"They make it look really good. That you only have to call and they'll help you, but it's not like that at all. All that we found were obstacles, not help. The only thing they offered was accommodation and food, but at a price: time restrictions. Someone who's had a rough time of it probably needs to go to the beach one night to lie down on the sand and do whatever, but no, you have to be home by midnight. I wanted to go out. But there were many restrictions, such as mealtimes. If you missed it, you couldn't eat. There were many obstacles, many things, much more than what you had, living conditions that were not favourable bearing in mind what you were going through. They should investigate the shelters, which are not being run properly. Rules should be tailored on a case-by-case basis" (Interview with an adolescent girl).

"There is no television in the room and it gets boring. And Wi-Fi, because sometimes I want to search for information for a project and there's none available, so I have to come here, but they are being used more often than not" (Interview with an adolescent girl).

"Okay, until my son himself told me, 'Mum, I don't want to be here. Mum, what a smell. Mum, when are we leaving?' (...). It annoys me that my son has to share space, not with some children who I adore–because the children are great–, but with a mother who is in no way fit to live alone in a flat" (Mothers' DG).

"One thing that has helped us in the house is having a male educator, although they were reticent about it in the beginning. The truth is that they can have a male authority figure who relates to them from another perspective, who is a different role model. In the beginning, it came as a surprise to them, because there are children who seek out a bond with the educator and others who are startled to see a man with a beard who can relate to them with fondness, security, without shouting..." (Professionals' DG).

"In long-term shelters with no men working as educators, you don't feel safe. Different people in different situ-

102 See Chapter 2 of this publication.

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ations are all mixed together, and this makes coexistence quite difficult. I've already left" (Mothers' Q).

"Shelters are viewed in a negative light, as if they were the last resort and where the poor go. They should be seen more positively" (Mothers' Q).

"It would have done her a lot of good if she had been able to go to a shelter, but they told her that she couldn't because she was working" (Mothers' Q).

"The women at the shelter make life difficult for everyone. I had to leave due to the lack of tolerance among the women" (Mothers' Q).

"Having more places in shelters with childhood professionals" (SARA).

"This past year, there came a time when the violence referral pathways were completely overwhelmed, and the emergency shelter turned into a medium-term one (...). For me, there should be something like a third step, a third level that allows them to leave the long-term resource with an acceptable level of quality (...)" (Professionals' DG).

Some young people and mothers **do not know what advice to give,** either because they consider it too complex or because they don't feel that they are in any position to do so.

"With regard to children... it's a very complex situation, I wouldn't know what to say" (Young people's Q).

"I don't have any advice, because they should be the ones to give advice" (Young people's Q).

"I wouldn't know what to tell you. It's difficult to put yourself in other people's shoes" (Interview with a father).

Increasing, intensifying and, and in some cases, obliging aggressors to receive treatment, at the very least including them in the work plans. The young people make proposals and question some of the court sentences, such as performing community service instead of undergoing treatment. The subject relating to **working with the father** has been mentioned by the different people interviewed. It also comes up in the fathers' discussion.

"For my father, the court decision stipulated that he had to perform 40 or 60 days of community service. Instead of this, although it is not possible to oblige anyone to attend group therapy, I would prioritise this over community service, because community service has nothing to do with women or the situation that you've created. In fact, it could have been worse, because at that moment he blamed my mother for what he had to do. Perhaps community service is good, but perhaps something related to, I don't know, instilling respect for women. Or going to, in some way, if during the trial, the lawyer manages to convince them to acknowledge what they have done, they could also be prevailed on to go to, I don't know, a group therapy session. And if during the course of those two weeks you see that it's not working out, then so be it. I think it would help" (Interview with a young man).

"Well, something to help them not do it again. But while they're still not okay, they shouldn't be able to do more damage. They should go to prison to make sure that nothing happens. And when they finally get better, then there's no longer any reason for them to remain in prison" (15-18 year olds' DG).

"I take for granted that in this country, on this matter, more weight is given to what the mother says and less to what the father says. Thank God that things are changing and they are now

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more balanced. But most of all, what I would ask for is this: for them to take a more balanced view when examining the case. To be fairer when evaluating" (Interview with a father).

"The professionals also have to attend to abusers and the immediate family" (Mothers' Q).

"They should study aggressors to see what they're like. They should be placed in the CMAU-VM to see how they respond" (Mothers' Q).

"Judges should require them to go to therapy" (Mothers' Q).

"They should also work with the people who have perpetrated gender-based violence" (EAIA).

There are proposals to **improve treatment for mothers,** which both the professionals and the mothers themselves came up with. The recommendations encompass a broad spectrum: improving specific aspects of treatment, such as the connection to their children—which some acknowledge as frightening for them—, dealing with their isolation and their relationships, working on both preventive and recovery aspects, etc.

"I believe that one of the first things that the mother should do is to leave her isolation behind. I believe that this is a message that should be conveyed to all users. And afterwards, most of all, making an accurate diagnosis" (Professionals' DG).

"It is extremely important for the woman to undergo an individual process. Because in order for her to connect with what is happening to her children, she has to be able to work out certain things for herself. Otherwise, the mere fact of beginning to come to terms with it is so painful..." (Professionals' DG).

"And also to learn strategies on how to relate to each other in a different way, because sometimes, they simply don't know how and working on this is extremely important for the mother" (Professionals' DG).

"And basic things such as sleeping six hours straight without waking up in the middle of the night... and habits..." (Professionals' DG).

"Working on prevention, at the same time on recovery" (Professionals' DG).

"What also works sometimes is explaining to the woman how her child might feel within this violent environment, what consequences are in store as a result of what is happening. Look, this is happening and this is why, put a name to behaviours" (Professionals' DG).

"In my case, when I went to the Women's Care centre, I felt better, but a little pressured, because they talked about the problems that I might face in the future quite openly. To be really honest, I BECAME FRIGHTENED AND I FROZE UP a little. Despite this, I wouldn't hesitate about going back if it were necessary" (Mothers' Q).

The professionals and mothers agree that it is necessary to expedite processes in order for the response to be faster and more protective. **Speed of care** from police forces, judicial agents and care services, and resources for gender-based violence victims in general.

"Change the law, remove the red tape to speed up actions. Greater protection, more financial resources and sheltered flats. Faster and more effective police action" (Mothers' Q).

"Expediting the schooling and psychological process of children in coordination with EAD. They shouldn't have

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to wait for long-term stays as the duration of the stay at the emergency centre lengthens" (SAP).

In this section, we have included only the contributions that involve proposals, mainly made by the professionals, to **work together with different relatives**. Some propose mothers and children, while others include all nuclear relatives as well as the extended family.

"Hold psychotherapy sessions with mothers and children" (Private shelter services).

"More constant and systematic family work. The team vision of the family system and the family's needs understand children and adolescents as dependent people who need an authority figure" (SARA).

"Greater involvement of other authority figures for the children (grandparents, uncles, etc.)" (SARA).

"Expand the option of referrals to systemic family care, to attend to the group of people involved in the problem" (SAS-ABITS).

"More mother-child intervention" (Private Shelter Services).

"It's important to work on spaces of mutual assistance for fathers and mothers that have this dysfunctional area in a context of support, but oriented towards ensuring that children are well treated" (EAIA).

"There should be mandatory psychological monitoring for the entire family in order to act" (Mothers' Q).

Although some mothers feel there are difficulties in the pathways and indicate improvements, particularly for preventing secondary victimisations, the professionals are most resounding in affirming that **it is necessary to review the care pathways and redefine the role of some services**. Below, we reproduce some examples pointing to various aspects such as: reviewing the entire violence referral pathway, redefining the tasks of the CSS and the PIAD, the role of the different professional profiles, etc. An emerging issue relates to the jobs they receive from the Prosecution Service based on the Law on Children 14/2010. On the one hand, it recognises the risk of children who are experiencing situations of violence, but on the other hand, it revictimises and scares mothers away from the CSS, which could be the first level of assistance.

"I think paediatricians can give first-hand information to women with children, since we always go there with the kids. Sometimes you go round in circles, until you reach a place where you think, 'finally, we're speaking the same language!' It's too difficult to get here" (Mothers' Q).

"Enlarge spaces for reflection and evaluation of violence support programmes, check the care pathways" (SAS-ABITS).

"Review of the violence referral pathway and the care protocols for women and their children" (PIAD).

"Establish referral and intervention protocols that are more effective for children, defining the roles of psychologists and childhood educators" (SARA).

"I think this kind of care is specialist and we shouldn't provide it in a multi-purpose service, beyond the level of detection, motivation and referral. With all the work we do, we can't attend to these situations with the time and specialisation required" (ES CSS).

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"Considering children as victims has triggered the automatic opening of child risk files, and that is absolutely changing how we go into cases of gender-based violence, allegedly incriminating for the mother as well. I'm talking about the CSS. I'm really interested in analysing this issue" (PS CSS).

"Establishing reflections about the current applications of the Law on Children in cases of gender violence as part of the pathways, since in some cases, with the good intention of protecting the children, it turns into revictimisation of the mothers/women. (...) and they run away from the service (...). We need to talk about mechanisms... now that we've been up and running for a couple years, we need to adjust them, and take social services more into account as elements for detecting and guiding treatments" (PS CSS).

"The PIAD were important when they started out for detecting situations of gender-based violence. At the moment I think they're playing a good role, but functions are duplicated that could be absorbed by other services. Psychological care: situations are handled by the PIAD that require little continuity, and at the social services centre we don't have a psychologist at each centre. The workshops held are very interesting, but they could be part of the programming at the community centres assuming preventive and transversal intervention for gender-based violence. The money invested in this service could be used to put more professionals in the CSS and for community centres. Specialisation should be reserved for the SARA. Care and legal guidance could be included within the CSS with guaranteed hours for each centre" (TS CSS).

In this section we have brought together all the comments from the mothers **where they complain about the services and professionals,** showing that they are unhappy or very angry with how they were treated. Other simply think that the duration was too short and that **they would have needed support for longer.**

"They shouldn't put limits on the duration of care. Everyone takes their own time and sometimes the treatment falls short" (Mothers' Q).

"I'm very grateful for the care I've received, even though I needed more. Recovery is very slow in these kinds of situations and assistance is very necessary. I received legal and psychological counselling, but I really needed more visits to the psychologist and, particularly, help to find work. I'm still in a really precarious position" (Mothers' Q).

"The care I received at the service was terrible, and it's totally inexcusable that the treatment given to persons in my situation at a centre like this is allowed" (Mothers' Q).

"There's a real feeling of abandonment" (Mothers' Q).

Finally, we look at the **teamwork** aspect; it is not presented as an area for improvement, but as an area that works and needs to be consolidated and continued to be promoted. There is also a mother who makes proposals in this area.

"I propose: a team of therapists plus lawyers, all good professionals, who work together, so they know the family's problems first-hand. Specialists in family law" (Mothers' Q).

"It's good to take these cases as a team so you don't feel alone in certain decisions they take or things that can happen in certain cases" (Professionals' DG).

"Teamwork and supervision are of utmost importance" (Professionals' DG).

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10.9 Summary of the main findings from the qualitative data

1. In terms of **the effect of gender-based violence on the** children, this is **serious** both while they are children and when they are adults. In terms of the reflections about the effects in general, there is a fear of repeating the patterns of violence, and the children, adolescents and young people hope this does not happen. There are mothers, however, who think the situation does not affect the children, or who do not know whether it will affect them. Other mothers, children, adolescents and professionals think that it affects them in everything, and the young people describe in detail the process through which they become aware of the violence experienced.

   With regard to the areas of all the effects expressed, if we consider them separately, school is negatively affected both in academic performance and in relationships with classmates and teachers. Family relationships are altered and mistrust and false expectations appear. Relationships with friends suffer and they feel very alone. In the emotional sphere, feelings of fear, hate, guilt, feeling unloved, powerlessness and frustration all stand out. They have difficulties talking about it and low self-esteem, and they mature too early. Problems also appear in the area of behaviour and development, including problems with conduct, aggressiveness, change in character, introversion, delay or problems in development. In terms of health, general health problems are found in some cases, as well as mental health disorders and/or suicide attempts.

2. **Children and adolescents have very different coping strategies to deal with situations of gender-based violence at home:** intervening directly when the conflict occurs; trying to protect themselves and find ways to calm down; distracting themselves or trying to escape; crying and screaming; and finally, asking for help from people who are around them, at school or from the police.

3. **Mother-child relationships are very much affected**. The children expect the mother to act. Where the mother does not take steps to free herself or free them from the violence, this expectation of change disappears as they grow up; difficult or disappointing, or ambivalent relationships appear. To a lesser extent, there are also situations of positive relationships and relationships where the children are protective of the mother.

4. **Father-child relationships are even more affected.** Statements referring to negative relationships, to expectations of change that have not been fulfilled and disappointment stand out. There are also others referring to ambivalent relationships and some, although few, positive relationships.

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5. **There are serious difficulties in repairing the damage.** The mothers say it can be repaired by giving them affection, but the children in particular think that it is necessary to leave and get away from the aggressor and that it does not happen again, as well as treatment for the father. There is also emphasis on the importance of receiving psychological care or another kind of support from other professionals. It is worth highlighting the number of quotes that say the damage cannot be repaired. Family and social support for the children, and support from and the involvement of the school, friendships and leisure are aspects that can help a lot. Being able to talk about it openly, the mother changing her attitude and making a decision to protect her children, and not talking badly about the father repeatedly are also aspects mentioned. Young people say they must accept it and look to the future, and that the passage of time can make it better. The fact of having information, especially at school, also arises.

6. **The obstacles identified in social intervention processes** in cases of gender-based violence are difficulties in working on the mother's emotional situation, but also the lack of professionals and specific services, caseload pressure, problems with pathways and coordination between services, difficulties in judicial processes and the mothers' lack of financial resources. Problems also arise that are related to going to the centre for emergency and long-term shelter due to gender-based violence, difficulties in direct care for children and adolescents and the lack of training of professionals, attention to cultural differences, care spaces that are inappropriate for children and adolescents and the lack of care or insufficient care for men.

7. **The proposals for the families, children and adolescents who are still in this situation** are in particular for mothers to separate from the aggressor; to seek help from professionals, family and friends; to look after themselves so they can look after their children; and to protect their children and try to be financially independent.

8. Apart from showing gratitude and satisfaction with the services, especially by the mothers, the **proposals for professional intervention** show considerable capacity for reflection, collaboration with the research and contribution of important ideas. They recommend that the professionals have empathy and an attitude of active listening; for there to be improvements in the judicial sphere; that more work with children and adolescents is done; that information for families as well as the training of professionals is improved. There are also demands regarding an increase in professionals, in financial and housing assistance; better coordination between services; more involvement from the school with children and adolescents experiencing situations of gender-based violence; more group work; improvement of shelters due to GBV and of treatment for aggressors, as well as reviewing the service pathways and roles, extending treatments and improving teamwork.

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11.
MAIN CONCLUSIONS

The databases of mothers and of children and adolescents, together with the responses from the mothers', young people's and professionals' questionnaires, as well as the content from the discussion groups and interviews with children, adolescents, young people, mothers, fathers and professionals, give us very important information, in terms of both quantity and quality, that we can use to draw some initial conclusions. We will summarise them in 12 sections that are directly related to the initial objectives of the research:

1. Socio-demographic data from the mothers and children compared with this data from the general population: similarities and differences.

- Both the number of children the mothers have (mainly between 1 and 2 children at the time of receiving care), as well as their educational attainment (35.3% with higher education) and that of the young people surveyed, show **data that is similar to the general population overall**. They do not, therefore, form any distinguishable subgroup. Moreover, the percentage by gender is equal in the SAN database and the young people's questionnaires.
- Where **they do show differences is in the low level of employment** that we can identify among women who experience gender-based violence and in **the significant problems of economic solvency** they have. The other distinguishing characteristic refers to the country of birth: slightly less than **half are women born outside of Spain** according to the database, a considerably higher proportion than in the overall population of our country; they also accounted for one-third in the questionnaires. There is a lower percentage of foreigners among the young people, as a significant amount of their children were born in Spain. Overall, one-third of the children and adolescents in the SAN database were born abroad. These two characteristics of country of origin and serious financial problems often coincide in the same families, which is why **the group of foreign mothers and their children presents much more vulnerability.**

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2. The children and adolescents participating in the research display effects that are serious in many cases, that have lasted for many years and usually reach the services late. There is a clear lack of prevention, detection and early treatment, and therefore the impact on and damage to the children is often quite significant.

- More than half the mothers who received care are **over 35 years old** (match between the database and the questionnaires).

- More than one-third reach the service through **emergency** care (according to the database).

- **The violence lasted more than 10 years** according to 41% of the mothers and according to over half of the young people surveyed. One-third of the young people state that the violence already existed when they were born.

- **The children have also been direct recipients of the violence** according to 44% of the mothers and 59% of the young people.

- **Psychological violence** is indicated by the majority of the mothers surveyed (97.9%). Children or adolescents also suffered from this according to the SAN database. Two out of every three mothers in our sample report that they also suffered **physical violence** and one-third suffered **sexual violence.** A quarter of the boys and girls stated that they have received physical violence (percentage higher than the average for cases of physical abuse registered in the protection system). Very few cases were attended to by the service due to having suffered sexual abuse, something that might coincide with the fact that these situations tend to remain invisible in the protection system as well.

- From the discussion groups and the interviews, we can clearly gather that in many cases, **the effects of gender-based violence on the** children are **serious,** both while they are children and when they are adults, and whether the violence is indirect or directed at the children themselves. Their awareness of the violence is notable. They express the fear of repeating the patterns of violence, and the children and young people hope this does not happen. Some mothers, however, think that the situation does not affect their children, or they do not know whether it affects them. The young people describe in detail the process through which they become aware of the violence experienced.

- In terms of the **areas affected in the children**, **school** is negatively affected both in academic performance and in relationships with classmates and teachers. **Family relationships** are altered and mistrust and false expectations appear. **Relationships with friends** suffer and they often feel alone. In **the emotional sphere**, feelings of fear, anger, hate, guilt, feeling unloved, powerlessness and frustration all stand out. They have difficulties talking about it and low self-esteem, and they mature too early. Problems also appear in the area of **behaviour and development**, including problems with conduct and change in character, introversion and isolation or aggressiveness, delay or problems in development. With regard to **health**, general health problems are found in some cases, as well as mental health disorders and/or suicide attempts.

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3. Children and adolescents have very different coping strategies to deal with situations of gender-based violence at home.

- Two out of every three young people state on the questionnaires that their mother took steps to try to stop the situation of violence being experienced at home, but it is also worth noting that the option **that attributes this role to the young people themselves** was chosen by 40%.
- Where violence occurs, the strategies are very different. By decreasing order of frequency we can list: **intervening directly when the conflict occurs**; trying **to protect themselves and find ways to calm down**; **distracting themselves** or trying **to escape**; crying and screaming; and **asking for help** from people who are around them, at school or from the police.

4. There is very little direct intervention with children and adolescents due to the situation of gender-based violence experienced at home.

- **Only slightly more than half of the children and adolescents** from the SAN database **received direct care.** This piece of information does not appear in the EAD database, although the findings are repeated in the questionnaires that have been answered by the young people and also in what the mothers tell us about the care received by their children. Therefore, **despite suffering chronic and serious violence, half of them do not state that they have been directly attended to by the services**.
- According to the professionals, **it is more common to attend to the mothers directly**, understanding that they are the ones affected and that the intervention with them will also have an impact on the children. There are, however, **many differences between services in all the findings**. Shelter services due to GBV, SARA and EAIA directly attend to the children and adolescents more often, while CSS do so less often.
- The fact that the children attended to at the SAN were most often aged between 6 and 11 and living with their mother, **indicates a certain difficulty in directly attending to adolescents, as well as difficulties in reaching those who live with both parents or in other situations**.

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5. Difficulties with being a mother in situations of gender-based violence. Discrepancies expressed between professionals and mothers. The impact on mother-child relationships.

- **One of the notable findings from the research is that the professionals and mothers stand at opposite ends of the spectrum in considering maternal abilities: the professionals consider that the mothers have great difficulty playing their role as parent, while the mothers basically attribute great ease**, which tells us that there is a complex starting point for intervention. We thus see that the professionals overestimate the difficulties and the mothers overestimate the ease, either due to self-conviction or fear when faced with the service.

- **The mothers maintain that it is very easy to love their children, keep track of their health and education, encourage friendships and stimulate them.** It is slightly more difficult to encourage family relationships and even more still to attend to basic needs, and particularly to guarantee their safety and establish boundaries for them.

- **The professionals feel that the mothers have moderate difficulty in ensuring their children's safety and establishing boundaries for them, with creating emotional bonds, empathy and stimulation.** Aspects related to favouring the children's relationship with extended family, friends and school support stand out as being frequently rated as "neither too easy nor too difficult". The only aspect that stands out as "moderately easy" is keeping track of the child's health, followed by basic care. There are also differences in perception between services.

- The discussion groups and interviews show how **the mother-child relationships are very much affected**. The children pin the expectation of change on the mother in particular, and the fact that she does not take this step is reason for disappointment and anger. The professionals also pin this expectation on the mother. Children and adolescents often expect the mother to act, to look after herself and to think about them; where the mother does not take steps to free herself or free them from the violence, this expectation of change disappears as they grow up, and difficult or disappointing, or ambivalent relationships appear. Situations of positive relationships and protective relationships of the children towards the mother also appear.

- **The advice that children and adolescents, but also the mothers who have gone through it, give to the mothers who are still in this situation** is particularly for them to: separate from the aggressor; seek help from professionals, family and friends; look after themselves so they can look after their children, protect their children and try to be financially independent.

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6. Support required by children and mothers. Serious difficulties in repairing the damage.

- The majority of the mothers surveyed think that the children did not receive assistance from the services and the professionals, and this is also what the young people say. Among the services they have had, mothers and young people agree on highlighting, firstly, **leisure activities**. The mothers also think that **school and psychological support** have been useful for their children, largely agreeing with the young people who have been able to benefit from these services. Mothers and young people **have not found assistance from the judicial system to be very useful**. The professionals observe that the mothers ask for psychological treatment, emotional support and financial assistance for their children. Also **assistance with the father's visits and a safe place to live**, but the professionals do not rate financial assistance, the police or telecare for children and adolescents as very useful; on the other hand, they do value leisure activities.

- In the immediate surroundings, mothers consider **the support from the children as very useful, in the same way as the young people do with their mothers, followed by friends, other relatives, and for the children, the support from siblings**. They agree with the professionals.

- The mothers report that the type of support **they received most was psychological treatment and emotional support**, and that **they lacked, in particular, financial assistance, knowing how to be a mother in these situations and having a safe place to live**. The professionals, for their part, think that asking for information on gender-based violence is not very common among the mothers and even less common are requests to protect the children or telecare, although **these assessments are very much dependent on the service provided** and they recognise that they offer less financial assistance than what the mothers ask for.

- **The young people**, for their part, highlight that **they had considerable school support (63%).** They also recognise having had **someone to talk to and emotional support**, although they say that **they needed more** than they received (and in any case, much more than the mothers think), **as well as more financial support and more information on gender-based violence**. A safe place to live stands out more for females than males.

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- The discussion groups and interviews highlight the **serious difficulties in repairing the damage**. The mothers say it can be repaired by **giving them affection**, but the children in particular think that it is **necessary to leave and get away from the aggressor and that it does not happen again**, as well as **treatment for the father**. The importance of receiving both **psychological care** as well as care from other professionals, such as social educators, teachers and instructors also stands out. It is worth highlighting the number of times they say the damage cannot be repaired**. Family and social support for the children, support from and the involvement of the school, friendships and leisure are very often indicated as being able to help a lot**. Being able to talk about it openly, the mother changing her attitude and making a decision to protect her children, together with not talking badly about the father continuously are also aspects mentioned. **Many young people end up saying that it must be accepted and they must look to the future, and that the passage of time can make it better**.

7. Lack of information in the database about the aggressor. Little police and judicial protection of the mother and children. Little treatment for the father. Difficult relationships between children and father.

- **Lack of information in the databases about the aggressor**, indicating that work was often being done without systematically recording the information about one part of the problem.

- In general, the aggressor is **the biological father** according to the questionnaires from the mothers and young people surveyed. Only 20% of the mothers state that the aggressors have received some kind of treatment for drug addiction, mental health, gender-based violence or something else, and the majority of women (87.8%) think **it would be important for them to be treated**.

- Only 34.4% of the mothers surveyed say they have judicial or police protection measures in place. In the EAD database, two-thirds of the women attended to had parental authority for their children jointly with the father, with both having custody; this situation leaves both the mother and children and adolescents more exposed when gender-based violence takes place (although the SAN database showed that three-quarters of the children and adolescents lived with the mother, a proportion similar to that of the young people who answered the questionnaires).

- **Father-child relationships are very much affected**. The discussion groups and interviews highlight statements from children and adolescents regarding negative relationships, relationships of hate and anger, unfulfilled expectations of change and disappointment, as well as ambivalent relationships, and some, although few, positive relationships rescued in particular by fathers who were in treatment. All the same, it is worth noting that the children are much less likely to pin expectations of change on fathers, compared with the expectations they pin on mothers.

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8. Changes in the mothers and in the children after the intervention: considerable discrepancies in the perceptions of the social agents consulted. Difficulties in bringing about changes.

- The most positive changes after the intervention seen by the professionals focus on **the increase in the mothers' self-confidence and in feeling good with themselves, and in dealing and communicating with their children,** which are also the areas valued most by the women. However, **it is observed that, in all aspects, the professionals report many more improvements than the mothers themselves.** This is probably due to the professionals' desire to put emphasis on the small conquests within a very complicated situation, tending to overestimate the positive results achieved. The other explanation, though, is that the mothers, as we have seen in point 5, may be very biased against making a positive evaluation. As they do not recognise having too many difficulties in raising their children, they do not say they need great improvements in this aspect, which is the opposite perception to that of the professionals.

- The areas where the mothers notice most that they have not changed are those that have to do with their family and dealing with their children, their friendships and the perception of future, and they have got **worse with their worries**.

- In terms of the changes perceived in the children after the intervention, **a large number of professionals indicate the response "don't know"**, which is consistent with the fact that they have not attended to many of the children directly, or also with the difficulties of treating and evaluating child and adolescent cases.

- In addition, among the cases that do see changes, **the perceptions of professionals and young people go in opposite directions.** For example, for the young people, the changes rated positively are mainly connected with feeling **happier, with how they perceive their future, with the opportunity of expressing themselves regarding the situation of violence that they experienced, with feeling more relaxed, and with feeling more self-confident and secure**, areas that have fewer assessments of change for the better by the professionals. It is also worth noting that among the young people, the area most likely to show changes in both directions is that of their **studies**.

- Furthermore, it should be added that **very significant differences are observed between the services** that responded: CSS, EAIA, PIAD, SARA and shelter services due to GBV.

- The discussion groups and interviews identified **obstacles in social intervention processes** in cases of gender-based violence such as: difficulties in working on the mother's emotional situation, lack of professionals and specific services, caseload pressure, problems with pathways and coordination between services, difficulties in judicial processes and the mothers' lack of financial resources. Problems also stand out that are related to going to the centre for emergency and long-term shelter due to gender-based violence, difficulties in direct care for children and adolescents and the lack of professional training, attention to cultural differences, care spaces that are inappropriate for children and adolescents and the lack of care or insufficient care for the men responsible for gender-based violence.

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9. Shelter services for women who experience gender-based violence have increased in recent years

- According to the EAD database, 11% of mothers had been sheltered. Residential support and care services have increased significantly in recent years, which has contributed to the increase in these kinds of services. In the questionnaires, we thus find that 29% of the mothers had used a gender-based violence shelter service, while among the young people surveyed this figure is 20%. The overall assessments of the mothers are quite positive, although the sample is small in the questionnaires; however, they contrast with the negative assessments that appear in the discussion groups with children and adolescents who are in shelters.

10. Results cannot be evaluated with the databases available: The objectives at the start of the intervention are not recorded in a manner that allows them to be used electronically, nor does it allow for analysing the results, or reason for closing the case.

- In the EAD database, the most frequent reason for closure, in one-third of cases, is due to **abandonment of the service** by the user. Different interpretations are possible. Some of the services consider that a high percentage of abandonments is only "to be expected", because the women's recovery objectives are often very different from the professionals' objectives, and also because there are women with very ambivalent attitudes towards the situations of gender-based violence that they are experiencing.
- 18.8% of interventions are closed due to **achieving the planned objectives**. This very low percentage could be interpreted as meaning there are only few cases that complete the process; however, since the intervention objectives are not recorded in a manner that allows them to be used electronically, they cannot be contrasted with the closure of cases due to achieving the planned objectives.
- In the SAN database, the main reason for closure is due to **completing the planned work process** (39.3%). But it is notable that one-quarter of users abandon the service and that another similar proportion **voluntarily drops out. Ultimately, it is not clear how these results can be evaluated**.

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11. Mothers and young people highly satisfied with the care received. High satisfaction with the specific care services for gender-based violence and specific care services for women based on their intervention, although very low for other services.

- **The satisfaction with the care received is fairly high among the mothers** (7.5 out of 10) and **even higher among the young people** (8.4).

- The young people who **directly suffered from violence** show lower satisfaction with the care received, which also matches the perceptions shown by the mothers. Among the mothers, **those over the age of 50 are less satisfied, while those who have recently stopped experiencing violence are more satisfied**.

- The mothers and children are also highly satisfied with the care received from the SARA. The children are also highly satisfied with the care from the SAN. The **satisfaction is, in general, higher among the mothers whose children** have received direct care from any of these services, than among mothers whose children did not receive care. This matches the assessment **also made by the young people**.

- **The overall satisfaction of the professionals with the work they do related to gender-based violence stands at 6.6 out of 10 points, which is not very high**, although there are considerable differences between the services: the most satisfied professionals are those who work for the shelter **services** due to GBV **(above 8 out of 10)**, followed by professionals from the **SARA (7.4) and PIAD (7).** The services with less satisfied professionals are the **CSS (5.6)** and **EAIA (5.3), which, despite not being specifically for gender-based violence, handle many cases**. The older the professionals, the less satisfied they are with the work they do, while less satisfaction is also observed among social workers.

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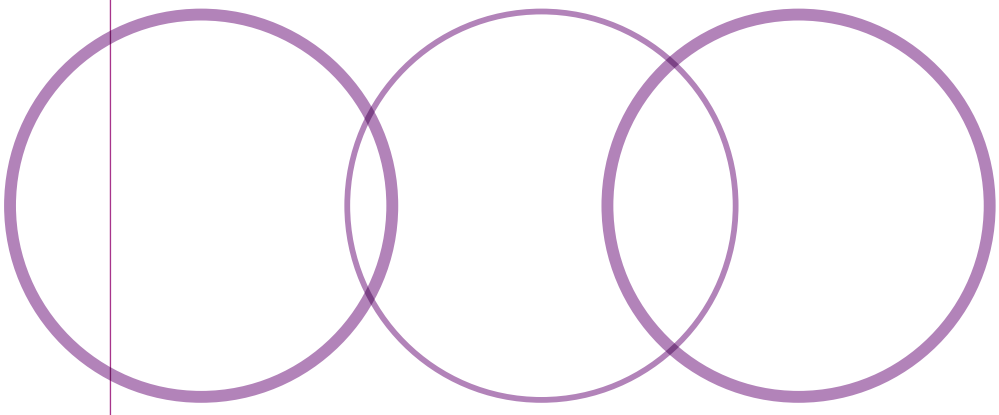
12. Proposals for the professional intervention done by all the agents involved.

- In addition to showing appreciation for and satisfaction with the services, mothers, children, adolescents, young people and fathers show great capacity for reflection, collaboration with the research and ability to contribute important ideas. They recommend that the professionals have patience (even faced with their possible inappropriate remarks), flexibility, adaptation to each person's pace, **empathy and an attitude of active listening. Mothers, children and professionals** energetically demand that there be **improvements in the judicial sphere and the judiciary, since the judicial system does not help**, that there be **more work with children and adolescents**, and that **the information for families** as well as the **training of the professionals be improved**. There are also demands from the professionals regarding the fact that there needs to be an **increase in the number of professionals; better financial and housing assistance**; **better coordination between services**; **more involvement from the school** with children and adolescents; more **group work**; **improvement of the** gender-based violence shelter services; **treatment for the aggressors;** as well as **reviewing the pathways and roles of the services**, **reconsidering the multi-purpose nature of the CSS**, **extending treatments and improving teamwork.**



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12.
RECOMMENDATIONS AND PROPOSALS FOR IMPROVEMENT

We conclude with a section on highlighted focuses for improvement based on the study on the impact of gender-based violence on children, on mothers and on mother-child relationships. Below, we outline proposals that range from early detection to results assessment and treatment, spread over 10 points:

1. **Early detection and care** from **all agents**, whether they care for mothers and fathers or whether they are child and adolescent services: education, health, early care, free time, social services, justice, judiciary and other services in the region. **Steps must be taken to avoid cases arriving so late and having such a negative impact on children and adolescents.**

» **Schools and other child and adolescent services must be included in the detection and treatment pathway**.

» **Thinking about safe spaces where children and adolescents can express their fears and worries about what is going on at home and thus contribute to early care for the problem**. The professionals from schools, leisure activity centres or other spaces aimed at children and adolescents, could be trained on how to provide spaces for active listening to children and adolescents who are experiencing these situations, and at the same time have clear routes for informing the relevant services where necessary.

» This means, among other things, that the first-level services must work consistently as a network and that this must take place within a wider framework of preventive actions. There must be some instance with the task of maintaining a global and "longitudinal" vision of the lives of the children and adolescents. Prevention programmes must be developed that can be and will be evaluated.

2. **As regards early detection, it is important for the information to actually be accessible to anyone suffering from the problem,** both young and old, so that they can put strategies into effect to get out of the situation of gender-based violence. Awareness-raising and information campaigns must be promoted in schools, sports centres and leisure activity centres.

» Setting up channels via telephone, internet, social networks, instant messaging, etc. that are accessible for children and adolescents, where they can communicate or simply ask for information about a situation that concerns them, in a flexible and anonymous way if necessary. The information about these channels of communication must be accessible from places where children are found.

» Informing and training children and adolescents and encouraging them to ask for help if they are experiencing gender-based violence.

» Getting advice from children and adolescents and getting them involved in designing these campaigns and outreach programmes, so that they are more efficient and realistic.

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3. **There is a clear need to take children and adolescents more into account in interventions in situations of gender-based violence.** Including them directly in the case evaluation phase and in the proposals and, subsequently, in the treatment for the harm they have suffered once they are protected from the gender-based violence, in order to repair the damage done and work on the relationships between the children and parents, if necessary. The findings indicate some crucial challenges that must be taken on by the services aimed at children and adolescents:

» Really taking into account the opinion of the boys and girls when making decisions that will affect their lives: changing home and schools, changing leisure activities, type of intervention or treatment they receive, living situation and visiting arrangements with the father.

» Children and adolescents give the school world a leading role in these situations, something that is very important to bear in mind. Information and training should start to be provided to the professionals who work there. The same happens with leisure activities, which must be encouraged.

» The professionals who have contact with children and adolescents need to be familiar with and study in depth the most appropriate socio-education and psychological intervention techniques for situations of gender-based violence.

» The boys' and girls' perspectives give us a different, enriching view about the characteristics of the support they need, which includes being able to increase the connection between professionals and young people. Assessing the importance for them of being able to talk about it and, therefore, attitudes of empathy and active listening from the professionals.

» It is necessary to adapt the physical spaces where children and adolescents are attended to at the CSS.

» For children experiencing problems, it is necessary to prevent them from feeling like they are the problem and that that is why they need treatment. It is necessary to offer accompanied unconditional assistance regarding their experiences and points of view at the same time as talking to them about the problem that needs to be addressed.

4. Considering **the boys' and girls' stability as a key topic**: especially avoiding changing schools, separation from friends and leisure activities that they are already doing. In order to simultaneously ensure the safety of the children and adolescents, this means providing direct support—economic, psychosocial and legal—for these resources. This also means:

» Promoting all the relationships that represent support for them (family and friends are particularly important). Steps must be taken to prevent them from losing the networks with which they are usually associated, and if that is not possible, working to make new ones.

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» Looking after feelings, emotional bonds with the people who are most important to them.

» Working to ensure that any service or professional takes into account the totality of the case over the course of the lives of these children. Among other things, this could prevent repeating situations that are doomed to fail.

5. One of the key issues is the importance of **providing protection and safe environments to children and adolescents who are experiencing gender-based violence at home.** We know that, on the one hand, they are often in very high-risk situations, and that they can be used to hurt the mother, even to the extremes of causing them serious harm or death. On the other hand, the research findings show us that the **children and adolescents do not have good experiences with situations of maximum protection,** such as e.g., being admitted to gender-based violence shelter, or having their home changed constantly, since they lose **their rights or their rights are reduced**: attending class, continuing to enjoy their friendships and leisure activities (for the duration of the emergency sheltering in high-risk situations), etc. This **dilemma** requires a serious rethink of the matter so that protection does not come at the cost of other rights. This means, for example:

» **Improving emergency and long-term sheltering, especially the sheltering conditions for children and adolescents**, doing as much as possible to avoid disconnecting them and isolating them from their everyday routine. Some ideas could be examined, such as following classes online and being able to go back to the same school or even still attending the school, as well as internet access and maintaining the bond with friends. It is necessary to be able to work on all aspects while they are "protected", giving them tools so they do not have to later cope on their own.

» Providing support and guaranteeing safety for children and adolescents in all situations, including those arising from the visiting arrangements established with the fathers, especially from the perspective of the judicial sphere and the judiciary.

» Ultimately, thinking about proposals in relation to risk management, especially in contexts of medium/high or high risk, that will be as flexible and adaptable as possible to any situation to thus avoid excessive protection where this is not required, and instead, to apply it where it is needed. The children and adolescents have shared their opinion that each case needs to be personalised more.

6. Strengthening and improving **interventions and treatment techniques with the mothers, as the importance for the children of the decisions the mothers take has been established, and that these will have a bearing on mother-child relationships**. There must be interventions aimed at:

» Coping with the difficulties they have, caused by changes taking place in family relationships.

» Strengthening their maternal abilities.

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» Giving clear and purposeful support to their employability and to having housing. It must be taken into account that mothers who are freed from gender-based violence become single-parent families, with the resulting vulnerability and risk of poverty.

» Working with the mother so that she wants the children to continue to receive assistance.

» It must be made clear that the recovery from a situation of gender-based violence may be different when coming from the "role of wife" (or "of partner") as opposed to from the "role of mother". Professionals must focus on providing support to and looking after mother-child relationships, and they must take into account that the mothers' responses may sometimes be "extreme" to defend that they are capable of protecting their children.

7. Diversifying and increasing **treatment resources for aggressors.**

8. Establishing a system that makes it possible **to systematically evaluate the results of the intervention** using a computerised medium that is more useful for professionals.

» The SARA and CMAU-VM have started to use a new computerised system to collect and use information in the SIAS environment. It will also be necessary to move towards obtaining more global data from all the public social services involved in situations of gender-based violence, with the idea of a "city observatory" that makes it possible to monitor, learn from the evaluation and take policy and technical decisions.

» Systematic review of serious cases, with participation from experts, to learn and identify the factors present and develop preventive strategies.

» Care must be taken, at all levels, to avoid generalising the extreme cases of gender-based violence as if they were representative. It is necessary to monitor information that may be seen as improper generalisations, because it is seen as stark reality and may generate a lack of credibility among one segment of public opinion.

» Empirical evidence must be accumulated to learn, from experience, which situations can have a more serious negative impact on the development of children and adolescents.

» It must be taken into account that in 20% of cases, the aggressor is not the biological father.

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9. **Urgently improving the entire mechanism of the judicial system and judiciary** that deals with gender-based violence, from a perspective of speed, proportionality, active listening to children, as well as effective and real protection measures for the mother and children, and treatment measures for fathers. The gender perspective as well as the child or adolescent perspective must be introduced. The following are thus necessary, for example:

   » More information and training among the professionals who make decisions in the judicial sphere and judiciary, regarding the impact of gender-based violence on the children.

   » Knowing what it means to the child or adolescent having to hide and change schools or temporarily stop attending class, because there is a risk that they or their mother will be hurt, instead of preventing this risk by acting on the aggressor. Knowing what it means to decide on visiting arrangements, which may last many years, without taking their voice into account. And a long etcetera that has been reflected in this report.

   » Progress must be made in considering the ethical limits in the exercise of the legal profession when the children may end up being affected even more, depending on the adults' line of defence.

10. **Reviewing the care pathways and roles of the services**. Discussing the multi-purpose nature of the municipal social services that deal with gender-based violence. Many professionals indicate that more specific training in childhood and adolescence is necessary in order to do well, in addition to more support, a review of ratios and the availability of a wider variety of resources. Intensifying networking, really creating trust between the services and sharing information; otherwise, it is difficult to intervene and we often end up causing families to explain their story again, with the exhaustion and mistrust this entails. Revictimisation must be avoided.

To finish, there is a clear need to provide more support to professionals to rectify the very low levels of satisfaction that many express. This dissatisfaction may be a good basis to initiate a process of change: in this study it has become evident that **a majority of professionals are very willing to participate, really showing awareness of the need for this change.**

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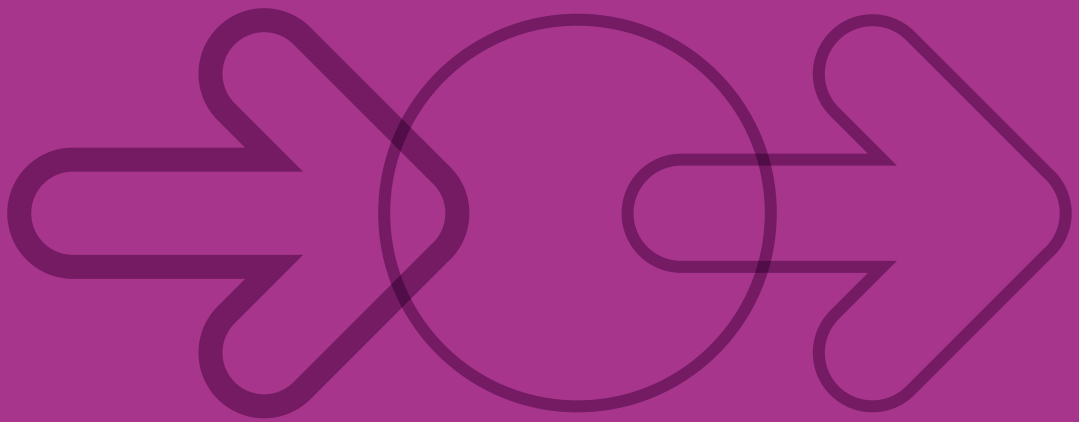

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APPENDIXES

A) Questionnaire for mothers receiving assistance for a situation of gender-based violence

This questionnaire forms part of a research project carried out by Barcelona City Council and the University of Girona. We would like to know more about the types of services that exist for people who have experienced gender-based violence, and how these services satisfy their needs.

We are interested in your points of view about the services you and your children are using and whether these services provide the support you would like.

- The survey is anonymous, and therefore you do NOT have to write your name.
- You do not have to answer any question that you do not wish to answer.
- This will not affect the work that the services do or have done with you.

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Questionnaire date: ..... / ..... / .....

GENERAL DESCRIPTION OF THE SITUATION

1) Year of birth: .....

2) Country of birth: .....

3) Level of education:
   - No schooling
   - Primary education
   - Secondary education
   - Higher education

4) Do you currently have paid employment?
   - Yes, full time
   - Yes, part time
   - No, I am unemployed
   - No, I live off an allowance
   - I am a student
   - I am retired

5) If you got an unexpected bill for €100, would it be easy for you to pay it?
   - It would be impossible
   - It would be slightly difficult
   - It would not be a problem

6) How many children do you have? ..

7) Year children were born:
   - .....
   - .....
   - .....

8) Do they currently live with you?
   - All of them
   - Some of them
   - None

9) In what year did the situation of violence begin, roughly?
   .....

10) If the violence has ended, in what year did it end, roughly?
    .....

11) If you no longer live with the aggressor, in what year did you stop living with this person?
    .....

12) The aggressor is:
    - The father of my children
    - My partner, who is not the father of my children
    - Other situations:
      .....

13) What type of violence did you suffer?
    - Physical
    - Psychological
    - Sexual
    - Financial
    - Others
      .....

14) Your children:
    - Have never witnessed or heard any scene of violence
    - Have witnessed or heard scenes of violence
    - Have directly suffered violence

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SERVICES AND SUPPORT FOR MOTHERS

15) What kinds of support or assistance would you need to deal with the situation of violence you suffered and what kind of support do you actually receive? *Place an X in the appropriate box.*

	I would need	I receive
None	☐	☐
I don't know	☐	☐
Someone to talk to	☐	☐
Information on gender-based violence	☐	☐
Emotional support	☐	☐
Support on knowing how to be a mother in situations of gender-based violence	☐	☐
Psychological therapy or treatment	☐	☐
Lawyer service	☐	☐
Financial assistance	☐	☐
A safe place to live with my children	☐	☐
Protecting my children even though they do not live with me	☐	☐
Assistance with my children's visits with their father	☐	☐
Mobile telecare service	☐	☐
Other assistance *(if this is the case, please write what kind)*		

16) How long have you been attended to by EAD/SAN/SARA?

- EAD: .....
- SAN: .....
- SARA: .....

17) How long have you been using an emergency and/or long-term shelter (in general)?

- Never
- ..... days
- ..... months
- ..... years

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18) Do you have judicial and/or police protection measures in place?
- No
- Yes What kind? .....

19) In the situation of gender-based violence that you are experiencing, what kind of assistance has been most useful for you? *Place an X in the appropriate box:*

PEOPLE	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I don't have this	I don't need this
The support of my children	☐	☐	☐	☐	☐	☐	☐
The support of my partner	☐	☐	☐	☐	☐	☐	☐
The support of the father of my children	☐	☐	☐	☐	☐	☐	☐
Other relatives	☐	☐	☐	☐	☐	☐	☐
My friends	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐
A religious or spiritual leader (priest, imam, etc.)	☐	☐	☐	☐	☐	☐	☐
Other:							

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OTHER SUPPORT	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I don't have this	I don't need this
Legal assistance from EAD/SAN/ SARA	☐	☐	☐	☐	☐	☐	☐
Psychological assistance from EAD/SAN/SARA	☐	☐	☐	☐	☐	☐	☐
Employment assistance from EAD/SAN/SARA	☐	☐	☐	☐	☐	☐	☐
Assistance from a social worker from EAD/SAN/SARA	☐	☐	☐	☐	☐	☐	☐
Assistance from a social educator from EAD/SAN/ SARA	☐	☐	☐	☐	☐	☐	☐
Social Services Centres	☐	☐	☐	☐	☐	☐	☐
PIAD	☐	☐	☐	☐	☐	☐	☐
Health services	☐	☐	☐	☐	☐	☐	☐
My children's school	☐	☐	☐	☐	☐	☐	☐
The law we have in this country	☐	☐	☐	☐	☐	☐	☐
The judicial system	☐	☐	☐	☐	☐	☐	☐
The police	☐	☐	☐	☐	☐	☐	☐
A lawyer (private/ court-appointed)	☐	☐	☐	☐	☐	☐	☐
Mobile telecare service	☐	☐	☐	☐	☐	☐	☐
Telephone line (112)	☐	☐	☐	☐	☐	☐	☐
Websites	☐	☐	☐	☐	☐	☐	☐

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OTHER SUPPORT	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I don't have this	I don't need this
Financial assistance	☐	☐	☐	☐	☐	☐	☐
A psychiatrist/ psychologist (not the one from EAD/ SAN/SARA)	☐	☐	☐	☐	☐	☐	☐
Mutual help groups	☐	☐	☐	☐	☐	☐	☐
Other:							

ACCOMMODATION	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I don't have this	I don't need this
My children's residential centre	☐	☐	☐	☐	☐	☐	☐
The emergency shelter (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Accommodation in a guest house/ hostel	☐	☐	☐	☐	☐	☐	☐
Long-term shelters (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Sheltered flats (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Other:							

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20) What changes have you noticed in yourself, after being attended to by EAD/SAN/SARA? *Place an X in the appropriate box*

	I feel worse	I haven't noticed any change	I feel better
With yourself	☐	☐	☐

	I feel like I'm in a more dangerous/ risky situation	I haven't noticed any change	I feel safer
With your safety	☐	☐	☐

	I see a worse future	I haven't noticed any change	I see a better future
About your future	☐	☐	☐

	I have less confidence in myself	I haven't noticed any change	I have more confidence in myself
Regarding confidence in yourself	☐	☐	☐

	I'm sadder	I haven't noticed any change	I'm happier
About your feelings	☐	☐	☐

	I'm more worried	I haven't noticed any change	I'm less worried
About your worries	☐	☐	☐

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	I feel more distant/isolated	I haven't noticed any change	I feel closer
With friends	☐	☐	☐

	I feel more distant/isolated	I haven't noticed any change	I feel closer
With family	☐	☐	☐

	I feel more distant	I haven't noticed any change	I feel closer
With the communication with your children	☐	☐	☐

	I'm less able to deal with them	I haven't noticed any change	I'm better able to deal with them
With dealing with your children	☐	☐	☐

	I feel more burdened	I haven't noticed any change	I feel more free
I feel less burdened/ more free	☐	☐	☐

Is there anything else you've noticed that is different now?

.....

.....

.....

21) Is the aggressor receiving any kind of treatment or assistance?
   - ◦ No
   - ◦ Yes (what kind?): .....
   - ◦ I don't know and I'm not interested in knowing
   - ◦ I don't know, but I would be interested in knowing

22) Do you think it's important for the aggressor to receive some kind of treatment or assistance?
   - ◦ Yes (what kind?): .....
   - ◦ No

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SERVICES AND SUPPORT FOR CHILDREN

23) Have your children had direct contact with any of these services?

- EAD
- SAN
- SARA

24) What kind of support or assistance do you believe your children would need to be able to deal with the violence or its effects, and what kind of support do they actually receive? *Place an X in the appropriate box*

	They would need	They receive
None	☐	☐
I don't know	☐	☐
Someone to talk to. To whom?	☐	☐
Information on gender-based violence	☐	☐
Specific support within their school	☐	☐
Support for doing homework outside of school	☐	☐
Emotional support/help with feelings	☐	☐
Psychological therapy or treatment	☐	☐
A safe place to live even if it is without me	☐	☐
Protecting my children even though they do not live with me	☐	☐
Assistance with the visits with their father	☐	☐
Mobile telecare aimed at my children	☐	☐
Financial assistance for my children	☐	☐
Other assistance *(what kind)*:		

25) How do you think the situation of violence affects your children?

.....

.....

.....

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26) How do you think the harm done to your children could be repaired?

.....

.....

.....

27) Of all the actions you carry out, which do you believe is most useful for your children?

.....

.....

.....

28) What kind of support or who helps your children the most?
Place an X in the appropriate box.

PEOPLE	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	They don't have this	They don't need this
Me	☐	☐	☐	☐	☐	☐	☐
The support of their support	☐	☐	☐	☐	☐	☐	☐
The support of my partner	☐	☐	☐	☐	☐	☐	☐
The support of their siblings	☐	☐	☐	☐	☐	☐	☐
Other relatives	☐	☐	☐	☐	☐	☐	☐
Their friends	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐
Other:							

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OTHER SUPPORT	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	They don't have this	They don't need this
Assistance from EAD/SAN/SARA	☐	☐	☐	☐	☐	☐	☐
Social services	☐	☐	☐	☐	☐	☐	☐
My teacher	☐	☐	☐	☐	☐	☐	☐
The school in general	☐	☐	☐	☐	☐	☐	☐
Their paediatrician	☐	☐	☐	☐	☐	☐	☐
Leisure activities	☐	☐	☐	☐	☐	☐	☐
The judicial system	☐	☐	☐	☐	☐	☐	☐
The police	☐	☐	☐	☐	☐	☐	☐
Telephone line (112)	☐	☐	☐	☐	☐	☐	☐
Websites	☐	☐	☐	☐	☐	☐	☐
A psychiatrist/ psychologist (not the one from EAD/ SAN/SARA)	☐	☐	☐	☐	☐	☐	☐
Mutual help groups	☐	☐	☐	☐	☐	☐	☐
The meeting point	☐	☐	☐	☐	☐	☐	☐
Other:							

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ACCOMMODATION	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	They don't have this	They don't need this
The residential centre for children	☐	☐	☐	☐	☐	☐	☐
The emergency shelter (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Accommodation in a guest house	☐	☐	☐	☐	☐	☐	☐
Long-term shelters (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Sheltered flats (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Other:							

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29) In terms of the care for your children, which areas do you currently find the most difficult? *Place an X in the appropriate box.*

	Very difficult	Moderately difficult	Neither very nor slightly difficult	Moderately easy	Very easy
Basic care and attention	☐	☐	☐	☐	☐
Ensuring their safety	☐	☐	☐	☐	☐
Giving them love	☐	☐	☐	☐	☐
Stimulation	☐	☐	☐	☐	☐
Guidance and boundaries	☐	☐	☐	☐	☐
Keeping track of their health	☐	☐	☐	☐	☐
Support for their education	☐	☐	☐	☐	☐
Encouraging their friendships	☐	☐	☐	☐	☐
Encouraging their relationships with other relatives	☐	☐	☐	☐	☐
Other:					

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FINAL ASSESSMENTS

30) How satisfied are you with the overall care received from EAD/SAN/SARA?

Not at all satisfied										Totally satisfied
0	1	2	3	4	5	6	7	8	9	10

31) What would you recommend to women who have gone through the same situation as you?

32) What would you recommend to the professionals from the services that attend to women who have gone through the same situation as you? What would you recommend to institutions?

Would you like to add any other comment?

This is the end of the survey. ***Thank you for your help.***

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B) Questionnaire for young people who have experienced or are experiencing a situation of gender-based violence

This questionnaire forms part of a research project carried out by Barcelona City Council and the University of Girona. We would like to know more about the types of services that exist for people who have experienced or are experiencing gender-based violence, and how these services satisfy their needs.

We are interested in finding out your points of view about the services that provide support in situations such as the ones that you experienced or are experiencing.

- The survey is anonymous, and therefore you do NOT have to write your name.
- You do not have to answer any question on the questionnaire that you do not wish to answer.
-

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B) Questionnaire for young people who have experienced or are experiencing a situation of gender-based violence

Questionnaire date: ..... / ..... / .....

GENERAL DESCRIPTION OF THE SITUATION

1) Age: .....

2) Country of birth: .....

3) Gender:
   - Female
   - Male

4) Who do you live with right now? *You can mark as many boxes as needed*
   - Mother
   - Father
   - Other relatives (grandparent(s), uncles/aunts, etc.)
   - Foster family
   - Residential centre
   - Mother's partner
   - Father's partner
   - Siblings
   - Independent, on my own
   - Others: .....

5) I'm a student:
   - ESO
   - Intermediate level vocational training What kind?
   - Advanced level vocational training What kind? .....
   - Non-compulsory pre-university education (Bachillerato) What kind? .....
   - Higher education (university) What kind? .....
   - Initial Vocational Qualification Programme (PQPI) (or social guarantee programmes or similar)
   - I'm not a student
   - Others .....

6) I'm working:
   - I work full time
   - I work part time
   - I do odd jobs
   - I'm not working, but I get an allowance or subsidy
   - I'm not working and I don't get any funds
   - Others .....

7) If you are a student, do you think that .....
   - My studies are going well
   - I have some problems with my studies
   - My studies are going very badly

8) Have you ever had school support?
   - Yes
   - No

9) When did the situation of violence begin, roughly?
   - Before I was born
   - When I was years old

10) When did it end, roughly?
   - It is ongoing
   - It ended when I was .... years old

11) The aggressor was:
   - My father
   - My mother's partner
   - Other situations: .....
     .....

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12) In terms of the violence:

- I have never witnessed or heard any scene of violence against my mother
- I have witnessed and/or heard scenes of violence against my mother
- I have directly suffered violence

13) Thinking about your experience, what kind of support or assistance would you have needed to deal with the situation of violence, and what kind of support did you actually receive? *Please mark the appropriate box*

	You would have needed	You received
None	☐	☐
I don't know	☐	☐
Someone to talk to With whom?	☐	☐
Information on gender-based violence	☐	☐
School support	☐	☐
To do an extracurricular activity	☐	☐
A lawyer for me	☐	☐
A safe place to live with my mother	☐	☐
A safe place to live without my mother	☐	☐
Assistance with difficult feelings	☐	☐
Assistance with money	☐	☐
Assistance with the visits with my father	☐	☐

Other assistance
(what kind) .....

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14) Have you received direct assistance or care due to gender-based violence at any of the following services? If yes, state for how long, roughly, you were attended to there:
   - I've never been directly attended to by any of these services
   - EAD: .....
   - SAN: .....
   - SARA: .....

15) How long were you sheltered through a service (shelter or guest house) with your mother?
   - Never
   - ..... days
   - ..... months
   - ..... years

16) Thinking about your experience, what kinds of assistance have been most useful for you? Please mark the box "I haven't had any" or "I haven't needed any" if applicable. *Place an X in the appropriate box*

PEOPLE							
	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I haven't had any	I haven't needed any
The support of my mother	☐	☐	☐	☐	☐	☐	☐
The support of my father	☐	☐	☐	☐	☐	☐	☐
The support of my mother's partner	☐	☐	☐	☐	☐	☐	☐
The support of my father's partner	☐	☐	☐	☐	☐	☐	☐
The support of my siblings	☐	☐	☐	☐	☐	☐	☐
Relatives on my mother's side	☐	☐	☐	☐	☐	☐	☐
Relatives on my father's side	☐	☐	☐	☐	☐	☐	☐
My friends	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐
Other people:							

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B) Questionnaire for young people who have experienced or are experiencing a situation of gender-based violence

OTHER SUPPORT	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I haven't had any	I haven't needed any
EAD/SAN/SARA	☐	☐	☐	☐	☐	☐	☐
Social services	☐	☐	☐	☐	☐	☐	☐
My teacher	☐	☐	☐	☐	☐	☐	☐
My doctor	☐	☐	☐	☐	☐	☐	☐
My school	☐	☐	☐	☐	☐	☐	☐
Leisure activities	☐	☐	☐	☐	☐	☐	☐
The law	☐	☐	☐	☐	☐	☐	☐
The judicial system	☐	☐	☐	☐	☐	☐	☐
The police	☐	☐	☐	☐	☐	☐	☐
A lawyer (private or court-appointed)	☐	☐	☐	☐	☐	☐	☐
Telephone line (112)	☐	☐	☐	☐	☐	☐	☐
Websites	☐	☐	☐	☐	☐	☐	☐
Financial assistance	☐	☐	☐	☐	☐	☐	☐
A psychiatrist/ psychologist (not the one from EAD/ SAN/SARA)	☐	☐	☐	☐	☐	☐	☐
Mutual help groups	☐	☐	☐	☐	☐	☐	☐
Meeting points	☐	☐	☐	☐	☐	☐	☐

Other support: .....

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B) Questionnaire for young people who have experienced or are experiencing a situation of gender-based violence

ACCOMMODATION	Not at all useful	Slightly useful	Fairly useful	Useful	Very useful	I haven't had any	I haven't needed any
The residential centre for children	☐	☐	☐	☐	☐	☐	☐
The emergency shelter (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Accommodation in a guest house/ hostel	☐	☐	☐	☐	☐	☐	☐
Long-term shelters (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Sheltered flats (due to gender-based violence)	☐	☐	☐	☐	☐	☐	☐
Other:							

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17) Could you say that you've noticed any change in yourself after being attended to by this service (EAD/SAN/SARA)? *Place an X in the appropriate box*

	Worse than before	I haven't noticed any change	Better than before
I've felt relaxed	☐	☐	☐
I have more confidence in myself	☐	☐	☐
I've felt worried	☐	☐	☐
I've felt happy	☐	☐	☐
I've been able to talk about the violence experienced	☐	☐	☐
The relationship with my mother is...	☐	☐	☐
The relationship with my father is...	☐	☐	☐
The relationship with my siblings is...	☐	☐	☐
The relationship with my mother's family is...	☐	☐	☐
The relationship with my father's family is...	☐	☐	☐
The relationships with my friends are...	☐	☐	☐
The relationship with my partner is...	☐	☐	☐
I've felt safe with my mother's family	☐	☐	☐
I've felt safe with my father's family	☐	☐	☐
I've felt safe everywhere	☐	☐	☐
With work I'm...	☐	☐	☐
With my studies I'm...	☐	☐	☐
When going to sleep I'm...	☐	☐	☐
With eating I'm...	☐	☐	☐
My vision of the future is...	☐	☐	☐

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Have you noticed any change in anything else?

---

18) How did you use to react to the situations of violence?

---

19) Did someone or has someone taken steps to stop the situation of violence?
    - Your mother
    - Your father
    - Yourself
    - One of your siblings
    - Other relatives
    - Other people. Who? etc.
    - No one

20) After these steps, the violence...
    - Stopped/disappeared
    - Lessened
    - Stayed the same
    - Got worse

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B) Questionnaire for young people who have experienced or are experiencing a situation of gender-based violence

21) Out of everything your mother has done, what has helped you most?

22) Out of everything your father has done, what has helped you most?

23) How do you think experiencing this situation of violence has affected you?

24) How do you think the damage caused can be repaired?

25) How do you learn to live with the situation you have gone through?

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26) If you have been attended to by any of the services (EAD/SAN/SARA), how satisfied are you with the care received?

Not at all satisfied										Totally satisfied
0	1	2	3	4	5	6	7	8	9	10

27) Thinking about boys and girls that have gone through the same situation as you, what would you recommend to them?

Thinking about the services that attend to women and their children who have gone through the same situation as you, what would you recommend to the professionals?

28) Thinking about mothers with children who are experiencing situations of gender-based violence, what would you recommend to them?

Would you like to add any other comment?

This is the end of the survey. ***Thank you for your help.***

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C) Questionnaire for professionals

This questionnaire forms part of a research project carried out by Barcelona City Council and the University of Girona on *the impact of gender-based violence and recovery processes on children and adolescents, on mothers and on mother-child relationships*. The objective is to find out what kinds of services exist for people who have experienced gender-based violence and how these services satisfy their needs from the professional point of view.

- The survey is anonymous, and therefore you do NOT have to write your name.
- You do not have to answer any question that you do not wish to answer.
- This will not affect the work you do within your service.

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PROFESSIONAL DETAILS (* Obligatory)

1) Year of birth* .....

2) Gender*
   - Male
   - Female

3) Years of experience working with situations of gender-based violence
   - Less than one year
   - 1-3 years
   - 4 years or more

4) Professional profile
   - Social worker
   - Psychologist
   - Social educator
   - Lawyer
   - Family worker
   - Others .....

5) Service you work for*
   - Servei d'Atenció, Recuperació i Acollida [Care, Recovery and Shelter Service] (SARA)
   - Centres de Serveis Socials [Social Services Centres] (CSS)
   - Public shelter services (Council Municipal Centre for Emergency Shelter due to Gender-based Violence (CMAU-VM), Barcelona Social Services Consortium House and Flats)
   - Private shelter services (entities)
   - Punt d'Informació i Atenció a les Dones [Women's Information and Care Points] (PIAD)
   - Equip d'Atenció a la Infància i l'Adolescència [Children and Young People's Care Team] (EAIA)
   - Servei d'Atenció Socioeducativa de l'Agència ABITS [ABITS Agency Socio-educational Care Service]

6) Your role within the service
   - Director/Coordinator
   - Technician
   - I do both

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QUESTION SECTION

7) What kind of support or assistance do the women you attend to ask for MOST OFTEN? *Please mark up to five responses*
   - None
   - Someone to talk to
   - Information on gender-based violence
   - Emotional support
   - Support on knowing how to be a mother in situations of violence
   - Psychological therapy or treatment
   - Legal advice
   - Financial assistance
   - A safe place to live with their children
   - Protecting their children even if this means without the mother
   - Assistance with the children's visits with their father
   - Mobile telecare service
   - Others: .....

8) What service or assistance do you provide most OFTEN to the women? *Please mark up to five responses*
   - None
   - Someone to talk to
   - Information on gender-based violence
   - Emotional support
   - Support on knowing how to be a mother in situations of violence
   - Psychological therapy or treatment
   - Legal advice
   - Financial assistance
   - A safe place to live with their children
   - Protecting their children even if this means without the mother
   - Assistance with the children's visits with their father
   - Mobile telecare service
   - Others: .....

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9) Thinking about the majority of women you attend to, what kind of assistance do you think is MOST USEFUL for them to deal with the violence?

a) In terms of people. *Please mark up to three responses*

- The support of their children
- The support of their partner, who is not the aggressor
- The support of the father, who is not the aggressor
- Other relatives
- Friends
- Neighbours
- Someone who acts as a religious or spiritual leader (priest, imam, etc.)
- Others: .....

b) In terms of other support. *Please mark up to five responses*

- Care from EAD/SAN/SARA
- Social Services Centres
- PIAD
- Health services
- Their children's school
- The law we have in this country
- The judicial system
- The police
- A lawyer (private or court-appointed)
- Mobile telecare service
- A telephone line (112, 016, 900 900 120)
- Websites
- Financial assistance
- A psychiatrist/psychologist (other than the one from EAD/SAN/SARA)
- Mutual help groups
- The residential centre for children and adolescents
- Shelter services due to gender-based violence
- Others: .....

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10) What changes do you usually notice in the majority of women who complete the work plan?

	They feel worse	No changes are noticeable	They feel better	I don't know
With themselves	☐	☐	☐	☐
With their safety	☐	☐	☐	☐
About their future	☐	☐	☐	☐
With their confidence in themselves	☐	☐	☐	☐
About their feelings	☐	☐	☐	☐
About their worries	☐	☐	☐	☐
With friends	☐	☐	☐	☐
With family	☐	☐	☐	☐
With the communication with their children	☐	☐	☐	☐
With the way they deal with their children	☐	☐	☐	☐

Is there any other aspect to add regarding the possible changes in the mothers you attend to?

.....
.....
.....

11) At your service, you usually attend to: *Please mark from least to most frequent.*

OTHER SUPPORT	Very rarely	Rarely	Occasionally	Frequently	Very frequently
The mother and the children directly	☐	☐	☐	☐	☐
The mother directly (the children indirectly)	☐	☐	☐	☐	☐
The children directly and the mother indirectly	☐	☐	☐	☐	☐

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12) What changes do you usually notice most OFTEN in the majority of the children and women who have suffered gender-based violence, who you attend to and who complete the work plan?

	They feel worse	No changes are noticeable	They feel better	I don't know
They feel relaxed	☐	☐	☐	☐
They have confidence in themselves	☐	☐	☐	☐
They feel worried	☐	☐	☐	☐
They feel happy	☐	☐	☐	☐
In talking about the violence experienced	☐	☐	☐	☐
With the relationship with their mother	☐	☐	☐	☐
With the relationship with their father	☐	☐	☐	☐
With the relationship between siblings	☐	☐	☐	☐
With the relationships with the rest of the family	☐	☐	☐	☐
With the relationships with friends	☐	☐	☐	☐
With the relationship with their partner	☐	☐	☐	☐
They feel safe with the family	☐	☐	☐	☐
They feel safe everywhere	☐	☐	☐	☐
With their work	☐	☐	☐	☐
With their studies	☐	☐	☐	☐
With sleeping	☐	☐	☐	☐
With eating	☐	☐	☐	☐
With their vision of the future	☐	☐	☐	☐

Is there any other aspect to add regarding the possible changes in the children you attend to?

.....

.....

.....

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13) What kind of support or services do the women ask for their children MOST OFTEN? *Please mark up to five responses.*

- None
- They don't know
- Someone to talk to
- Information on gender-based violence
- Specific support within their school
- Support for doing homework outside of school
- Emotional support
- Psychological therapy or treatment
- A lawyer for them
- Financial assistance
- A safe place to live with the mother
- Protecting their children even if this means without the mother
- Assistance with the children's visits with their father
- Others: .....

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14) Which people or services usually provide the MOST assistance to the children of women who have suffered gender-based violence who you attend to?

a) In terms of people. *Please mark up to three responses*

- ◦ The support of the mother
- ◦ The support of the father, who is not the aggressor
- ◦ The support of the mother's partner, who is not the aggressor
- ◦ The support of the siblings
- ◦ Other relatives
- ◦ Friends
- ◦ Neighbours
- ◦ Someone who acts as a religious or spiritual leader (priest, imam, etc.)
- ◦ Others: .....

b) In terms of other support. *Please mark up to five responses*

- ◦ Care from EAD/SAN/SARA
- ◦ Social Services Centres
- ◦ PIAD
- ◦ Health services
- ◦ Their children's school
- ◦ The law we have in this country
- ◦ The judicial system
- ◦ The police
- ◦ A lawyer (private or court-appointed)
- ◦ Mobile telecare service
- ◦ A telephone line (112, 016, 900 900 120)
- ◦ Websites
- ◦ Financial assistance
- ◦ A psychiatrist/psychologist (other than the one from EAD/SAN/SARA)
- ◦ Mutual help groups
- ◦ A residential centre for children and adolescents
- ◦ A shelter services for abused women
- ◦ Others: .....

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15) In terms of mother-child relationships, thinking about the majority of women you attend to, which areas do you think, in general, are most difficult for them?

	Very difficult	Moderately difficult	Neither very nor slightly difficult	Moderately easy	Very easy
Basic care and attention for the child	☐	☐	☐	☐	☐
Ensuring the safety of the child	☐	☐	☐	☐	☐
Providing the child with emotional warmth	☐	☐	☐	☐	☐
Empathy	☐	☐	☐	☐	☐
Stimulation	☐	☐	☐	☐	☐
Guidance and boundaries	☐	☐	☐	☐	☐
Keeping track of their health	☐	☐	☐	☐	☐
Support for their education	☐	☐	☐	☐	☐
Encouraging their friend-ships	☐	☐	☐	☐	☐
Encouraging relationships with the extended family	☐	☐	☐	☐	☐

Other difficulties you would like to mention:

.....
.....
.....
.....

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16) 16. How satisfied are you with the job you do related to gender-based violence within the service where you work?

Not at all satisfied										Totally satisfied
0	1	2	3	4	5	6	7	8	9	10

17) Thinking about the women and their children who you attend to, give three proposals for improving your service:

18) Thinking about the women and their children who you attend to, give three obstacles or difficulties you find in your service:

Would you like to add any other comment?

This is the end of the survey. ***Thank you for your help.***

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IN-DEPTH INTERVIEWS[103]

For our research, we want to address gender-based violence and think about how the children in this situation can be assisted. We would like you to give us your opinion on the following issues and see if you can help us understand the problem and look for solutions:

1) What do you think are the view and feelings (different words can be used according to the level of comprehension) about the experience of violence faced by some children at home?

2) How do you think it affects them (the children), both at the time they experience it as well as when they are adults? What goes wrong for them due to the fighting between their parents at home?

3) What do you think their relationship with their mother is usually like? What would they like their mother to do for them?

4) What do you think their relationship with their father is usually like? What would they like their father to do for them?

5) What do the children usually do when there is fighting between their parents at home? Which of the things that they do is best for them/temporarily solves the problem? Which are worst/make the situation worse? (Coping mechanisms).

6) What kinds of assistance or support do the children who face these situations receive? Who helps them? What would they need to feel better? How do you think it could be solved? (In the area of the services and in general).

7) Recommendations that you make to the professionals, to the children, to the mothers and to the fathers who are facing these situations (ask separately).

The order can be changed; for example, you can start with 5 if you prefer. They can also be repeated differently throughout the discussion.

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103 Script based on:
Hogan, F. & O'Relly, M. (2007). *Listening to children: Children's stories of domestic violence.* Dublin: Department of Health and Children.
Mullender et al. (2002). *Children's perspectives on domestic violence.* London: SAGE Publications.

Specifying them according to the following areas:

- Themselves.
- Their family (mother, siblings, father, extended family).
- Their school (teachers, classmates, performance, games and other experiences).
- Friends (close, who they confide in).
- Health (physical, mental and relationship with the professionals).
- Free time (organised, informal activities).
- Multi-purpose/specific social services for gender-based violence/ shelter (how they see them, how they treat them, how they assist them).

Tenses:

- Past (assessments).
- Present.
- Future (aspirations).
- Perception of danger/risk and of repetition.

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IN-DEPTH INTERVIEWS[104]

For our research, we want to address the issue of gender-based violence and think about how the children in this situation can be assisted. We would like you to give us your opinion on the following issues and see if you can help us understand the problem and look for solutions:

1) What do you think are the view and feelings about the experience of violence faced by some children at home?

2) How do you think it affects them (the children), both when it occurs and when they are adults? What goes wrong for them due to the fighting between their parents at home?

3) What do you think their relationship with their mother is usually like? What would they like their mother to do for them?

4) What do you think their relationship with their father is usually like? What would they like their father to do for them?

5) What do the children usually do when there is fighting between their parents at home? Which of the things that they do is best for them/temporarily solves the problem? Which are worst/make the situation worse? (Coping mechanisms).

6) What kinds of assistance or support do the children who face these situations receive? Who helps them? What would they need to feel better? How do you think it could be solved? (At service level and in general).

7) Recommendations that they make to the professionals, to the children, to the mothers and to the fathers who are facing these situations (ask separately).

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104 Script based on:
Hogan, F. & O'Relly, M. (2007). *Listening to children: Children's stories of domestic violence.* Dublin: Department of Health and Children.
Mullender et al. (2002). *Children's perspectives on domestic violence.* London: SAGE Publications.

FOCUS GROUP WITH MOTHERS

Joana's story[105]

Myrte is 34 years old and has been married to David for the past 10 years. They have two children, Brian, 8, and Yasmina, 6. Myrte is now pregnant again. For the past nine years, Myrte has suffered physical and emotional abuse from her husband.

Last night, her husband came home in a bad mood, like always, and started a fight. He said it was all her fault because she was lazy and couldn't make him a decent dinner after a full day's work. She tried to explain to him that she wasn't feeling well and was tired—it's not easy, after spending the whole day looking after two children while six months pregnant and in the middle of summer. She thought the lasagne was pretty good as well. But none of this mattered to him. He kicked the dog, started to insult Myrte and then started to slap her, pull her hair, kick her in the stomach and, to finish, he threw her against the kitchen table. She said it was the last time she would suffer this. For years, when he would told her that all the problems in their marriage were her fault, she had thought that she had to make more effort to be a better wife, that in reality he was "too good for her". But all of that changed recently. The idea of bringing a new child into the world made her think long and hard about the kind of life that Yasmina and Brian had had since they were born. She wanted a new beginning for her baby—for all of them. She didn't want Brian and Yasmina to see her hurt again. She didn't want Brian and Yasmina to hear her apologise again for being a bad mother and wife.

Myrte told her husband she wanted a divorce, and he told her that if she went away with his children, he would find her and kill her. Myrte got very scared and tried to run from the house, but he grabbed her. Brian and Yasmin had seen and heard much of the attack, so Brian escaped through the kitchen window and went to the neighbour's house and asked her to call the police. The police came quickly, they arrested David and helped Myrte pack some clothes in a suitcase and get to the shelter.

The family have lived there for two weeks now, and the other mothers have complained about Brian's behaviour. They say he is hyperactive. He doesn't want to go to bed until late. He breaks the toys in the playroom. This afternoon he made a three-year-old girl fall off her tricycle and she hurt her knees.

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105 Radford, L., Aitken, R., Miller, P., Ellis, J., Roberts J. & Firkic, A. (2011). *Meeting the needs of children living with domestic violence in London*. Research report. London: NSPCC.

Questions to ask based on the story:

- Their view and feelings about the experience of violence in the story.
- How do they think the situation in the story affects the children.
- The children's relationship with their mother and what they expect from her.
- The relationship with their father and what they expect from him.
- The children's coping strategies when this happens. Strengths and weaknesses.
- The kinds of assistance that the children receive and what they would need to feel better.
- Recommendation that they make to the professionals, to the children, to the mothers and to the fathers.

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STORY FOR THE DISCUSSION GROUP AT SARA: 5-7 YEARS OLD

Maria's story[106]

[Make sure that no one in the group is named Maria, or Pere or Laura. You can give names to the mother and father, if you wish. The person leading the group must draw the characters as they tell the story, on a sheet, or several sheets, in the middle of the table].

Maria is 6 years old; she lives with her mother and father. She has a 10-year-old brother named Pere, and a 12-year-old sister named Laura. She goes to a school on the street next to her home, and she often stays there after class to do lots of activities. Sometimes when she's at home, her father and mother argue and fight. She hears them when she's in bed. Her father shouts very loudly and there is the sound of hitting. Maria gets scared when this happens.

- **Here is where you can help with the story:** *What do you think Maria is thinking? How does she feel? What do you think her older brother and sister do when this happens? What do you think Maria can do when there are these fights at home?*

The next day, her mother says that she is OK and that everything is fine, but Maria still worries about her mother all day.

- **Here is where you can help with the story again:** *What do you think Maria would like her mother to do? And her father? What was Maria expecting, when she woke up, that her mother would do?*

At school, it is hard for her to do her work and she gets mad sometimes because she is worried about her mother. She has Miss Rosa in the morning, and Miss Antònia in the afternoon. She really likes Miss Antònia, and she wants to tell her about what happens to her mother.

- **Here is where you can help with the story:** *What could Miss Antònia do to help Maria? Do you think it would be good for Maria to explain to her teacher what is happening to her at home? What do you think the teacher would do?*

The day after a very loud fight at home the night before, Maria is restless in class because she is very worried about her mother. Miss Rosa, who she doesn't like very much, gives her a warning and scolds her because she is not paying attention.

- **Here is where you can help with the story again.** *What could Miss Rosa do to help Maria? Who else could Maria talk to?*

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In general (if it has not come up during the story):

- What problems do the children who experience this kind of situation at home have?
- How can Maria be helped? Who can help Maria? How can the problem be solved?
- What advice would you give to the teachers, educators, police and doctors?
- What advice would you give to the children who experience this?
- What advice would you give to the mothers?
- What advice would you give to the fathers?

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STORY FOR THE DISCUSSION GROUP AT SARA: 8-11 YEARS OLD

Pere's story[107]

[Make sure no one in the group is named Pere; the father and mother can be given names, and the story can be drawn if you think it is appropriate, like it is for the 4-7-year-old group].

Pere is almost 10 years old. He lives with his mother and father. Since Pere was little, he often had problems with reading and writing, and Miss Maria was the first teacher who really knew how to help him. She was very kind and understanding, and seemed to know all the games and tricks to teach him how to read and write even the most difficult words. He really trusted his teacher, but there were some things that he didn't dare tell her. His father knew that he had problems reading and writing and helped Pere with his homework, but his father got flustered and shouted a lot, and had even hit him. He didn't let him leave a small light on at night either; his mother had given it to him because she knew he was afraid of the dark. Pere prayed silently that his father would be too interested in watching a TV programme to come and turn off the light. He also wished there weren't fights, and that his father wouldn't shout at or hit his mother, like he often did.

- **Here is where you can help with the story:** *What do you think Pere is thinking? How does he feel? What do you think Pere can do when all these things happen at home?*

A lot of the time, Pere doesn't sleep very well and has nightmares. In the morning, he is often more tired, even more than before he went to bed—too tired to think about schoolwork. But he thinks that he can't tell anyone: not his mother, not his friends, not his teacher.

- **Here is where you can help with the story again:** *What do you think Pere would like his mother to do? And his father? What was Pere expecting his mother to do when he would woke up in the morning? What would happen if he told a friend? What would happen if he told his teacher? What could the teacher do?*

When his mother told him that they were leaving his father and going to live somewhere else, he was very happy, because now his father wouldn't hit him or his mother any more. But now he is facing different problems, and here is where we can all try to help him:

First issue: Pere's father told him he wants to see him every weekend and that Pere has to stay overnight. Pere doesn't want to go, he was very scared of his father, but he is afraid that if he tells his mother or someone else, it will have negative consequences for him or for his mother.

- **Here is where you can help with the story again:** *What can Pere do? Who do you think can help him? How can we help him?*

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Second issue: after going to live somewhere else with his mother, Pere had to change schools; the new teachers don't know anything about him or the fact that it is difficult for him to read and write.

- **Here is where you can help with the story again:** *What would need to be done now? Does Pere have to explain it? How would Pere like the new school to help him? Was it a good decision to change schools?*

Questions that can be asked if they have not come up yet:

- What problems do the children who experience this situation at home have?
- How can the problem be solved?
- What advice would you give to the teachers, educators, police and doctors?
- What advice would you give to the children who experience this situation?
- What advice would you give to the mothers? What advice would you give to the fathers?

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STORY FOR THE DISCUSSION GROUP AT SARA: 12-17 YEARS OLD

Caterina's story, told by her[108]
[Make sure that no one in the group is named Caterina, Maria or Jonatan].

My name is Caterina and I'm almost 14. I live with my mother Maria and her partner, Jonatan. My mother met him when I was 9, just after she and my father got divorced. Although Jonatan seemed nice at the beginning, I have to admit that he was never my favourite person. It seemed like he was really trying to make a good impression on us or something like that, and he made me feel a bit uncomfortable; I couldn't understand what he was looking for. Anyway, it didn't last very long because things changed once he moved into our flat with us.

First he started to control my mother's life, for example: where she had been, what she had been talking about, with whom and all that; he got jealous about everything—EVERYTHING! Then he started checking how many miles my mother had driven her car during the day, calling her when she was with her friends, checking if she was still at home. He never called her mobile, always the landline, to see if she was home.

One night she called and she wasn't home—we had gone to visit her sister, my aunt. When we got home, he was waiting for us. He had hidden behind the door and when we opened it, he grabbed my mother by the neck. It was so sudden, without any warning; he hadn't ever hit her before, hadn't even threatened to. It was terrible—I'd never seen anything like it, not even on TV. I shouted at him to stop, trying to get his hands off, but suddenly he pushed me, I fell to the floor and I saw stars. That night was the first time. But it wasn't the last.

From then on, he hit us if we didn't do what he told us to and, sometimes, even when we did, he hurt us too. It didn't matter. I think he does it just because he can. My mother has started drinking a lot and has stopped going out and talking with some of her friends on the phone. She seems like she's depressed, but she doesn't say anything to the doctor about what's happening. She says: "don't say anything to anyone". She's like a different person now.

That's why I've come here. I can't have friends around, and I don't dare go anywhere in case something happens to my mother; I can't stay after school to do activities or spend the night at a friend's house or go on excursions with the youth group—I'm too worried about whether he'll hurt her or upset her.

Sometimes I wonder what went wrong in my life and if this kind of thing happens to other girls as well. I'd like someone to be able to help us, but I'm too scared to tell anyone about what's happening. My stepfather said he'd tell social services that my mother drinks a lot if either of us tried to leave home or tell anyone. Then I know I might not be able to with her and I'm afraid. Who would take care of her or look out for her then? Sometimes I feel so alone...

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THE QUESTIONS CAN ALL GO AT THE END OR BE INTERSPERSED:

- What do you think Caterina's view and feelings are?
- How do you think it affects her? What can go wrong in her life?
- What would she like her mother to do for her?
- What would she like her father to do for her? And her mother's partner?
- What can she do? Which of the things she can do would be able to solve the problem? Which would make her situation worse?
- What kind of assistance would she need? Who could she talk to about it? What would happen if she talked to her mother? And if she told her father? A friend? A teacher? The police? What would she need to feel better? How do you think it could be solved?
- Thinking about the children facing these situations, what recommendations would you make: to the professionals (specify), the children, the mothers and the fathers.

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As part of the research project carried out by Barcelona City Council and the University of Girona on *the impact of gender-based violence and recovery processes on children and adolescents, on mothers and on mother-child relationships*, discussion groups with professionals have been proposed, of which you will form part. The objective is to learn about the professionals' perceptions, evaluations and opinions about this area and, more specifically, the assessment of the following aspects:

1. The view and feelings about the experience of violence that different members of the family experience.
2. How it affects the children.
3. The children's relationship with their mother and what they expect from her.
4. The children's relationship with their father and what they expect from him.
5. The children's coping strategies. Strengths and weaknesses.
6. The kinds of assistance that they receive and what they would need to recover and feel better.
7. Recommendations for professionals, children, mothers and fathers.

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OBSERVATION SHEET

(TO BE COMPLETED BY THE OBSERVER AFTER THE DISCUSSION GROUP)

Date:	Location:	Time:	Leader and observer:

Age of participants: .....

Gender: .....

Profession: .....

Teams or services: .....

OBSERVATIONS ABOUT THE DYNAMICS OF THE DISCUSSION GROUP	
Clarity and specificness in terms of how the leader raised questions	
Estimated level of comprehension of the questions/story by the participants	
Intensity and feeling of non-verbal communication (gestures, looks, body position, etc.)	
Time monitoring	
Has the exploration of new, related issues been facilitated? How?	
Times it was necessary to redirect the group. Frequency, reason, way and result	
Participants' degree of participation	
General atmosphere	
Other issues:	

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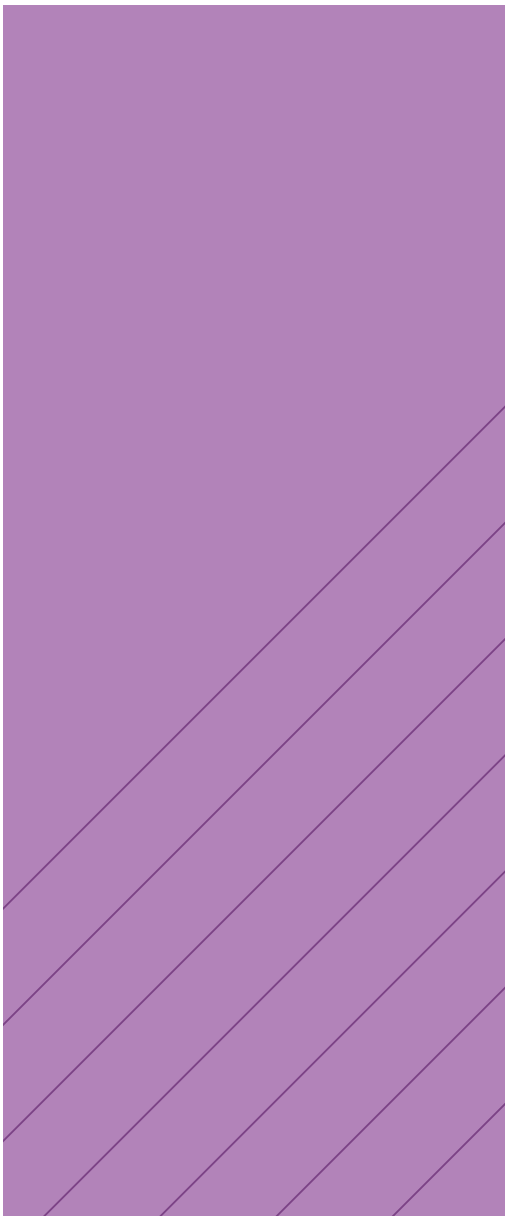
BCN

The impact of gender-based violence and recovery processes on childhood and adolescence, on mothers and on mother-child relationships



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