



Study on domestic violence behaviours and the approach and intervention of the local administration in the matter



Funded by
the European Union
NextGenerationEU



Plan de Recuperación,
Transformación y Resiliencia



GOBIERNO
DE ESPAÑA

MINISTERIO
DE IGUALDAD

SECRETARÍA DE ESTADO
DE IGUALDAD
Y CONTRA LA VIOLENCIA DE GÉNERO

DELEGACIÓN DEL GOBIERNO
CONTRA LA VIOLENCIA DE GÉNERO



**VNiVERSiDAD
D SALAMANCA**

FINAL REPORT

Contract Art. 6o LOSU

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Report 1

*Diagnosis of the current situation of
domestic violence*

I. What do we mean by domestic violence behaviours?

The Council of Europe Convention on preventing and combating violence against women and domestic violence, in Article 3(b), defines domestic violence as "all acts of physical, sexual, psychological or economic violence occurring within the family or household or between former or current spouses or life partners, whether or not the perpetrator shares or has shared the same residence as the victim".

This domestic violence, in part, is gender-based violence, regulated in our legal system by Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures against Gender-based Violence, which implies all types of violence produced in the heart of present or past affective relationships against women by the man who is their partner or ex-partner.

Therefore, it must be clear that our Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures against Gender-based Violence is not aimed at combating the totality of violence against women for their own feminine condition, for the mere fact of being a woman; it prefers a more specific treatment by circumscribing its regulation to the sphere of the partner or ex-partner, despite the fact that the understanding of the phenomenon of gender-based violence has much deeper roots which are due to the attempt by part of society to perpetuate a deeply unequal canon of conduct, the product of a global macho and patriarchal society -a behaviour, in short, which is based on the idea of the inferiority of women in affective and social relationships, both public and private-.

Therefore, this gender-based violence is what the specifications call "Acts of physical, sexual, psychological or economic violence that occur towards women, between spouses, de facto partners -former or current- or those who are or have been linked to them by similar relationships of affection, regardless of whether or not there is or has been cohabitation".

In definitive terms, we are talking about violence exercised by the man on the woman with whom he has or has had a sentimental relationship, including, as determined in the legislation, that of courtship, expressions that are difficult to interpret.

In this regard, the Supreme Court ruling of 12 May 2009 states the following: "It is not easy, of course, to give an answer to each and every one of the cases that practice may offer with regard to models of cohabitation or plans for living together that may be taken into consideration for the application of those precepts. The definition of when a relationship of affectivity can be deemed to exist makes it inadvisable to set excessively abstract general guidelines. There will be cases in which this affective relationship is perceived with a different scope by each of the partners, or cases in which the life plan together is not even shared by both protagonists. Otherwise, we would exclude from this type of situation perfectly conceivable cases in which, despite the existence of a common life plan, the partners voluntarily decide, whether for personal, professional or family reasons, to live at different

addresses. What is decisive for a partnership to take place is that there is a certain degree of commitment or stability, even if there is no fidelity or shared expectations for the future. This would exclude purely sporadic relationships and simple friendships, in which the affective component has not yet had the opportunity to develop and come to condition the aggressor's motives. In definitive, the reinforced criminal protection provided by those precepts cannot exclude couples who, despite their non-conventional format, live a relationship characterised by its emotional intensity, especially when that intensity, even if understood in a pathological way, is at the origin of the aggressions".

In the same vein, the Conclusions of the Unification of Criteria on Gender-based Violence Conference state the following: "The nature of the relationship between a woman victim of one of the crimes listed in Article 87 ter of the Organic Law of the Judiciary and her perpetrator will determine, on the one hand, the competence of the Court for Violence against Women or the Examining Court to investigate the alleged criminal acts and, on the other hand, the integration of one of the elements of the criminal type in the case of the crimes of Articles 153, 171, 172 and 173 of the Criminal Code". Continuing with the considerations made at the aforementioned Conference, it is also emphasised that the scope of this relationship will determine the appreciation, if applicable, of the mixed circumstance of kinship in Article 23 of the Criminal Code, and the possibility of the victim being able to avail herself of the dispensation not to testify against the investigated/accused, under the protection of Article 416 of the Criminal Procedure Act.

In short, the interpretative problems arise when it comes to concluding when we are dealing with a relationship of affectivity analogous or similar to that of a spouse capable of having the effects described above.

Daily practice offers a rich casuistry in which it is not always easy to determine whether the instruction of the case should correspond to the Court of Violence or to the Court of Instruction. Relationships established through social networks, relationships in which the note of exclusivity is not given, relationships involving adolescent girls, or extra-marital relationships, are good evidence of this.

Thus, in contrast to SC Rulings 510/2009 of 12 May 2009 and 1376/2011 of 23 December 2011, which give an extensive interpretation of this relationship and whose doctrine has been followed by many Provincial Courts, others, such as Ruling 1348/2011 of 14 December 2011, Ruling 807/2015 of 23 November 2015 and the recent Ruling 556/2017 of 13 July 2017, opt for a much more restrictive interpretation.

By way of conclusions, at the aforementioned conference, the concept of violence against women was taken as a starting point and it was discussed whether it can be extended to situations where relationships are sporadic or materialise through social networks. It is argued that, as opposed to a more restricted concept of violence against women (that offered by Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures against Gender-based Violence and the Organic Law of the Judiciary itself), the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, of 11 May 2011, specifically articles 3.a) and d) does not link the existence of violence against women to the fact that there is or has been a relationship. In the

same vein, the State Pact for the Fight against Gender-based Violence (made in the Congress of Deputies and the Senate) is inclined to broaden the concept of violence against women to include situations that are not currently covered, stating that the content of the Pact should be used as an element of interpretation and, therefore, tend to broaden the concept of violence against women, in accordance with the Istanbul Convention. In any case, it is concluded that currently and from a criminal point of view, the existence of a sentimental relationship is an essential element when it comes to qualifying the offence, which is why it must be investigated at the investigation stage.

With regard to the concept of violence against women, and despite the fact that the majority of those who attended postulated a broad or open concept as described above, the thesis that, in accordance with Spanish law, a "normative concept" is envisaged, and therefore restrictive, was also upheld. The participants agreed on the difficulties that are sometimes encountered in prosecution in relation to the concept of "sentimental relationship", pointing out that the "quality" of the description of the sentimental relationship and the criminal law concept of violence against women should be taken into account, with the work carried out in the Courts for Violence against Women in the criminal investigation phase being essential in this respect.

It is also the case that there are doubts in case law as to which elements must be present or may be lacking when defining a "relationship analogous" to a marital relationship.

In relation to violence manifested at an early age (adolescence), there is a debate on the convenience of the examination of minors, as an investigation procedure, distinguishing it from the real witness statement, as it is doubtful at what age a minor can avail himself/herself of the exemption contained in Article 416 of the Criminal Procedure Act. In this sense, it was proposed by those present that the age of 12 should be taken as a reference age, by analogy with civil law, and that the "maturity" of the minor should be taken into account in other cases. It is concluded that if the child is sufficiently mature, in the opinion of the judicial body, (s)he should be given the possibility to make use of the legal dispensation. However, some of the persons present stated that the age of 15 is a "critical" age, since at that age, and after the reform of Article 183 of the Penal Code by Organic Law 1/15 of 30 March and those articles that have followed it, they cannot validly consent to sexual relations, but they are given the possibility of using the dispensation, so it may seem contradictory that the dispensation can be used and yet the legislator understands that they do not have sufficient maturity to consent to acts of a sexual nature. In relation to the practical problems that will arise when assessing the maturity of the minor, the majority of the participants understand that it should be assessed by the judicial body through immediacy, although they are not unaware of the difficulty of such an assessment and the problems of disparity of criteria that may arise.

In relation to the "marital relationship", it is concluded that it is essential not to take the existence of "marriage" for granted, as it is sometimes said in a customary way, without it having been contracted between the parties to the proceedings. In these cases, it is recommended by the participants that the investigation be carried out at the pre-trial stage by means of measures such as the presentation of the family register or the request for the registration of the marriage by means of a letter rogatory. This is not a trivial issue, as the existence or not of a marriage can determine the possibility of availing oneself of the exemption of Article 416 of the Criminal Procedure Act.

To conclude this section, the Terms of Reference, in addition to referring to gender-based violence in the sense just indicated, refers to domestic violence in the strict sense, that is, to those acts of physical, sexual, psychological or economic violence that occur towards women, girls and boys within the family and in the home.

Our study will therefore focus, on the one hand, on gender-based violence as regulated in the Comprehensive Law and, on the other hand, on domestic violence against women and children.

II. Methodological note.

For the preparation of the Preliminary diagnosis of the situation of domestic violence in Spain (2022), the following methodological approach was used. Firstly, an analysis of different sources of information related to domestic violence behaviour has been carried out. To this end, the same scheme of presentation of the results has been adopted, resulting in different individualised reports (1). Secondly, on the basis of the variables identified in the aforementioned sources, the most relevant ones have been selected in order to carry out a quantification of domestic violence (2). Thirdly, different questionnaires were applied, previously elaborated, to different entities belonging to the associative, civil, social and university fabric with competences, functions and/or interest in domestic violence behaviours (3).

III. Analysis of information sources.

(1) The sources of information related to domestic violence behaviours selected are those indicated below (in addition to those indicated in the Procurement Document, the Macro-survey on violence against women 2015, the Data from the Statistical Portal of Criminality of the Ministry of the Interior, the Judicial Statistics, and the Memories of the State Attorney General's Office have been added, judicial Statistics, and the Reports of the State Attorney General's Office), taking into account that the last two years of production of each of them have been analysed, which do not always coincide (in the case of the INE, on the date of drafting the diagnosis, the data corresponding to 2022 were being published, which we have incorporated). Namely:

- Report on Violence against Women (2015-2019), from the Ministry of Interior.
- Macro-survey on violence against women 2015, by the Ministry of Health, Social Services and Equality.
- Macro-survey on violence against women 2019, from the Ministry of Equality.
- Monthly Statistical Bulletin of the Government Office for Gender-Based Violence.

- Annual Statistical Bulletin of the Government Office for Gender-Based Violence.
- Annual reports from the State Observatory on Violence against Women.
- Data on Violence against Women, from the General Council of the Judiciary.
- Statistical data on Domestic and Gender-based Violence, from the National Statistics Institute (INE).
- Statistical data from the Comprehensive Monitoring System in cases of Gender-based Violence (VIOGEN System).
- Data from the annual series of Domestic Violence in the Statistics of the General Council of the Judiciary and its Quarterly and Annual Reports.
- Data from the Ministry of the Interior's Crime Statistics Portal.
- Reports of the Public Prosecutor's Office.

As mentioned above, the same scheme has been followed for the presentation of the results, with the following structure:

1. AUTHOR of the sources.
2. DATES of elaboration/production of the sources.
3. If other different VARIABLES have been identified that did not appear in the list previously provided (Table I), please indicate which ones they are.
4. Indicate whether the sources refer to:
 - Gender-based violence
 - Domestic violence.
 - Gender-based violence and domestic violence.
5. If the data provided by the source allows, QUANTIFY the number of victims of gender-based violence and the number of victims of domestic violence. If the data provided by the source does not allow for quantifying the number of victims of gender-based violence and domestic violence, briefly explain why.
6. Other CRITICAL REMARKS.

Table II presents the most salient results and findings found, in accordance with the above scheme.

Systematically, the main critical observations are summarised as follows: (1) disparate sample sizes and time sequencing; (2) different sources of data collection: statistical bulletins, macro-surveys, etc.; (3) use of a very heterogeneous list of variables; and (4) difficulties in delimiting the cases that would fall under the category of "domestic violence". In particular, the various reports produced by the General Council of the Judiciary and the Attorney General's Office are the ones that deserve the most critical appraisal, as shown in the table above.

IV. Domestic violence in figures.

(2) In order to quantify domestic violence, the variables listed below have been selected, distinguishing between study variables and classification variables.

Study variables are:

1. Women victims of domestic violence.
2. Child victims of domestic violence.
3. Minor children of women victims of domestic violence (orphans).
4. Types of violence:
5. Complaints related to domestic violence offences.
6. Precautionary measures and protection orders issued. Criminal offences charged. Sentences and measures ordered.
7. Institutional protection provided to women victims of domestic violence:
 - a. ATENPRO
 - b. VIOGEN

For variables 1, 2 and 3, the latest Annual Report of the Observatory on Violence against Women (2019) was used. For variable 1, data is available from 2003 to 2019. For variables 2 and 3, data is available from 2013 to 2019. For the following years, the Annual Statistical Bulletins for 2020 and 2021, and the Monthly Bulletins for 2022 and 2023 have been consulted.

Thus, the number of female fatalities between 2003 and 31 March 2023 was 1,195; the number of orphans under the age of 18 from 2013 to 31 March 2023 was 391; and the number of child fatalities due to gender-based violence (also from 2013 to 31 March 2023) was 49.

For variable 4, the report on violence against women, from the Ministry of the Interior, covering the years 2015 to 2019, was used. For the years 2020 and 2021, the Annual Series of the Crime Statistics Portal for those years have been consulted. Both sources consider four types of violence against women: physical, psychological, sexual and economic. The 2019 Macro-survey on violence against women also highlights two types of psychological violence: emotional and controlling. This source contains data from 2015 to 2019.

It should be borne in mind that both the Ministry of the Interior Report and the Annual Series of the Crime Statistics Portal (in fact, the Report draws on data provided by the Portal) use the concept of victimisation, not victimhood. This refers to the number of facts reported by persons in which they claim to be victims or injured parties of a criminal offence. If in the above-mentioned Report all victimisations are female and their perpetrators can be either male or female - with the exception of gender-based violence, where, as we know, the perpetrators must be obligatorily male -, in the Annual Series, these variables must be

selected manually. It should also be noted that in a complaint there may be several facts together, and there may even be several victims or injured parties, victimisations being the term that encompasses the different facts that affect a given victim.

That said, according to the Report, the number of recorded victimisations related to gender-based violence in the period 2015 to 2019 totalled 409,157. By 2020, the number of victimisations related to serious gender-based violence was 87,474 and by 2021, 98,230. In relation to domestic violence (excluding gender-based violence), although the Ministry's Report only counts female victims, the Annual Series does allow for the selection of both sexes, although without discriminating whether minors are involved (for this reason the data have been omitted).

For variable 5, data is available from the Annual Reports of the General Council of the Judiciary (CGPJ), data which in turn is taken from the latest Annual Report of the Women's Observatory for the period between 2008 and 2019. For the following years, we have the CGPJ Annual Reports for 2020, 2021, and 2022.

A more complete set of statistics, to which the 2019 Annual Report of the Observatory on Violence against Women refers, is provided by the INE, which uses data from the Central Register for the Protection of Victims of Domestic Violence and Gender-based Violence, which is owned by the Ministry of Justice.

This register includes: complaints related to crimes of Gender-based Violence and Domestic Violence that have led to their registration in the Register (variable 5 in part), victims and defendants with precautionary measures and/or protection orders issued and registered in the Register (variable 6), sentences and security measures imposed in sentences for crimes, and breaches of sentences, measures and protection orders agreed in criminal proceedings. The latest INE Report is from 2021 and is published on an annual basis. The 2019 Annual Report of the Violence against Women Observatory collects data from 2011 to 2019 for the cases handed down with precautionary measures registered, and from 2015 to 2019 for the firms sentences handed down in the reference year and registered.

According to the INE, which is in charge of exploiting data from the Central Register for the protection of victims of domestic violence and gender-based violence, in 2020, the number of people reported for gender-based violence was 29,135; and for domestic violence, 5,578. By 2021, the number of persons reported for gender-based violence was 30,047 and 5,288 for domestic violence. For the year 2022, the number of persons reported for gender-based violence was 33,209 and 6,813 for domestic violence.

In terms of persons convicted of gender-based violence, there were 25,436 and 33,068 in 2020 and 2021; and 5,180 and 6,597, respectively, in domestic violence. In 2022, 36,161 persons were convicted for gender-based violence; 7,022 for domestic violence.

As regards persons acquitted in cases of gender-based violence, 3,489 were acquitted in 2020 and 4,263 in 2021 (for 2022, no information is provided due to changes in the Administrative Records System to support the Administration of Justice). In relation to domestic violence cases, 715 were acquitted in 2020 and 879 in 2021 (in relation to 2022, no information is provided due to changes in the Administrative Records System to support the Administration of Justice).

In turn, in relation to gender-based violence, for 2020, the number of victims with a protection order or precautionary measures was 29,215; 30,141, for 2021; in 2022, 32,644. Cases of domestic violence were 8,279 in 2020 and 8,240 in 2021; in 2022, 8,151.

As for the number of persons reported for gender-based violence with the adoption of a protection order or precautionary measures, the INE estimates 29,135 and 30,047 for the years 2020 and 2021 respectively; in 2022, 33,209. 5,578 and 5,288, in the cases of domestic violence for the years 2020 and 2021; in 2022, 6,813.

For variable 7.a, we have data from the latest Annual Report of the Observatory on Violence against Women covering the period from 2005 to 2019. The Red Cross is the institution that has provided the data since 2013 as the service provider. For 2020 and beyond, the annual Statistical Bulletins for 2021 and monthly for 2022 and 2023 have been consulted.

Thus, the number of active users of the ATENPRO service, since its launch (1 January 2005) until 31 December 2019, amounts to 14,472. As at 31 December 2020, the number was 14,928; in 2021, 16,716; 17,062 in 2022; and 17,472 on 31 March 2023.

For variable 7.b, the latest Annual Report of the Observatory on Violence against Women, which contains data from 2010 to 2019, was used. For the following years, the monthly reports of the VIOGÉN System have been consulted, the last one corresponding to the month of February 2023.

Thus, as of 31 December 2019, 61,355 active cases were registered in the VIOGÉN system (data as of 31 December 2010 to 2019). Of these, 30,460 had only police attention and 30,895 had police protection. In 2020, 63,566 (31,051 with police care only and 32,515 with police protection); 69,469 in 2021 (31,472 with police care and 37,997 with police protection); 75,140 in 2022 (31,470 with police care only and 43,670 with police protection); and 76,404 in 2023 (30,864 with police care and 45,540 with police protection).

In turn, the classification variables are:

For study variables 1, 2 and 3:

- Age (1 and 2)
- Country of birth (1 and 2)
- Relationship with the aggressor (1 and 2)

- Living situation (1)
- Number of orphaned minor children (1)
- Disability (1)
- Country of birth of offender (1 and 2)

In relation to female fatalities in 2021, the age group with the highest number of cases was 31-40 years, with 16 women, followed by 41-50 years, with 11 women. In 2022, the 41-50 bracket is the most relevant, with 16 women, followed by the 31-40 bracket, with 10 women. In 2023, the trend is the same as in the previous year: 7 and 6 women, respectively.

With regard to the situation of cohabitation, in 2021, of the total number of fatal victims, 28 lived with the aggressor; 16 did not; and in 5 cases, there is no record of this. In 2022, 34 were living together; 11 were not; and 4 not recorded: In 2023, 12 were living together, 6 were not, and 1 was not recorded.

Taking into account the country of birth, by 2021, 27 women were born in Spain and 22 in another country. In 2022, 33 were born in our country, and 16 in another. In 2023, 12 in Spain and 7 in another country.

In relation to the offender's country of birth, in 2021, 38 were born in Spain and 11 in another country; in 2022, 30 in Spain and 19 in another country; and by 2023, 10 in Spain and 9 in another country.

With regard to the relationship (partner, ex-partner), in 2021, in 14 cases the aggression came from the ex-partner, 26 from the partner, and in 9 cases the partner was being separated from. In 2022, 10 cases are attributable to the ex-partner, 32 to the partner and 7 to the man who was being separated from. In 2023, in 6 cases the aggression came from the ex-partner; 11 from the partner; and in 2 cases the partner was being separated from.

In terms of the disability recognised for victims, since 2012 and until 2019, the figure amounts to 42. By 2020, 4 victims had some form of recognised disability or dependency. In 2021, 6 women. We do not have data for the years 2022 and 2023, as the Statistical Bulletins corresponding to those dates only record the number of grants of temporary residence and work permits to foreign victims and their minor and/or disabled children and the number of fatalities.

In relation to the number of child fatalities and their age, in the year 2021, there were 7: 1 under one year; 2 between one and two years; 1 between three and four years; 1 between five and six years; 1 between seven and eight years; and 1 between eleven and twelve years. In 2022, there were 2: 1, between five and six years; and 1, between eleven and twelve years. In 2023, there is currently 1 victim in the seven-to-eight-year age group.

In relation to the relationship of the child to the aggressor, in 2021, in all cases, the aggressor was the biological father; in 2022, also; and in 2023, the situation is repeated to date (23 January 2023).

As regards country of birth, in 2021 all child victims were born in Spain; in 2022, 1 was born in Spain and the second in a different country; and in 2023, the only victim so far was born in Spain.

In relation to the offender's country of birth, in 2021, 4 were born in Spain and 3 in another country. In 2022, 1 was born in Spain and the other offender was born in another country. In 2023, the only perpetrator to date was born in Spain.

In terms of the number of orphaned children, in 2021, there were 32; in 2022, 38; and in 2023 to date, 21

For study variable 4:

- Types of violence against women
- Criminal typology in cases of gender-based violence.

Based on the recognition of four types of violence against women: physical violence, psychological violence, sexual violence, and economic violence, a distribution of victimisation by criminal typology is provided. Abuse within the family, habitual ill-treatment within the family, injuries, attacks on authorities, agents or public officials, illegal detention, intentional homicide, threats, breach of protection and restraining order, tumultuous quarrel and others are the criminal offences selected for the case of physical violence. Abuse within the family, breach of protection and restraining order, habitual ill-treatment within the family, threats, harassment against personal freedom, coercion, breach of sentence, degrading treatment, injuries and others are the criminal offences selected for the case of psychological violence. Sexual abuse, sexual assault, penetrative sexual assault, penetrative sexual abuse, sexual harassment, genital mutilation are the criminal offences selected for sexual violence. Non-payment of economic benefits, abandonment of a family, abandonment of a minor/disabled person, theft, damage and damage to a vehicle, and burglary are the types selected for the case of economic violence.

In 2021, 86,640 cases of injury and ill-treatment (a. 153 CP); 26,164 of injury and ill-treatment (a. 173 CP); against freedom, 10,701; injury and ill-treatment (a. 148 ss.), 8,922; breach of measures, 20,112; against moral integrity, 2,850; against privacy, 1,010; against freedom and sexual indemnity, 1,860; and homicides, 69. In 2022, 94,432 cases of injury and ill-treatment (a. 153 CP); 29,240 of injury and ill-treatment (a. 173 CP); against liberty, 11,146; injury and ill-treatment (a. 148 ss.), 9,540; breach of measures, 24,039; against moral integrity, 3,889; against privacy, 1,000; against sexual freedom and indemnity, 2,141; and homicides, 80 were prosecuted.

For study variable 5:

- Origin of the complaint in cases of gender-based violence.
- Waiver of the complaint in cases of domestic violence.
- False allegations in cases of gender-based violence.
- Existence of prior complaint in cases of domestic violence.

In 2021, in cases of gender-based violence, 2,283 complaints were filed directly by the victim in court; 189 by family members; 141,423 are the result of police reports; in addition, 13,651 injury reports were filed in court. In 2022, 2,025 complaints were filed directly by the victim in court; 131 by family members; 158,162 are the result of police reports; in addition, 14 were filed in court. 154 injury reports.

In terms of the number of complaints withdrawn in cases of domestic violence, in 2020, the figure rises to 1,374; in 2021, to 1,575.

As regards the number of false reports in cases of gender-based violence, for the years 2020 and 2021, none were reported as such (according to the Memories of the State Prosecutor's Office).

In relation to the existence of prior reporting in cases of domestic violence, in 2020, out of 47 fatal victims, 7 had previously reported; and out of 46 victims of very serious attacks, 19. In 2021, out of 50 fatalities, 11 had been reported.

For study variable 6:

- Protection orders and measures taken in cases of domestic violence.
- Measures taken in cases of gender-based violence.
- Types of termination of proceedings in domestic violence cases.

As for the type of protection measures, in cases of domestic violence, in 2020, 151 measures of deprivation of liberty were adopted; 432 measures to leave the home; 3,356 prohibitions of approach; 2,982 prohibitions of communication; 372 prohibitions to return to the place where the offence was committed; 179 orders to suspend the possession and use of weapons; and in the category of others, 132. In 2021, on the other hand, 145 custodial measures were adopted; 399 home visits; 3,307 prohibitions of approach; 2,988 prohibitions of communication; 347 prohibitions of return to the place where the act was committed; 232 orders of suspension of possession and use of weapons; and in the category of others, 147.

As for the type of civil precautionary measures, in cases of domestic violence, in 2020, 74 housing allocations were adopted; 9 for the exchange of the use of the family home; 56 suspensions of visiting arrangements; 28 suspensions of parental authority; 77 suspensions of custody; 78 maintenance payments; 8 child protection measures; and in the category of others, 34. For the year 2021, 97 housing allocations were adopted; 1 for the exchange of the

use of the family home; 89 suspensions of visiting arrangements; 38 suspensions of parental authority; 94 suspensions of custody; 107 maintenance payments; 7 child protection measures; and in the category of others, 29.

As for the type of civil precautionary measures, in cases of gender-based violence, in 2021, there were 4,711 housing allocations; 2,008 suspensions of visiting arrangements; 194 suspensions of parental authority; 1,470 suspensions of custody; 5,539 suspensions of maintenance payments. In 2022, there were 4,523 housing allocations; 4,100 suspensions of visitation; 409 suspensions of parental authority; 2,335 suspensions of custody; 5,844 suspensions of maintenance payments.

With regard to the types of termination of proceedings, in cases of domestic violence, in 2020, 5,941 cases ended with a conviction; 2,438 resulted in acquittal; 8,428 with a provisional dismissal; 623 with a free dismissal; 58 with a definitive dismissal in the Criminal Court; and 7,930 in the category of others. In 2021, 6,867 resulted in convictions; 2,744 resulted in acquittals; 9,637 resulted in provisional dismissals; 557 resulted in acquittals; 86 resulted in final dismissals in the criminal court; and 8,628 resulted in other categories.

For study variable 7a:

- Registrations.
- Casualties.

In terms of the number of registrations, in 2021 there were 9,738; in 2022, 9,750; and in 2023 (up to 23 May), 2,836. In terms of the number of casualties, in 2021, there were 7,950; in 2022, 9,404; and in 2023, 2,426.

For study variable 7b:

- Level of risk assessed in active cases.
- Gender violence with dependent minors.

In relation to the level of risk assessed in active cases, in 2021, 29,055 cases were classified as low risk, 8,353 as medium risk, 578 as high risk and 11 as extreme risk. In 2022, 32,429 cases were classified as low risk, 10,497 as medium risk, 726 as high risk and 18 as extreme risk. So far this year, 33,119 have been classified as low risk; 11,253 as medium risk; 1,147 as high risk; 21 as extreme risk.

Specifically, in relation to dependent minors, in 2021, 31,468 cases were registered; in 2022, 37,001.

V. Analysis of the network of associations related to domestic violence.

(3) Given the heterogeneous nature of the entities to be surveyed, it was decided to draw up different questionnaires, although all of them contain, in addition to specific questions, a set of general questions that are repeated in all of them.

The entities and associations surveyed are as follows (those included in items five to fourteen have been proposed by the research team):

1. Local authorities.
2. The State Observatory on Violence against Women.
3. Coordination Units against Violence against Women and Violence against Women Units.
4. Women's Health Observatory.
5. Equality Units of the Universities.
6. Feminist Constitutional Law Network.
7. Gender Studies Network (GENET).
8. State Federation of Progressive Women.
9. National Union of Family Associations (UNAF).
10. Gender Centres, Institutes and Chairs of the Universities coordinated through the University Platform for Feminist and Gender Studies (EUFEM), of which the Women's Studies Centre of the University of Salamanca (CEMUSA) forms part.
11. THEMIS Lawyers Association.
12. Plaza Mayor Association, Salamanca.
13. Beatriz de Suabia Association, Salamanca.
14. Association for the Assistance to Victims of Sexual and Gender-Based Violence (ADAVAS), Salamanca.

VI. Approximate projection of the number of women and children susceptible to domestic violence

Based on the information contained in a series of tables attached as Annex IV, the following variables have been estimated using a regression system:

- Taking into account the number of female fatalities due to gender-based violence over the last 20 years (from 2003 to 2022), the number is estimated to decrease by 1.7 for each year, i.e., by approximately 2 women each year.
- The number of child fatalities due to gender-based violence, based on the evolution observed between 2013 and 2019, is estimated to decrease by 0.07.
- In relation to the variables "Victims with precautionary measures or protection orders in gender-based violence", "Victims with protection orders or precautionary measures in domestic violence", "Child victims (with protection orders or precautionary measures) according to age in gender-based violence" and "Child victims (with protection orders or precautionary measures) according to age in domestic violence", their evolution can be observed from the data provided in Annex IV.

Report 2

Survey results

I. Introduction

This study analyses the results of a survey on the problem of domestic violence in Spain, with an emphasis on local government intervention, including the articulation and implementation of a series of strategies, plans, programmes and actions.

The aim of the study is twofold:

- To identify and analyse domestic violence behaviours as well as the approach and intervention carried out by the entities/institutions interviewed, in particular local administrations.
- To understand the challenges faced by the entities/institutions interviewed in the prevention/eradication of domestic violence, in particular local administrations.

The survey was conducted by designing a web form submitted via Google Forms. This report reflects the analysis of the answers provided to questions posed to the participating institutions/entities, with their expression in frequency and descriptive tables.

II. General sample

The sample consists of 30 participants¹: 13 (43.3%) are Local Entities; 5 (16.7%) are Coordination Units against Violence against Women or Violence against Women Units; and 3 (10%) are Equality Units belonging to different Universities. Other entities/institutions such as associations, associations of municipalities, centres, and Chairs of studies or University Institutes (30%) have also been surveyed (see figure 1).

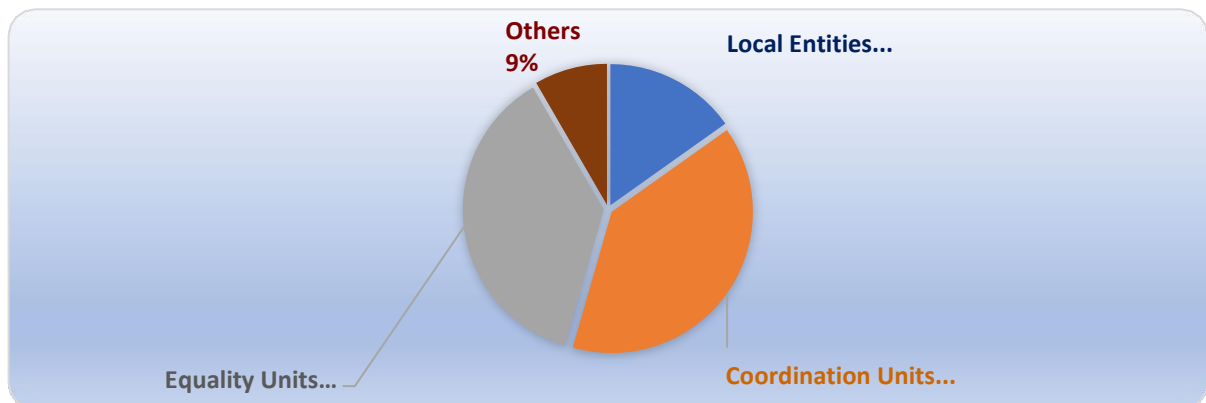


Figure 1. Distribution of participating entities/institutions

¹ Despite numerous attempts by the research team to expand the sample (communication was attempted by different means, in different time periods), these have been unsuccessful.

With regard to the factors that influence domestic violence, the entities/institutions interviewed consider that, in the main, they are: the existing inequality between men and women (100%), machismo (96.67%), the social climate of violence (33.33%), and the lack of education (26.67%).

On the other hand, three of these entities/institutions indicate that they do not produce any type of information on cases of domestic violence, while 56.7% (n=17) produce qualitative and quantitative information mainly related to victims, aggressors, violence (typology, duration, frequency, affective relationship or cohabitation situation between victim and aggressor), minors who are victims or orphans, existing resources to prevent and/or eradicate domestic violence, and judicial and procedural information (such as number of complaints, protection or precautionary measures).

With regard to the latter, only 10 of them make such information available to the institutions; 7 only internally, 5 by means of anonymised reports and 4 to third parties upon request. The data obtained show that 96.7% of respondents (n=29) strongly agree with the statement that "it is important to record quantitative or qualitative information related to domestic violence cases".

Table 1 shows the degree of agreement on certain statements related to domestic violence:

Table 1. Percentage of responses regarding aspects related to domestic violence.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
The information produced at the institutional level in Spain is sufficient to know the reality of domestic violence.	0.0%	53.3%	43.3%	3.3%
The published statistics reflect the reality of the situation in the country.	6.7%	30.0%	53.3%	10.0%
There are more cases that do not appear in the published data	70.0%	20.0%	6.7%	3.3%

Information should be more disaggregated.	46.7%	43.3%	10.0%	0.0%
Data is essential to improve understanding of the nature, magnitude, severity and frequency of violence against women.	70.0%	20.0%	3.0%	0.0%
Research and statistics are valuable tools in developing evidence-based interventions and policies to end violence against women.	73.3%	26.7%	0.0%	0.0%
There is a significant lack of comprehensive, reliable, comparable and up-to-date data on violence against women.	30.0%	40.0%	26.7%	3.3%

On the other hand, 76.7% of the institutions/entities interviewed stated that they had launched awareness-raising campaigns against domestic violence aimed at the general public. These include awareness-raising campaigns on bus shelters and buses in the city, campaigns promoted by the General Directorate against Gender-based Violence (#nosqueremosvivas, #EntoncesQuien, #juntas, #ElSexoEsUnsi, #MachismoEs Violencia, #CeroDieciséis, etc.), awareness-raising and prevention programmes in schools or aimed at the general public, implementation of various actions to commemorate the International Day for the Eradication of Violence against Women ("La igualdad es un derecho" [Equality is a Right], "Cambiemos la estadística, haciendo visible lo invisible" [Let's Change the Statistics, Making the Invisible Visible], "Júzgate menos, abrázate más" [Judge Less, Embrace More]), etc.

In addition, 70% of the institutions/entities interviewed have carried out educational campaigns against domestic violence, such as training courses, implementation of the programmes "Ni un paso atrás" (Not one step back) and "Sin medias naranjas" (No more half-oranges), co-education workshops, awareness-raising campaigns against sexual violence, etc.

In relation to the type of tasks they perform, 60% of the institutions/entities interviewed stated that they do not provide employment information to victims of domestic violence. The remaining 40% carry out this work, sometimes directly and sometimes by referring the users

to the Public Employment Services or to the Social Services. In turn, 60% of the institutions/entities claim not to provide psychosocial counselling, and 50% (also) not to provide legal counselling.

63.3% state that they have implemented other measures or strategies to prevent and/or combat domestic violence, such as the "Tendiendo puentes contra la violencia" (Building Bridges Against Violence) programme; the "Tanit" programme; the Programme of Comprehensive Care for Victims of Gender-based Violence and their environment; the Case Plans adapting existing resources to specific needs (in accordance with the "Modelo Violencia Cero" [Zero Violence Model] implemented in Castile and León); the Coordination Committee against Gender-based Violence; training courses aimed at men; co-education workshops for different groups; also, first reception, accompaniment, information, information, guidance, counselling, referral and coordination with different bodies; long, medium and short stay shelters; empowerment actions; therapeutic leisure activities aimed at sons and daughters of women victims of violence ("Alzando la voz" [Raising the Voice], "Espacio Propio" [Own Space]); workshops to promote mother-child relationships; financial aid; sex education courses; self-defence workshops, etc.

In order to assess the opinion of the institutions/entities surveyed regarding the effectiveness of the measures for the care of victims of domestic violence, they were asked to assign a value to some items on a scale of 1 to 10, with 10 for those they considered most effective and 1 for those they considered least effective. The results are presented in Table 2.

Table 2. Effectiveness of care measures for victims of domestic violence.

	Mean±SD	Median (IQR)
016.	7.6±1.9	8 (7-9)
ANAR telephone.	6.8±1.8	7 (5-8)
ATENPRO	7.9±1.6	8 (7-9)
Subsidised contracts for women victims of violence.	7.3±1.7	8 (5.8-9)
Active Insertion Income.	8.0±1.3	8 (7-9)
Women receiving the financial aid provided for in Article 27 of the Comprehensive Law	7.5±1.8	8 (6-9)
Granting of temporary residence and work permits.	7.8±1.7	8 (6-9)
Telematic devices.	7.0±2.1	7.5 (5.8-9.0)
VIOGEN.	7.6±1.8	8 (6-9)

Support and prevention resources website.	7.4±1.9	7.5 (6-9)
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To find out their opinion on issues related to the role of different institutions in raising public awareness of the problem of domestic violence in Spain, they were asked to rate some items on a scale of 1 to 10, where 10 represents the highest value and 1 the lowest (see Table 3).

Table 3. The role of institutions in raising awareness of the problem of domestic violence in Spain.

	Mean±SD	Median (IQR)
Spanish society in general is aware of domestic violence.	5.4±1.9	6 (4-7)
The media is aware of domestic violence.	5.2±2.1	5.5 (3.8-7.0)
The education system contributes to the prevention of domestic violence.	5.1±2.2	5 (3-7)
Institutions are responding adequately to domestic violence.	5.5±1.9	6 (4.8-7.0)
The judicial system is responding adequately to domestic violence.	4.6±2.2	5 (2.8-6.3)

In order to assess the current challenges for the prevention and eradication of domestic violence, the interviewed entities/institutions were asked to rate certain items on a scale of 1 to 10, where 10 represents the highest rating and 1 the lowest. The results are shown in Table 4.

Table 4. Challenges for the prevention and eradication of domestic violence.

	Mean±SD	Median (IQR)
Measurement of the dimensions of the phenomenon.	7.4±1.8	7.5 (7-9)
Knowledge production.	7.7±1.6	8 (6-9)
Psychosocial intervention.	7.9±1.7	8 (6.8-9)

Labour intervention.	7.7±1.7	8 (7-9)
Legal intervention.	8.4±1.3	9 (8-9)
Education.	8.7±1.3	9 (8-10)
Training.	8.6±1.3	9 (8-10)
Communication.	8.4±1.4	9 (7-9)

In this sense, education and training in general represent the main challenges to prevent and eradicate different forms of domestic violence.

On the other hand, 90% (n=27) of the entities/institutions surveyed consider that they are trained in identifying and tackling cases of domestic violence. 100% think that the most frequent type of domestic violence is psychological violence; 86.67% think physical violence; 73.33% think sexual violence; and 53.33% think social violence.

In order to find out the opinion of the institutions/entities regarding the obstacles they consider most relevant for detecting and tackling gender-based violence, they were asked to rate some items on a scale of 1 to 10, where 10 represents the greatest difficulty and 1, the least. The results are presented in Table 5.

Table 5. Main obstacles to detecting and tackling gender-based violence in society.

	Mean±SD	Median (IQR)
Lack of training.	4.0±2.6	3 (2-6.3)
Lack of time in consultation/office.	4.0±2.8	3.5 (1-7)
Lack of interdisciplinary teams.	5.1±3.3	5.5 (2-8)
Lack of gender perspective.	4.3±3.1	3.0 (1.0-7.3)
Lack of privacy in the consultation/office.	3.2±2.4	2.0 (1-5)
Lack of resources.	5.2±2.6	6 (2-7)
Fear of reprisals.	3.1±2.3	2 (1-4.3)
Cultural barriers, language barriers, etc.	3.8±2.3	3.5 (2.0-5.3)

Lack of resources, together with the absence of interdisciplinary teams, are seen as the main obstacles that the institutions/entities surveyed face in the exercise of their profession in detecting and tackling gender-based violence.

In order to analyse which resources they consider most suitable for informing and raising awareness of the problem of domestic violence among victims, they were asked to rate some of them on a scale of 1 to 10, where 10 represents the highest rating and 1 the lowest. The results are presented in Table 6.

Table 6. Resources for information and awareness-raising on domestic violence.

	Mean±SD	Median (IQR)
Information campaigns.	7.4±1.4	8 (6-8.3)
Regulation of advertising and recommendations for the media.	7.7±1.7	8 (7-9)
Support and prevention resources website for cases of domestic violence (WRAP).	7.4±1.8	8 (6-9)
Telephone service 016: telephone service for information and legal advice on gender-based violence	7.9±1.6	8 (7-9)
Information instruments of the Autonomous Communities.	8.0±1.5	8 (7.8-9)
Telephone Service of Attention and Protection for Victims of Gender-based Violence (ATENPRO).	8.1±1.6	8 (7-9.3)

In this sense, the most highly valued resources were the Telephone Service for the Attention and Protection of Victims of Gender-based Violence (ATENPRO), and the Autonomous Communities' own information instruments.

With regard to the resources for the care of victims and their children, their assessment is presented in Table 7, following the same procedure as that adopted in the previous tables.

Table 7. Resources for the care of victims and their children.

	Mean±SD	Median (IQR)
Immediate legal assistance.	7.8±2.2	8 (6.8-10)

Immediate protection.	8.2±2.0	9 (8-10)
Violence against Women Courts	8.1±1.9	8 (7-10)
The Public Prosecutor for cases of Violence against Women	8.1±1.9	8 (7.5-10)
Comprehensive Forensic Assessment Units	8.0±2.1	8 (7-10)
Specialised units of the Security Forces.	8.5±1.6	9 (8-10)
Cooperation between law enforcement agencies in a territory.	8.2±1.8	8 (7-10)
Coordination between the security forces and judicial bodies.	8.1±2.1	8.5 (7.8-10)
Comprehensive Monitoring System: risk estimation and monitoring.	8.3±1.7	8 (8-10)
Monitoring system by telematic means of the measures of withdrawal in the field of gender-based violence	8.1±1.6	8 (7.8-9.3)
GPS control system for the exit of offenders from penitentiary centres.	8.0±1.7	8 (7.8-9)
Psychosocial support and accompaniment for women.	8.5±1.6	8.5 (8-10)
Psychosocial support and accompaniment for minors.	8.2±2.2	8.5 (7.8-10)
Telephone Service of Attention and Protection for Victims of Gender-based Violence (ATENPRO).	8.4±1.7	8 (8-10)

The assessment of the institutions/entities of the existing information resources on domestic violence is reflected, in turn, in Table 8.

Table 8. Resources for information for victims of domestic violence and their environment.

	Mean±SD	Median (IQR)
Telephone service 016: telephone service for information and legal advice on gender-based violence	8.1±1.8	9 (7-9)

The Autonomous Communities' own information instruments.	7.9±1.9	9 (7-9)
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In order to analyse the measures that can be implemented by advertising services to effectively help combat the phenomenon of domestic violence, the institutions/entities interviewed were given a number of items to rate on a scale of 1 to 10, with a value of 10 for the measures they considered most effective and a value of 1 for the measures they considered least effective. The results are presented in Table 9.

Table 9. Measures that can be implemented by advertising services to help combat domestic violence.

	Mean±SD	Median (IQR)
Cooperation with advertising companies in order to channel equality training for their professionals and to put in place good practice awards in the field of advertising.	8.0±1.7	9 (7-9)
Extension of the self-regulatory agreement in the field of advertising that includes criteria for settling disputes extrajudicially.	7.4±2.3	8 (6-9)
Agreement between the persons entitled to terminate proceedings and rectifications to ensure coordinated and efficient action.	7.5±1.9	8 (6.8-9)
Extension of the self-regulatory agreement on the television operators with regard to the protection of children to incorporate domestic violence and gender discrimination.	7.7±2.2	8.5 (6.8-9)
Agreements with Audio-visual Regulatory Authorities to establish collaborative procedures to eradicate direct or indirect incitements to domestic violence from programming and advertising.	8.2±1.8	9 (7-9)
Promotion and dissemination of good practices in content and treatment of the news.	8.4±1.9	9 (8-9.3)

Finally, to ascertain the opinion on the ATENPRO service, 63.3% (n=19) of the institutions/entities interviewed gave it a rating of outstanding; 30% (n=9); of good and 2 of them, of insufficient.

The following section presents the results of the general and specific questions posed to Local Authorities.

III. Sample local authorities

Of the total number of participating institutions, 13 (43.3%) were Local Entities (City Councils, Social Action Centres, Equality Offices, etc.).

92.3% of the entities surveyed consider that they play a central role in the prevention and eradication of domestic violence; however, only 53.8% believe that they have sufficient competences in the field of equality and in order to prevent and eradicate domestic violence.

With regard to the factors that they consider to influence the existence of domestic violence, they point to the existing inequality between men and women (100%), machismo (100%), and the changing role of women (53.8%).

Ten (76.9%) of these entities state that they produce both qualitative and quantitative information related to domestic violence (three, 23.1%, only quantitative information). This information is mainly related to victims, aggressors, violence (typology, duration, frequency, affective relationship or cohabitation situation), child victims or orphans, resources to prevent and eradicate domestic violence, judicial and procedural information (complaints, protection and/or precautionary measures), and opinion surveys for research purposes. In terms of accessibility, 5 of them share this with institutions; 3, through anonymised reports; and 2, with third parties or entities, upon request.

Furthermore, 100% of respondents agree with the statement that "it is important to record quantitative or qualitative information related to domestic violence cases".

Table 10 shows the degree of agreement with certain statements related to domestic violence:

Table 10. Percentage of responses regarding the degree of agreement with certain statements related to domestic violence.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree

The information produced at the institutional level in Spain is sufficient to know the reality of domestic violence.	0.0%	69.2%	23.1%	7.7%
The published statistics reflect the reality of the situation in the country.	7.7%	30.8%	53.8%	7.7%
There are more cases that do not appear in the published data.	69.2%	30.8%	0.0%	0.0%
The information should be more disaggregated.	53.8%	38.5%	7.7%	0.0%
Data is essential to improve the understanding of nature, magnitude, severity and frequency of violence against women.	53.8%	38.5%	7.7%	0.0%
Research and statistics are Valuable tools when it comes to developing interventions and evidence-based policies to put an end to violence against women.	61.5%	38.5%	0.0%	0.0%
There is a significant lack of complete, reliable, comparable and up-to-date data on violence against women.	23.1%	46.2%	23.1%	7.7%

84.6% of local authorities state that they have launched awareness-raising campaigns aimed at the general population against domestic violence. These include actions implemented in the context of the Plans for Equal Opportunities and Against Gender-based Violence and/or Equality Plans, the production of information leaflets on resources, events to commemorate Women's Day or the Day Against Gender-based Violence, the organisation of talks, the provision of training courses for professionals, awareness-raising campaigns against sexual violence, etc.

In addition, 76.9% have implemented educational actions to prevent domestic violence, such as workshops, gender and sexual violence prevention courses, 25-November awareness-

raising campaigns, poster competitions, silent rallies, etc.

61.5% of the institutions surveyed provide employment information to users, either on a personalised basis or by referring them to institutions. On the other hand, 100% claim to provide psychosocial counselling; and 84.6%, legal counselling. Less than half (46.2%) reported having implemented other measures or strategies, such as case plans, coordination tables against male violence, training courses for men, co-education workshops for different groups, financial aid, workshops and projects to dismantle gender roles and stereotypes, etc.

In order to evaluate the opinion of the entities surveyed in relation to the effectiveness of the measures for the care of victims of domestic violence, they were asked to assign a value to some items on a scale of 1 to 10, with 10 for those they considered most effective and 1 for those they considered least effective. The results are presented in Table 11.

Table 11. Effectiveness of care measures for victims of domestic violence.

	Mean±SD	Median (IQR)
o16.	7.5±1.9	8 (6-9)
ANAR telephone.	6.1±1.9	6 (4.5-7.5)
ATENPRO	8.2±1.5	9 (7-9)
Subsidised contracts for women victims of violence.	7.7±1.8	8 (6.5-9)
Active Insertion Income.	7.9±1.2	8 (7-9)
Women receiving the financial aid provided for in Article 27 of the Comprehensive Law	7.3±2.1	8 (5.5-9)
Work and temporary residence authorisations.	7.9±1.5	8 (6.5-9)
Telematic devices.	7.2±1.6	7 (6-8.5)
VIOGEN.	7.7±1.4	8 (6.5-9)
Support and prevention resources website.	6.6±2.2	7 (5-8.5)

To find out their opinion on issues related to the role of different institutions in raising public awareness of the problem of domestic violence in Spain, they were asked to rate some items on a scale of 1 to 10, where 10 represents the highest value and 1 the lowest (see Table 12).

Table 12. The role of institutions in raising awareness of the problem of domestic violence in Spain.

	Mean±SD	Median (IQR)
Spanish society in general is aware of domestic violence.	5.8±1.9	6 (4-7)
The media is aware of domestic violence.	5.8±2.0	6 (4.5-7)
The education system contributes to the prevention of domestic violence.	6.1±2.1	6 (5-7)
Institutions are responding adequately to domestic violence.	6.0±1.8	6 (5-7)
The judicial system is responding adequately to domestic violence.	4.8±2.1	5 (3-7)

To assess the current challenges to preventing and eradicating domestic violence, respondents were asked to rate certain items on a scale of 1 to 10, with 10 being the highest and 1 the lowest. The results are shown in Table 13.

Table 13. Challenges for the prevention and eradication of domestic violence.

	Mean±SD	Median (IQR)
Measurement of the dimensions of the phenomenon.	7.4±1.6	8 (6-9)
Knowledge production.	7.5±1.6	8 (6-9)
Psychosocial intervention.	7.6±1.9	7 (6-9.5)
Labour intervention.	7.4±1.7	7 (6.5-9)
Legal intervention.	8.5±1.1	9 (8-9)
Education.	8.5±1.2	9 (8-9.5)
Training.	8.5±1.2	9 (8-9.5)
Communication.	8.3±1.3	8 (7-9.5)

In this sense, education, training and legal intervention are considered the main challenges for the prevention and eradication of domestic violence in Spain.

On the other hand, 100% of the organisations consider that their institution is trained to identify and deal with cases of domestic violence. All local authorities consider that, of the different types of domestic violence, psychological violence is the most frequent; for 84.6%, physical violence; and for 53.8%, social violence and denial of money by the spouse/partner.

To find out the organisations' opinions on the obstacles they consider most relevant for detecting and tackling gender-based violence, they were asked to rate some items on a scale of 1 to 10, where 10 represents the greatest difficulty and 1, the least. The results are presented in Table 14.

Table 14. Main obstacles to detecting and tackling gender-based violence in society.

	Mean±SD	Median (IQR)
Lack of training.	3.1±1.6	3 (2-3.5)
Lack of time in consultation/office.	3.2±2.4	3 (1-4.5)
Lack of interdisciplinary teams.	4.2±3.1	3 (1.5-6.5)
Lack of gender perspective.	3.8±2.9	3 (1.5-7)
Lack of privacy in the consultation/office.	2.7±2.0	2 (1-3.5)
Lack of resources.	4.8±2.8	6 (2-7.5)
Fear of reprisals.	3.4±2.4	3 (1.5-4)
Cultural barriers, language barriers, etc.	4.3±2.3	4 (2-6.5)

In this sense, the lack of resources, together with the existence of cultural barriers, are considered to be the main obstacles that the organisations surveyed face in the exercise of their profession in detecting and tackling gender-based violence.

In order to analyse which resources they consider most suitable for informing and raising awareness of the problem of domestic violence among victims, they were asked to rate some of them on a scale of 1 to 10, where 10 represents the highest rating and 1 the lowest. The results are presented in Table 15.

Table 15. Resources for information and awareness-raising on domestic violence.

	Mean±SD	Median (IQR)
Information campaigns.	7.0±1.2	7 (6-8)
Regulation of advertising and recommendations for the media.	7.0±1.9	8 (6-8)
Support and prevention resources website for cases of domestic violence (WRAP).	6.5±1.9	7 (5.5-8)
The 016 telephone service for information and legal advice in the field of domestic violence.	7.2±1.4	8 (6-8)
The Autonomous Communities' own information instruments.	7.6±1.7	8 (6-8.5)
Telephone Service of Attention and Protection for Victims of Gender-based Violence (ATENPRO).	7.5±1.9	8 (6-8.5)

In this sense, the most highly valued resources were the Autonomous Communities' own information instruments, and the Telephone Service for the Attention and Protection of Victims of Gender-based Violence (ATENPRO).

With regard to the resources for the care of victims and their children, their assessment is presented in Table 16, following the same procedure as that adopted in the previous tables.

Table 16. Resources for the care of victims and their children.

	Mean±SD	Median (IQR)
Immediate legal assistance.	7.3±2.0	8 (6.5-8.5)
Immediate protection.	8.0±1.4	8 (7.5-9)
Violence against Women Courts	7.4±2.1	8 (5.5-9)
The Public Prosecutor for cases of Violence against Women	7.4±1.9	8 (5.5-9)
Comprehensive Forensic Assessment Units	7.4±2.2	8 (6-9)
Specialised units of the Security Forces.	8.0±1.5	8 (7-9)

Cooperation between law enforcement agencies in a territory.	8.0±1.4	8 (7-9)
Coordination between the security forces and judicial bodies.	7.5±2.3	8 (6-9)
Integral Monitoring System: risk estimation and monitoring.	8.0±1.3	8 (8-9)
Telematic Monitoring System for the restraining measures in the field of domestic violence.	7.7±1.3	8 (7-8)
GPS control system for the exit of offenders from penitentiary centres.	7.8±1.4	8 (7.5-8.5)
Psychosocial support and accompaniment for women.	8.1±1.3	8 (7.5-9)
Psychosocial support and accompaniment for minors.	7.6±2.1	8 (7-9)
Telephone Service of Attention and Protection for Victims of Gender-based Violence (ATENPRO).	7.8±1.6	8 (7-9)

On the other hand, the assessment of the surveyed institutions/entities of the existing information resources on domestic violence is reflected in Table 17.

Table 17. Resources for information for victims of domestic violence and their environment.

	Mean±SD	Median (IQR)
016 Telephone service: telephone service for information and legal advice on gender-based violence	7.8±1.6	8 (7-9)
The Autonomous Communities' own information instruments.	7.6±2.4	8 (7-9)

In order to analyse the measures that can be implemented by advertising services to effectively help combat the phenomenon of domestic violence, the interviewed entities were proposed some items to rate on a scale of 1 to 10, assigning a value of 10 to the measures they considered most effective and a value of 1 to those they considered least effective. The results are presented in Table 18. In this sense, the promotion and dissemination of good practices and the most highly valued measures are the practical measures in the preparation of content

and the treatment of news, as well as cooperation with advertising companies to channel training in equality for their professionals, together with the awarding of prizes.

Table 18. Measures that can be implemented by advertising services to help combat domestic violence.

	Mean±SD	Median (IQR)
Cooperation with advertising companies in order to channel equality training for their professionals and to put in place good practice awards in the field of advertising.	7.8±1.4	8 (6.5-9)
Extension of the self-regulatory agreement in the field of advertising including criteria for settling disputes extrajudicially.	6.9±2.1	7 (5.5-9)
Agreement between the persons entitled to terminate proceedings and rectification to ensure coordinated and efficient action.	7.2±1.3	7 (6.5-8)
Extension of the self-regulatory agreement on the television operators with regard to the protection of children in order to incorporate domestic violence and discrimination on grounds of sex.	7.8±1.3	8 (6.5-9)
Agreements with Audio-visual Regulatory Authorities to establish collaborative procedures to eradicate direct or indirect incitements to domestic violence from programming and advertising.	8.0±1.5	9 (6.5-9)
Promotion and dissemination of good practices in content and treatment of the news.	8.5±0.9	9 (8-9)

Of particular relevance is the fact that ten of the local authorities (76.9%) consider that the State Pact against gender-based violence has served as an impetus for municipalities to recover/strengthen competences in the area of equality and in order to prevent and eradicate domestic violence. In this sense, they were asked to rate on a scale of 1 to 10 (where 10 is the highest and 1 the lowest) to what extent they consider that they have a driving/developing and/or responsible role in relation to the measures contained in the State Pact against Gender-based Violence (see Table 19).

Table 19. Assessment of the functions of promotion/development and/or responsibility that Local Bodies have in relation to the measures contained in the State Pact against gender-based violence.

	Mean±SD	Median (IQR)
Development of prevention awareness-raising campaigns.	8.4±1.4	8 (8-9.5)
Provision of comprehensive social assistance.	7.9±2.1	9 (6.5-9.5)
Creation of support units.	7.8±1.9	8.0 (6.5-9.5)
Protection by the local police of victims.	7.2±2.7	8.0 (5.0-9.5)
Establishment of a housing network and/or shelters.	5.7±2.9	6.0 (3.0-8.5)
Establishment of welcome centres and/or information centres for victims in rural areas.	6.0±2.9	6.0 (3.0-9.0)
Establishment of local equality commissions and councils.	6.5±2.9	6.0 (3.0-9.5)
Making travel to specialised services possible.	7.2±2.8	8.0 (5.0-9.5)
Establishment of protocols and special measures to cater for the groups of most vulnerable women.	8.1±1.9	8.0 (7.5-9.5)
Adaptation of support and care resources for people with disabilities.	7.2±2.5	8.0 (5.5-9.0)

Similarly, they were asked for their opinion regarding the usefulness of existing state resources to prevent and combat domestic violence (see Table 20), with ATENPRO receiving the highest rating, followed by VIOGÉN.

Table 20. Assessment of the usefulness of state resources to prevent and combat domestic violence.

	Mean±SD	Median (IQR)
o16.	8.0±1.8	9 (7-9)
VIOGÉN.	8.5±1.2	9 (8-9.5)
Security systems by telematic means.	8.4±1.4	9 (7.5-9.5)
ATENPRO	8.7±1.1	9 (8-9.5)

IV. Assessment of ATENPRO

In relation to the assessment that the institutions/entities in general make of ATENPRO, it can be concluded that:

- In terms of its effectiveness as a resource for victims of domestic violence, ATENPRO obtained an average score of 7.9, being the second best rated of all the items proposed.
- ATENPRO is the best rated resource for informing and raising awareness of the problems associated with domestic violence (average score 8.1).
- ATENPRO receives a score of 8.4 as a resource for the care of victims and their children (third best).
- ATENPRO is rated as outstanding by 63.3% (n=19) of the entities/institutions surveyed, and as good by 30% (n=9).

With regard to the assessment made by local entities of ATENPRO, the following conclusions can be drawn:

- In terms of its effectiveness as a resource for victims of domestic violence, ATENPRO obtained an average score of 8.2, being the best rated of all the items proposed.
- ATENPRO is the third best rated resource for informing and raising awareness of the problems associated with domestic violence (average score 7.5).
- ATENPRO receives a score of 7.8 as a resource for the care of victims and their children.
- In terms of its usefulness within state resources to prevent and combat domestic violence, ATENPRO achieves the highest average score: 8.7.
- ATENPRO receives an outstanding rating with an average score of 9.

V. General remarks

- Based on the unanimous assertion by all the entities/institutions surveyed that "it is important to record quantitative or qualitative information related to cases of domestic violence", it is the local entities that comply with this assertion to a greater extent than the rest.
- Local authorities are also the institutions that provide the most comprehensive counselling to victims of domestic violence, specifically in the labour, legal and psycho-social areas.
- Local authorities have implemented a higher number of awareness-raising campaigns and actions against domestic violence aimed at the general population than the rest of the institutions surveyed.
- The ATENPRO service, which is the responsibility of local authorities, is considered to be one of the most effective resources for attending to victims of domestic violence, informing and raising awareness of the associated problems, and preventing and combating it.

- Notwithstanding the above points (which lead to the conclusion that local authorities play a central role in the prevention and eradication of domestic violence), more than half of them consider that they do not have sufficient competences. In this sense, the lack of human and material resources, together with the scarce development of some measures contained in the State Pact against gender-based violence (establishment of a housing network and/or shelters in both urban and rural areas and the establishment of information centres in rural areas) constitute the main obstacles.

VI. Methodology for carrying out the questionnaire

The questionnaire was sent by e-mail on 17 May to the following entities, organisations and associations:

- The State Observatory on Violence against Women.
- Social Forum against Trafficking.
- Coordination Units against Violence against Women and Violence against Women Units: Álava, Albacete, Alicante, Almería, Asturias, Ávila, Badajoz, Barcelona, Burgos, Cáceres, Cádiz, Cantabria, Castellón, Ciudad Real, Córdoba, La Coruña, Cuenca, Gerona, Granada, Guadalajara, Guipúzcoa, Huelva, Huesca, Baleares, Jaén, León, Lérida, Lugo, Madrid, Málaga, Murcia, Navarra, Orense, Palencia, Las Palmas, Pontevedra, La Rioja, Salamanca, Segovia, Seville, Soria, Tarragona, Santa Cruz de Tenerife, Teruel, Toledo, Valencia, Valladolid, Biscay, Zamora and Zaragoza.
- Women's Health Observatory.
- Local entities that have their own services for the care, intervention and protection of women victims of domestic violence:
 - Bilbao City Council.
 - Cadiz City Council - Municipal Women's Foundation.
 - Madrid City Council - Gender-based violence within intimate partner relationships
 - Santander City Council - Integral Attention Point for Violence.
 - San Sebastian City Council - Intervention with women victims of male violence.
 - San Sebastian de los Reyes City Council - Municipal Point of the Regional Observatory Against Gender-based Violence.

- Murcia City Council - Gender violence care team (EMAVI).
- Medina del Campo Town Council.
- Yecla Town Council - Centre for Women Victims of Gender-Based Violence (CAVI).
- Salamanca City Council - Women's Information and Counselling Centre (CIAM).
- Seville City Council - Women's Services.
- Mataró Town Council - Women's Services.
- Formentera Council - Information and Attention Service for Women.
- Avilés Town Council - Women's Advice Centre (CAM).
- Tenerife Council - Insular Institute of Social and Socio-sanitary Care (IASS) - Organic Unit for Gender-based Violence.
- Cáceres City Council - Psychological care service for women victims of gender-based violence and housing for victims of gender-based violence.
- Toledo City Council - Toledo Women's Centre.
- Valladolid City Council - Service for Victims of Domestic Violence.
- La Línea de la Concepción Council - services for women victims of gender-based violence.
- Jerez City Council - Women's Advice Centre (emergency resource for victims of gender-based violence).
- Gandia City Council - Area of Equality, Diversity and Inclusive Policies (psychosocial care services for victims of gender-based violence).
- San Juan de Aznalfarache Town Council (Seville) - Municipal Women's Information Centre.
- Fuerteventura Island Council - Specialised service for women and minors victims of gender-based violence (S.A.M.).
- Diputación de Almería (Provincial Council) - Provincial Women's Service.

- Ricote Town Council (Murcia) - Telephone service for women victims of sexual violence.
 - Camargo Town Council (Cantabria) - Attention to victims of gender-based violence.
 - La Roda Town Council (Albacete) - Women's Centre.
 - Agüimes (Gran Canaria) Town Council - Service specialised in gender-based violence.
 - Mislata (Valencia) City Council - Casa de la Dona.
 - Picassent Town Council (Valencia) - Women's Services.
 - Gijón City Council (Asturias) - Women's Advice Centre.
 - Rivas Vaciamadrid City Council - Attention to women victims of gender-based violence.
 - Pamplona City Council - Municipal Women's Services (SMAM).
 - Alsasua Town Council (Navarre) - General information and legal advice.
 - Aranguren Town Council (Navarre) - Legal Advice Service for Women and Family.
 - Burlada Town Council (Navarre) - Municipal Service for Women Victims of Violence.
 - Estella Town Council (Navarre) - Psychological, legal and resource services.
 - Lugo City Council - Casa da Muller (Women's House)
 - Terrassa City Council - Information and care services for women.
 - Alcobendas Council - Casa de la Mujer de Alcobendas (Women's House)
 - Community of Municipalities of Valle del Jerte - Office for Equality and Gender-based Violence.
- Equality Units of the Universities: University of Alcalá de Henares, University of Alicante, University of Almería, Autonomous University of Barcelona, Autonomous University of Madrid, University of Barcelona, University of Burgos, University of Cádiz, University of Cantabria, University Carlos III - Madrid, University of Castilla La Mancha, Central University of Catalonia, Complutense University of Madrid, University of Córdoba, University of Coruña, University of Deusto, University of

Extremadura, University of Girona, University of Granada, University of Huelva, University of the Balearic Islands, International University of Andalusia, International University of Barcelona, University of Jaén, University Jaume I, University of La Laguna, University of León, University of Lleida, University of Málaga, University Miguel Hernández, University of Murcia, Open University of Catalonia, University of Oviedo, University Pablo Olavide, University of the Basque Country / Euskal Herreiko Uniberstsitea, University of Las Palmas de Gran Canaria, Polytechnic University of Cartagena, Polytechnic University of Catalonia, Polytechnic University of Madrid, Polytechnic University of Valencia, Pompeu Fabra University, Public University of Navarra, Ramon Llull University, King Juan Carlos University, University of La Rioja, Rovira i Virgili University, University of Salamanca, University of Santiago de Compostela, University of Seville, UNED, University of Valencia, University of Valladolid, University of Vigo and University of Zaragoza.

- Gender Centres, Institutes and Chairs of the Universities through the EUFEM platform, of which the Women's Studies Centre of the University of Salamanca is a member:
 - University Institute of Women's Studies - University of Valencia.
 - Feminist Research Institute - Complutense University of Madrid University Institute of Gender Studies - University Carlos III, Madrid.
 - University Institute of Women's Studies - Autonomous University of Madrid.
 - University Institute of Women's Studies - University of La Laguna.
 - University Institute of Feminist and Gender Studies "Purificación Escibano"- University Jaume I, Castellón.
 - University Institute for Gender Studies Research - University of Alicante.
 - University Institute for Women's and Gender Studies Research - University of Granada.
 - University Institute for Gender and Equality Research (IGIUMA) - University of Malaga.
 - Inter-University Women and Gender Studies Institute (IIEDG) -University of Barcelona.
 - Interdisciplinary Centre for Feminist, Gender and Equality Studies (CINEF) - Pablo de Olavide University of Seville.

- Centre for Gender Studies (CEdG) - Pompeu Fabra University.
- Centre for Interdisciplinary Gender Studies - University of Vic.
- Dolors Piera Centre for Equality and Promotion of Women - University of Lleida.
- Centre for Gender Studies - UNED.
- Centre for Women's and Gender Studies - University of Murcia.
- Centre for Feminist Studies - University of Oviedo.
- Centre for Gender and Feminist Studies (CEXEF) - University of A Coruña.
- Gender Studies Research Centre - Miguel Hernández University of Elche.
- Interdisciplinary Centre for Feminist Research and Gender Studies CIFEX - University of Santiago de Compostela.
- Chair of Gender Studies - University of Valladolid.
- Leonor de Guzmán Chair of Women's Studies - University of Cordoba.
- Gender Chair - University of Vigo.
- Chair of Equality and Gender - University of Zaragoza.
- UNESCO Chair in Gender Equality Policies in Science, Technology and Innovation - Polytechnic University of Madrid.
- Chair of Equality and Gender Studies at the University of Cantabria.
- Gender Equality Observatory - King Juan Carlos University.
- Atenea Platform - Valencia Polytechnic University.
- Feminist Constitutional Law Network.
- GENET Association - Transversal Network of Gender Studies in Human, Social and Legal Sciences.
- State Federation of Progressive Women.
- Union of Family Associations (UNAF).
- Themis Association of Women Lawyers.

- Women's Aid Association "Plaza Mayor".
- Beatrice of Swabia Association.
- ADAVAS - Association for Help to Victims of Sexual Assault and Domestic Violence.

A further reminder email was sent on 7 July to increase the number of responses in order to allow those entities that had not yet responded to do so to do so.

During the following weeks, telephone calls were made to local authorities to remind them of the questionnaire and ask them to fill it in, but there were many difficulties, as most of them still did not respond, mainly for three reasons: firstly, the existing workload in the municipal services makes it difficult to respond to these surveys; secondly, the receipt of a large number of requests for responses for studies of this nature means that it is complex to accept some and reject others; and thirdly, there is a certain reluctance on the part of professionals and entities to be identified in a study in which the ATENPRO service can be criticised.

VII. Interview results

All of the above has complicated the interviews and has meant that it has been impossible to reach a dialogue with twenty-five entities, despite contacting more than forty local authorities by e-mail and/or telephone.

From the interviews conducted, we can conclude the following:

Firstly, local authorities are reluctant to respond to this type of interview, especially when asked by ATENPRO, and most of them do not wish to be identified in the study.

Secondly, many entities claim that they will respond by e-mail or call back and fail to do so, for any of the reasons noted above.

Thirdly, they consider that the financial resources of the State Pact against Gender-based Violence are very useful and have been absolutely necessary to improve and increase services, activities and even for partial recruitment of specialists.

Even so, they still consider that they are not enough and that the financial allocations should be increased even more, it is obvious that the care and prevention of gender-based violence and domestic violence requires money that should be increased even more.

Fourthly, with regard to ATENPRO, the general opinion is that it is an indispensable and very valuable service, but it has a slow management that has a negative impact on its users, and there is also a lack of coordination between the different tools that makes a rapid response difficult.

Some of the specialists have raised the need to increase the staff of the ATENPRO service or its inclusion in the municipal services for a better coordination with all the support instruments that the local authority puts at the service of the victims.

Report 3

Proposed solutions and improvement measures for the development of public policies for prevention and awareness

To reinforce the detection and support of women victims of gender-based violence, in July 2021 the Spanish Government approved the Catalogue of Urgent Measures of the Plan for Improvement and Modernisation against Gender-based Violence, which "proposes a set of measures aimed at raising awareness in society, the measures also seek early detection of violence in local public services, support the autonomy of women to break with violence, protect children from violence and reinforce the protection and safety of victims at risk, with and without a complaint".

In this context, and based on the team's specialised knowledge, the following initiatives or proposals are proposed:

It is necessary to increase the resources allocated by local authorities to the fight against domestic violence, with the implementation of specific services for the prevention of this type of violence, as well as tools to improve care for victims. One of the resources that not all local authorities have, but which is essential for the initial care of victims, is the existence of a temporary shelter, as well as supervised flats for women victims of domestic violence to stay in during their recovery period until they reach normality. It should be possible to allocate funds from the State Pact against gender-based violence for this purpose and, although it is true that they can also be managed by the regional administration, we consider it more operative that, at least in municipalities with more than 20,000 inhabitants, this management should depend on the town councils themselves; and, in those with less than 20,000 inhabitants, they could be managed by the provincial councils.

The work carried out by women's associations should be recognised and, as far as possible, increased, but this should not mean that the public administration should give up the management of tools to assist women victims of domestic violence. Therefore, at least urgent social, psychological and legal care should be provided by staff directly dependent on the local authorities in this case. This type of care should not be outsourced to third parties, even if there is a specific collaboration agreement with them.

The accompaniment of women victims of domestic violence is one of the measures that can most help to confront the situation for the reparation of the victims, for which it is necessary to increase the programmes that promote therapies or actions of accompaniment for women victims of domestic violence.

Specific emergency care must be guaranteed 24 hours a day, 365 days a year, either through local authorities (local police officers or units) or emergency health services. Adequate care in the immediate aftermath of the episode of violence helps to channel help through the appropriate channels, without aggravating the consequences for the woman of inadequate treatment that is not specific to the type of violence she is suffering or has suffered.

Social and employment services for victims of domestic violence should be strengthened, prioritising their specific training and encouraging the recruitment of women victims of this type of violence. Economic independence ensures an autonomous life in the future, breaking the ties that could bind the woman to the environment of violence she suffered.

Local authorities should allocate more resources to the dissemination of awareness-raising campaigns on all types of violence against women, especially at an early age in schools, but also at events of special importance such as local festivals, concerts, etc., and through social networks. Raising visibility and awareness of domestic violence prevention contributes to its eradication.

The promotion of the creation of spaces for activities such as workshops, conferences or talks on the importance of the role of women in past and present society. These spaces, such as equality or women's houses, help to promote equality, to strengthen women's leadership capacity in society and to eradicate denigrating and violent behaviour towards women.

The main actions in the field of equality and the fight against domestic violence should not be reduced only to the dates of 8 March and 25 November, but should be continued throughout the year. To this end, it is essential that local bodies incorporate the figure of the equal opportunities agent into their organisational structure, who, with adequate planning, can dynamise actions related to equality and the fight against domestic violence on an ongoing basis. In addition, both the figure of equality agent and that of equality promoter should be legally regulated in order to provide them with homogeneity and ensure their access requirements and functions in a uniform manner.

Carrying out training in the field of new technologies to bridge the gender digital divide, as a preventive measure against domestic violence. Especially in rural areas, as one of the greatest vulnerabilities is sometimes the location of potential victims of domestic violence in unpopulated areas. The aim is that this type of measures have a benefit for women, so that they can advance as individuals in the new digital citizenship and defend themselves if they are victims, making them aware of new phenomena of violence that occur especially in the digital environment.

Establishing in the programmes for the promotion of female employment and subsequent public employment offers that depend on Local Bodies that the condition of being a victim of gender-based violence is a preferential requirement for obtaining a job. The main objective is the empowerment and defence of greater levels of individual freedom for women, as they are often forced to prolong the situation of violence they have been enduring due to their economic dependence on their abusers. As far as possible, out of respect for the privacy of the victims, it will be preserved that this requirement has been taken into account when applying the scales.

Implementing a comprehensive training programme for local police forces, as well as for Guardia Civil officers operating in rural areas in order to better detect cases of gender-based violence. The same applies to medical teams and primary care or nursing homes. The aim is to raise awareness among decision-makers and improve their ability to detect certain symptoms of gender-based violence.

Designing and implementing surveys and questionnaires (and other methodologies of analysis) on domestic violence in such a way as to quantitatively and qualitatively measure the social perception of domestic violence, especially among the youngest (but not forgetting other age groups) and differentiating between urban and rural territories. Conduct lectures, workshops and other awareness-raising measures depending on the results obtained. The objective is to measure the perception and importance of the social problem of domestic violence, by different age groups and disaggregated by gender and rural and urban locations. It is a prevention and awareness-raising measure.

Conducting training workshops on entrepreneurship and business start-ups for victims of domestic violence. The main objective is the empowerment and defence of greater levels of individual freedom for women, as they are often forced to prolong the situation of violence they have been enduring due to their economic dependence on their abusers.

Setting up local cooperatives, workshop schools, etc. In addition to implementing other economic empowerment measures that are led by Local Bodies. The main objective is not only the empowerment and defence of greater individual freedom for women, but also the promotion of sisterhood among women.

The implementation of appropriate public policies in the framework of the fight against gender-based violence necessarily requires a precise knowledge of the current state of the issue.

To this end, and although they may seem to transmit very cold and abstract data, statistics are essential, as they allow us to identify the most salient points of the phenomenon we are studying and to propose more effective policies.

In this sense, through different studies, it has already been shown that the statistics handled in the field of domestic violence by different institutions and public bodies have so many shortcomings that they do not allow us to have a comprehensive view of the problem. On the one hand, they start from different moments in the procedural iter and, on the other hand, they do not include the same variables.

Even if all or several of them are assessed together, we cannot reach the same conclusions, as the data they produce are quite disparate.

This prevents not only the accurate identification of problems, but also the establishment of appropriate policies to prevent them.

An example of this is the statistics contained in the annual reports of the Public Prosecutor's Office, which plays an essential role in the fight against domestic and gender-based violence. In these reports, it is acknowledged year after year that the Prosecutor's Office does not have a computerised system to systematically and in detail record cases related to this type of violence. Moreover, the inclusion of the data they officially handle is made dependent on the "goodwill" of the members of the Public Prosecutor's Office who decide to manually enter the data.

This situation, in the middle of 2023, is unacceptable, especially if we take into account that this deficiency has been evident for several years now, having had enough time to remedy it.

This is just one example of the extent to which the global data on gender-based and domestic violence that we deal with does not reflect the reality and magnitude of the problem.

For this reason, we propose the creation of a single register of domestic violence and gender-based violence, where all legal operators, as well as the State Security Forces and Corps, would report, and whose direction and supervision could fall to the Government Delegation for Gender-based Violence, bringing together all the variables that are currently taken into account in the scattered statistics and others that we understand to be of interest.

It is also important that certain types of violence in this area are disaggregated in order to allow for a more specific analysis of the problems presented by some specific types of crime. For example, within domestic violence, filio-parental violence; and within gender-based violence, sexual violence or gender-based violence among minors.

Related to the above, the violent behaviour of the youngest sector of our society, children and adolescents, is striking.

In recent times, we have witnessed an unprecedented rise in a worrying variety of conduct by minors, not only minors of criminal age, but also minors who, because they are under 14 years of age, are considered to be unaccountable. Violence of all kinds against parents, preferably mothers, group sexual violence against other minors and gender-based violence against their partners, who are also minors, are the worrying examples we are facing.

Minors, both victims and perpetrators, are the great forgotten ones by public administrations and although in recent years we have made progress in considering them as subjects with full rights, there is still a long way to go.

Paying attention to the aforementioned behaviours is a priority, bearing in mind that these minors are the future of our society.

It is therefore necessary to carry out campaigns to prevent gender-based and domestic violence specifically aimed at this sector of the population, mainly through new technologies, as we must not forget that we are dealing with true "digital natives" as target audiences.

On the other hand, we are dealing with people in full development, so the design of an educational policy that has an impact on gender equality is a priority, and this from a double perspective: training, both for educators and minors; and the incorporation into schools of specifically trained staff who can design strategies, tackle problems and propose specific solutions in this area, with specific measures for the detection and prevention of these violent behaviours.

It is highly probable that a minor who has experienced gender-based violence as an adolescent will perpetuate his or her behaviour as an adult, which is why it is only through prevention and awareness-raising that we can tackle the problem of violence by and against minors.

The ATENPRO care centre should be provided with more personnel and material resources to improve and expand its service, while at the same time increasing the training of its staff and promoting the creation of interdisciplinary teams within the centre. The cases attended by ATENPRO should also be reviewed to find out their satisfaction with the service and any possible difficulties that may have arisen.

Making it compulsory for victims of domestic and gender-based violence to receive legal assistance from the gender-based and domestic violence duty shift before filing a complaint, as at present it is optional and sometimes depends on the goodwill of the police officer. There should also be an increase in the number of members of the legal profession who work on gender and domestic violence in the different provinces, as in some places there is only one or two to cover large territories, and improvement of the training of legal operators: judiciary, police, legal profession, Public Prosecutor's Office.

Services to accompany victims and assist them in decision-making must be improved, including safe and free transport, a comprehensive translation service, and the intervention of intercultural mediators in the case of migrant women or women in an irregular situation. And if the victim changes residence, immediate schooling for their children.

Development and dissemination of campaigns throughout the year, within the framework of the temporary sustained action of awareness-raising and sensitisation measures for the eradication of domestic violence. It is advisable that these institutional campaigns are sustained throughout the year and especially reinforced during holiday periods (Christmas and summer), since according to statistics it is during these periods when there is an increase in the number of women murdered by their partner or ex-partner as a result of gender-based violence.

In this respect, campaigns should focus on all groups with special attention to the most vulnerable groups, such as: older women, women living in rural areas, women with disabilities, pregnant women, migrants, ethnic minorities such as gypsy women, prostituted women, women with addictions, carriers of HIV, etc. These campaigns should clearly address their

particularities so that victims are recognised/self-recognised.

Campaigns should also make visible symbolic violence against women and girls that reinforce prejudices and stereotypes that perpetuate misogyny (e.g., through jokes, songs, etc.).

Likewise, it seems relevant to us to highlight the need to increase the momentum of campaigns aimed at men who perpetrate violence against women and girls, with the aim of promoting "new masculinities" with a gender perspective.

It would also be advisable to support the implementation of campaigns that resolutely promote participatory democracy, strengthening social commitment and collective action against domestic violence.

Promoting collaborative agreements with major online service providers to prevent and act against perpetrators of discrimination and violence against women. Promoting the proper treatment of news and information on domestic violence in the media and prevent advertising from portraying a "stigmatising" image of women.

It is desirable that all morbidity be removed from the news and that the sentences that have been passed on the person or persons who have committed violence against women and children be reported as widely as possible.

In this regard, it would be appropriate for the Spanish Federation of Municipalities and Provinces to join the Digital Pact for the protection of individuals, a pioneering initiative led by the Spanish Data Protection Agency with the aim of combating digital violence on the Internet, also assuming the commitment to extend the #PriorityChannel within our local administrations, which represent the institutional element closest to the citizens and, therefore, the one that best knows their needs and demands.

In the same way, it seems appropriate to proceed with the creation of documentaries for broadcasting on generalist television channels, in which survivors of gender-based violence can tell their "story" of violence and also of overcoming it, as an exemplary way of pointing out that "violence can also be overcome".

Carrying out specific protocols for women victims of gender-based and domestic violence in rural areas. As is well known, rural territories with demographic challenges present a greater degree of difficulty than urban areas in accessing the network of resources and services articulated by the public authorities to guarantee the comprehensive protection of victims of gender-based violence. In small municipalities, restraining orders are difficult to enforce, so it would be desirable, as proposed by the Federation of Rural Women's Associations (FADEMUR), "to develop innovative responses to particularly complex situations: women farmers and livestock breeders whose activity is linked to the territory, who carry out their

activity and/or live in isolated areas, at risk and with protection difficulties with the means currently available [as well as] improving the accessibility of the Telephone Service of Attention and Protection for Victims of Gender-based Violence (ATENPRO) for women in rural areas, guaranteeing alternative solutions if necessary".

This proposal is perfectly in line with the Catalogue of Urgent Measures of the Plan for Improvement and Modernisation against Gender-based Violence, since this document outlines this commitment in Section 8, relating to "Promoting the entry into the VIOGEN system of the Basic Social Services and the specialised, regional and municipal Care Services, with the aim of providing close and current information on the victim and the environment, which is essential for the effectiveness of the assessment and updating of the risk". Likewise, in Section 12 on the "Improvement of the ATENPRO Service", it highlights the need to extend the current possibilities of registration without a complaint in the service and to disseminate it among the different social agents such as services for victims of gender and domestic violence, state security forces and bodies, judicial police, courts, primary care centres, hospitals, victim care offices, specialised resources, NGOs or women's associations.

In the light of the above, we believe that it is particularly important to ensure the presence of rural women's associations and people belonging to ethnic minorities, such as Roma women, as they are knowledgeable about their socio-cultural environment and the special difficulties it entails and can contribute their experience in solving the unique problems faced by rural women.

Undertaking the updating of the Common Protocol for health action against the different forms of gender-based and domestic violence. We must be aware that violence against women, due to its magnitude and the impact it has on the victim, her family and the environment in general, constitutes, in the words of the World Health Organisation (WHO) "an important public health problem worldwide" and on many occasions health professionals are the best placed to know the situation of the victims and their families, so it is of great importance that they maintain continuous training for its early detection (especially focused on groups at greater risk of vulnerability such as older women, women living in rural areas, women with physical, mental or sensory disabilities, pregnant women, migrants, ethnic minorities, prostituted women, women with HIV, etc.), as well as for comprehensive health care (physical, psychological and social) and the monitoring of the different cases, which is why it is necessary to have up-to-date specific protocols for action.

In this regard, it should be recalled that in April 2007 the Common Protocol for Health Care Action against Gender-based Violence was published, with the aim of providing homogeneous guidelines for action in cases of violence directed specifically against women, and was updated in 2012. And although in this very year, 2023, the Ministry of Health published the "Guide to the Common Basic Guidelines of the Health Service for Health Care

Action in the Face of Sexual Violence”, Annex I of which updates a large part of the contents of the 2012 protocol, is limited to cases of sexual violence that will be carried out regardless of whether or not the assaulted person files a complaint. In contrast, it has not been updated for other types of violence that women may suffer (such as intimate partner violence perpetrated in person or online).

In this regard, we must not forget that in 2017 the Spanish Government approved the State Pact on Gender-based Violence, which includes the main reforms that must be undertaken to eradicate the different forms of gender-based violence, including sexual violence. Thus, Axis 3 states that it is necessary to improve assistance, aid and protection for victims and includes the following in its Measure 185: "review and strengthen the development of early detection protocols in the health sector".

For this reason, we believe it is necessary to proceed with the creation and promotion - if necessary - of intra and inter-hospital and/or primary care health centre commissions in order to guarantee coherence and continuity of care, and to monitor cases of violence against women and girls that have been detected within the scope of their actions. Similarly, it would be advisable to promote technical cooperation between the different levels of care within the hospital and between institutions outside the hospital for the development of specific measures and actions aimed at the detection and care of gender-based violence.

Although the health services have professionals from different disciplines (nursing, social work, psychology, midwives, physiotherapists, different medical specialties such as gynaecology, traumatology, psychiatry, etc.) these are not present in all health centres, so coordination of all of them is needed, as indicated in the Common Protocol for Health Care Action Against Gender-based Violence of 2007 and 2012. This is also consistent with Points 4, 5, 14 and 15 of the Catalogue of Urgent Measures of the Plan for Improvement and Modernisation against Gender-based Violence.

Systematised collection of good practices of the different actors involved in the fight against violence against women and girls and to make these practices visible and up to date.

From the consultation of the official website of the Ministry of Health for the systematised collection of good practices in the National Health System on gender-based violence, the conclusion is that the existing data is insufficient and outdated.

No catalogues of good practices of other actors involved, such as social services, have been found.

Detailed analyses of the background of women and children killed by gender-based violence, as well as of the complaints filed, should be carried out to identify strengths and weaknesses of the victim protection system. To this end, it would be desirable to proceed with the

preparation of a Guide for updating and improving the Inter-institutional Coordination and Action Protocols for State institutions and authorities based on the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011) and the recently approved regulations on gender-based violence.

In order to avoid re-victimisation and to help victims to get out of the situation in which they find themselves, it is urgent to comply with Section 6 of the Catalogue of Urgent Measures of the Plan for Improvement and Modernisation against Gender-based Violence, regarding the "implementation of a one-stop shop for gender-based violence in the network of Basic Social Services and in collaboration with the competent public administrations, including the Victims of Crime Assistance Offices, according to the standards of accessibility, adaptability and non-discrimination, to centralise intervention and social accompaniment and to guarantee and make effective the exercise of the rights of victims and survivors of gender-based violence. Among them, reparation and accompaniment for relatives of murdered women to inform them of their rights and accompany them in the procedure: pensions and orphan's benefits, preferential psychological support, scholarships, bereavement; and channelling the demands of victims and survivors of gender-based violence for economic aid, housing and in relation to their employment rights".

In view of the above, and considering that there is no defined profile of victims of gender-based violence, and that socio-cultural and economic conditions, situations of special vulnerability (e.g.: disability, place of residence, elderly...) and/or the intersectionality of all of them mean that the needs of the victims are different, therefore, individualised diagnoses and assessments should be promoted so that the services/protocols to be followed are adapted to the particular case (and not the other way round, which is what generally happens).

Carrying out educational programmes for both education professionals and students, especially in secondary schools and vocational training centres, both in rural and urban areas, for prevention among young people and adolescents on gender-based violence and domestic violence in order to provide them with tools that enable them to reject sexist relationship models and establish healthy and positive interpersonal relationships. This is included in the Catalogue of Urgent Measures of the Plan for Improvement and Modernisation against Gender-based Violence, Point 15 which mentions the convenience of "reinforcing specialised training for the prevention, detection, action and awareness of gender-based violence, aimed at the professional teams that are in direct and indirect contact with the victims and survivors of gender-based violence, as well as with their children".

This measure is also in line with various strategic public policies implemented in this area, among which it is worth highlighting:

- a) The State Pact on Gender-based Violence includes, among its measures for action:
- The promotion of actions aimed at the prevention of gender-based violence: "breaking the silence: awareness-raising and prevention".
 - In the field of education, the following is proposed:
 1. Expanding the content of Article 3 of Organic Law 1/2004, of 28 December on Comprehensive Protection Measures against Gender-based Violence (LOMPIVG), so that the National Plan for Awareness and Prevention of Gender-based Violence is permanent.
 2. Entrusting the Subcommission for the elaboration of a great Social and Political State Pact for Education with the task of articulating the measures agreed upon in order to ensure the effective fulfilment of Article 4 of LO 1/2004.
 3. The possibility of implementing positive actions in lifelong learning in order to promote egalitarian values will be assessed.
- b) The National Strategy for Sexual and Reproductive Health and the Operational Plan Sexual Health Strategy (2019-2020) of the General Directorate of Public Health, Quality and Innovation of the Ministry of Health, Consumer Affairs and Social Welfare in its Area 1 on the "promotion of Sexual Health" points out among its activities the need to strengthen coordination with the education sector to include sexuality education in the curriculum throughout all stages.
- c) Organic Law 10/2022, of 6 September, on the comprehensive guarantee of sexual freedom, states that "emphasis should be placed on comprehensive protection and prevention measures aimed at strengthening public awareness and prevention measures, promoting effective awareness-raising and training policies in the educational, labour, digital, advertising and media spheres, among others".

There is a need to articulate a Data Strategy to make rural women visible, which is particularly urgent in view of the statistics and data on gender-based violence and domestic violence in smaller municipalities. In many cases, the rural question remains an invisible reality in the eyes of the public authorities. One need only look in some detail at the latest ECOSOC report on the rural question to see this premise: "The available official data does not even allow us to know the school enrolment rates in rural areas (...) despite the great importance of care for the dependent population in rural areas, the Information System for the System for

Autonomy and Care for Dependency does not provide in its regular statistics data on the volume and profile of this segment, nor on the extent of care provided by the System of Care and Aid for Dependency in rural areas. This makes it extremely difficult to assess the value of the State's protective action in this area, and is a major impediment to the assessment of needs and the allocation of resources to cover the requirements of a potentially larger part of the population than more urbanised areas".

This systematic disregard for rural reality is particularly serious in the case of statistics and data on gender-based violence held by the main public authorities. Thus, the latest Macro-survey on Violence against Women published by the Government Delegation against Gender-based Violence does not include any data on municipalities with a population of less than 10,000 inhabitants, despite the fact that more than 73% of the women murdered by their partners or ex-partners in Spain lived in municipalities with this demographic density.

Also striking are the references to women victims of gender-based violence who live in municipalities with less than 10,000 inhabitants, who go to the police or the courts to a lesser extent (29.4%) than women who live in municipalities with more than 10,000 inhabitants and who have suffered this form of violence (33.2%), without any mention of crucial factors behind this lower percentage, such as the absence of a sufficient network of emergency and assistance services for victims of gender-based violence, the greater victimisation and stigmatisation suffered by rural women or the lack of training and capacity building of the essential actors involved in the comprehensive response system to this type of situation.

In order to be able to analyse and disseminate the information with the aim of improving studies and research, leading to greater social awareness, the data available to the general public must be updated and mention the size of the municipality (e.g. small municipalities with less than 250 inhabitants; between 251 and 500 inhabitants, between 501 and 1000 inhabitants, between 1001 and 2000 inhabitants), since the difficulty in which the victims find themselves is different according to the number of inhabitants registered in the territory, both to detect violence and, as already indicated, to guarantee access to the available resources and, if necessary, protection, in order to know the phenomenon of gender-based violence in rural areas.

These are the proposals and actions that from the experience and knowledge of the team we consider most important in everything that has to do with the management, prevention and intervention of domestic violence. We are convinced that its implementation would achieve a significant improvement in equality and in everything that has to do with the care of victims of gender-based violence and domestic violence.

Report 4

*Definition of the indicators necessary
for the monitoring and evaluation of
the incorporation of users who are
victims of domestic violence into the
ATENPRO Service*

Risk assessment, according to the existing literature, is an extremely useful strategy to prevent the perpetration of domestic violence. Specifically, estimating this or the likelihood of a future violent incident taking place will, among other things, allow for the identification of indicators for designing intervention to reduce or eliminate victimisation.

This report analyses some of the main risk assessment tools available in Spain, namely; (VRAG -Violent Risk Appraisal Guide (Harris, Rice and Quinsey, 1993)-; HCR-20 -Assessing Risk for Violence (Webster, Douglas, Eaves and Hart, 1997)-; PCL-R - Psychopathy Checklist-Revised (Hare, 1991)-; SARA -Spousal Assault Risk Assessment Guide (Kropp, Hart, Webster and Eaves, 1995)-; EPV -Escala de Predicción de Riesgo de Violencia Grave contra la Pareja (Echeburúa, Fernández-Montalvo, Corral and LópezGoñi, 2009)- ; SVR-20 -Guide for Assessment of Sexual Risk Violence (Boert, Hart, Kropp and Webster, 1997); SAVRY - Structured Assessment of Violence Risk in Youth (Borum, Bartel and Forth, 2003), with a double objective: to facilitate the design of a risk assessment tool for the ATENPRO Service, and to provide recommendations or indicators from which to organise intervention measures.

Therefore, together with the local questionnaire/instrument for the diagnosis of violence against women proposed in this report, this constitutes a definition of the indicators necessary for the monitoring and evaluation of the incorporation of users who are victims of domestic violence into the ATENPRO Service.

Risk assessment in interpersonal and domestic violence is a fundamental aspect of violence prevention and victim protection (Andrés-Pueyo and Echeburúa, 2010; Hart, 1998; Nicholls et al., 2013; Singh et al., 2011). There is currently a growing social demand to reduce or eliminate violence, especially some types of violence such as gender-based violence and domestic violence, which has led professionals to incorporate new preventive strategies, including risk assessment (Andrés-Pueyo, 2017). In the legal, correctional, civil and forensic psychology fields, estimating the risk or probability of violent behaviour taking place can be extremely useful (Ballesteros et al., 2006; Ogloff and Davis, 2020), as it would allow not only the detection of indicators to design the intervention to reduce or eliminate victimisation, but also the adoption of judicial, correctional or clinical measures in line with the estimated risk (Nicholls et al., 2013).

According to international organisations such as the United Nations and the World Health Organisation, 640 million women in the world suffer or have suffered violence perpetrated by their partner or ex-partner (WHO, 2021; UN Women). As a result, 158 countries have adopted laws and measures on domestic violence (UN Women, 2023). The work of Sanz-Barbero et al. (2019) found that out of 135 women murdered by their intimate partner (or analogue) during the years 2010-2011, one in four women had reported the aggressor and in 54% of the cases had some form of protection measure. Only in 11.5% of cases was the risk of a new incident of violence considered to be high or extreme. In 46.1%, the risk was assessed as low or

non-existent. On the other hand, and according to data offered by the Government Delegation for Gender-based Violence (DGCVG, 2023a), between 2003 -when this body began to register the number of fatal victims- and 10 July 2023, 1,212 women have been murdered by their partners or ex-partners. Since 2012, when this type of violence began to be recorded more comprehensively, a total of 604 fatalities have been recorded, of which 149 had one or more previous complaints - 129 filed by the victims and 20 filed by third parties - and 97 had protection measures in place. Furthermore, in 53 cases there was a breach of restraining orders (DGCVG, 2023b).

Care services also provide information on the number of women who are potential victims of this type of violence. From 2005 to 31 May 2023, the Attention and Protection Telephone Service for Victims of Gender-based Violence - ATENPRO - has registered 35,668 women. Likewise, the Information and Legal Advice Service on Violence against Women -016- has collected a total of 1,180,282 relevant calls since its launch in September 2007 up to 31 May 2023 (DGCVG, 2023c).

Women, however, are not the only ones affected by domestic violence. In this context, the State Law on Gender-based Violence considers that situations of violence against women also affect minors within the family environment, who are considered direct victims (Organic Law 1/2004 on Comprehensive Protection Measures against Gender-based Violence, 2004). The State Pact against Gender-based Violence, signed in September 2017, specifically includes in its Axis 4 measures to intensify assistance and protection for minors, as they are direct victims of violence, which results in the need to expand and improve measures aimed at their assistance and protection (State Pact against Gender-based Violence, 2019). From 2013 to 31 May 2023, a total of 399 orphaned children's mothers were killed by their partners or ex-partners and 49 orphaned children were killed by their mother's partner or ex-partner (DGCVG, 2023d).

In general, episodes of violence are concentrated in a small percentage of the population, but they are often involved in more than one violent episode (Monahan et al., 2001). Violent behaviours in interpersonal and intimate partner relationships tend to be repeated, escalate in severity and frequency over time, and become especially threatening when the victim leaves or attempts to leave her partner or files a complaint (González et al., 2018; Nicholls et al., 2013). On the other hand, selective interpersonal violence - with a specific victim, not randomly - is the result of a cognitive and behavioural process that can be understood, and is not a spontaneous event, but in many cases is planned, and can therefore be avoided or prevented (Borum et al., 1999). Therefore, being able to estimate the risk or likelihood of a future violent incident taking place has important legal and social implications (Ogloff and Davis, 2020).

Violence risk assessment involves a set of techniques and procedures that can be used by different professionals to identify, assess, make decisions and manage the risks of targeted violence (Andrés-Pueyo, 2017; Fein et al., 1995). These tools can help us to determine not only the likelihood of a new episode of abuse taking place, but also the form and severity of the abuse, to prevent it or to reduce the harm (Nicholls et al., 2013), and can be useful in different legal, criminal or care contexts (Echeburúa & Fernández-Montalvo, 2009; Echeburúa et al., 2009). The current approach to risk assessment emerged in the 1990s (Borum et al., 1999; Loinaz, 2017; Ogloff and Davis, 2020). The last two decades have seen an advance in the prediction of violent behaviour thanks to the increase in knowledge about the nature and processes of violence, the incorporation of a perspective that replaces the concept of dangerousness (focused on individual and static characteristics) with that of risk of violence, and the appearance of new assessment tools and protocols (Andrés-Pueyo and Echeburúa, 2010; Echeburúa et al., 2010; Horcajo-Gil et al., 2019; Ogloff and Davis, 2020) that have sought not only to make adjusted estimates, but also to provide indicators or concrete recommendations on the basis of which to organise intervention measures.

However, as different authors point out, assessing the risk of interpersonal violence is not straightforward (Andrés-Pueyo, 2017; Andrés-Pueyo and Echeburúa, 2010; Nicholls et al., 2017; Quinsey et al., 1998). Some of the difficulties have to do with a) the multiplicity of causes and risk factors that can explain violence and the different types of violence -in particular domestic violence has specific predictors-; b) that most of the available work has been carried out with very specific samples of North American and European populations; and c) the correct selection of the tool by professionals, who must also have the skills and experience to apply it properly (Andrés-Pueyo, 2017; Andrés-Pueyo and Echeburúa, 2010; Nicholls et al., 2017; Quinsey et al., 1998). According to Loinaz (2017), a tool that adequately assesses the risk of violence and has predictive capacity must have two characteristics: sensitivity - it correctly detects cases in which there is risk or are positive - and specificity - it differentiates cases that do not reoffend from the rest. It is also important that the tool helps to understand the nature of violence and to organise information to formulate risk.

In our country, some tools have been adapted or developed to assess the risk of violence and which can be useful in police, judicial, penitentiary, forensic or welfare contexts. In order to contribute to the generation of a tool for assessing the risk of domestic violence, we consider it appropriate to analyse in detail some risk assessment instruments that are available in Spain.

AIM:

The aim of this paper is to analyse some of the main violence risk assessment instruments available in our country in order to facilitate the design of a risk assessment tool for the ATENPRO Service.

Specifically, the Spanish versions of the following tools were analysed:

- VRAG - *Violent Risk Appraisal Guide* (Harris et al., 1993).
- HCR-20 - *Assessing Risk for Violence* (Webster et al., 1997).
- PCL-R - *Psychopathy Checklist-Revised* (Hare, 1991).
- SARA - *Spousal Assault Risk Assessment Guide* (Kropp et al., 1995).
- EPV - *Escala de Predicción de Riesgo de Violencia Grave contra la Pareja* (Echeburúa et al., 2009).
- SVR-20 - *Guide for Assessment of Sexual Risk Violence* (Boer et al., 1997).
- SAVRY - *Structured Assessment of Violence Risk in Youth* (Borum et al., 2003)

In order to achieve this general objective, some specific objectives were set out:

- To present and describe each tool, providing information about the context of creation and adaptation into Spanish.
- To review the typology of the selected instruments.
- To compare the objectives of the tools.
- To analyse the items and their content.
- To examine the output provided by the different tools.
- To analyse issues related to its implementation.
- To generate a list of recommendations prior to the elaboration of a risk assessment scale.

METHOD

Instruments analysed:

Some of the main violence risk assessment instruments available in Spain have been analysed. Specifically, the adapted versions of the following tools: VRAG (Harris et al., 1993), HCR-20 (Webster et al., 1997); PCL-R (Hare, 1991), SARA (Kropp et al., 1995), EPV (Echeburúa, Fernández-Montalvo, Corral and López Goñi, 2009), SVR-20 (Boer et al., 1997); SAVRY (Borum et al., 2003). Each of the instruments is presented below:

PCL-R - Psychopathy Checklist Revised (Hare, 1991, 2003). This instrument has a model interview guide and 20 items to assess the construct of psychopathy in correctional, clinical, forensic, and research contexts. These items arise from a literature review of the main personality characteristics that make up the construct of psychopathy (Andrés-Pueyo & Echeburúa, 2010; Hare, 2003). It uses a semi-structured interview in addition to other sources of information such as reports or official documents, with the aim of assessing the characteristic features of psychopathy (Hare, 2003). In relation to the use of this tool to assess the risk of violence, the instrument's own manual acknowledges that (Hare, 2003):

the PCL-R should not be the sole criterion for making decisions about an individual or for developing provisions in mental health or criminal justice systems (...), interpretation should be made in the light of information obtained from other sources, other measurement instruments and direct observations (p.38).

Although not originally an instrument for assessing risk of violence, previous work has found that scores on this tool correlate moderately with criminal and antisocial behaviour in previous samples and that it may be useful with samples of male batterers, provided that other measures and variables are taken into account, as not all batterers score high on psychopathy (Hare, 2003; Nicholls et al., 2013). In fact, the PCL-R is used in other violence risk assessment instruments, such as the *Domestic Violence Risk Appraisal Guide* (Hilton et al., 2008) or the *Historical-Clinical-Risk Management (HCR-20)-Assessing Risk for Violence* (Webster et al., 1997).

This instrument has its origins in the Psychopathy Checklist (Hare, 1980, cited in Hare, 2003), which sought to assess psychopathy in a research context. There are also variants such as the *Hare Psychopathy Checklist: Screening Version* (PCL: SV; Hart et al., 1995) for use with a non-delinquent population, and the *Hare Psychopathy Checklist: Youth Version* (PCL: YV; Forth et al., 2003).

The Spanish adaptation of this scale was based on the 2003 edition (PCL-R, 2nd edition). As the author points out (see Hare, 2003), this second edition is not a comprehensive revision of

the items, rather it is to provide more in-depth information about the use, applicability and generalisability of the instrument to specific groups of the population, such as women or sex offenders, among others.

The validity of the original PCL-R has been assessed considerably in some population samples (mainly male offenders, female substance users, male psychiatric patients) and there is evidence that seems to support the validity of the scale and a stable two-factor structure (see Hare, 2003). In the case of the Spanish adaptation, a validation study was carried out with 117 male inmates in prisons in Castellón and Barcelona. The correlations between the items and the total score were generally higher than 0.30, and the Cronbach's alpha coefficients of each factor score and the total score exceeded 0.70. Thus, the authors concluded that the Spanish adaptation assessed a coherent and homogeneous construct. Inter-rater reliability was also high (Hare, 2003; Moltó et al., 2000). Factor analysis yielded a two-factor solution, which explained 28.9% and 13% of the variance of the PCL-R, suggesting the unidimensionality of the scale. The correlations between the factors and the total score were 0.75 and 0.86. These factors correlated significantly with other personality scales, such as the PCL:SV, the *Escala de Trastorno Antisocial de la Personalidad* (ETAPA) and the Psychopathic Deviance and Hypomania scales of the *Minnesota Multiphasic Personality Inventory* (MMPI), showing adequate concurrent validity (Hare, 2003).

Historical-Clinical-Risk Management (HCR-20)-Assessing Risk for Violence (Webster et al., 1997). It was created as a guide to assess the general risk of crime and interpersonal violence and is one of the most widely used instruments in the world and has been translated into more than 16 languages (Arbach-Lucioni and Andrés-Pueyo, 2016; Douglas and Reeves, 2010; Nicholls et al., 2013; Wilson et al., 2016). It can be used in different contexts such as psychiatric, civil, forensic and penitentiary. It incorporates 20 risk factors - past, present and future - that emerge from previous literature review and expert consultation (Arbach and Andrés-Pueyo, 2007; Hilterman and Andrés-Pueyo, 2005). This tool aims to provide a structured assessment taking into account the risk factors that appear in a given case or offender, the presence and importance of those factors in an individual's risk of violence, and what risk management measures can be put in place to reduce risk (Douglas and Reeves, 2010). Since it includes factors that can change over time, it is possible to make repeated assessments based on changes in present and future factors (Douglas and Webster, 1999). This instrument has been revised and is in its third edition (HCR-20V3, Douglas et al., 2013) and has adequate reliability with samples from countries such as Sweden, Canada or the USA (Prieto-Macías et al., 2020). The mean predictive ability found in the work of Singh et al (2011) was 0.70.

It was translated and adapted by Hilterman and Andrés-Pueyo (2005) for use with people "with a previous history of violent behaviour and a high probability of having a mental or personality disorder" (p. 5), although it could be applied in other contexts. Subsequent work indicates that the classification power of the scale is superior to what would be expected by

chance, which is around 75-77% in samples of psychiatric patients (Arbach and Andrés-Pueyo, 2007). The meta-analysis by Prieto-Macías et al. (2020) with a total of 19 papers that have used this instrument in different languages -including Spanish- and in the original and later versions, indicates that it is a reliable tool for use with prison samples.

VRAG -Violent Risk Appraisal Guide (Harris et al., 1993): This instrument was designed to predict recidivism of offenders in forensic, correctional and clinical settings, and was generated by comparing groups of violent males who had reoffended (n=191) and males who had not reoffended (n=427) on different predictor variables such as school history, alcohol consumption, behavioural problems, seriousness of the aggression or previous aggressions, etc. Finally, a total of 12 variables were selected that could contribute to explain recidivism. The mean predictive ability found in the work of Singh et al (2011) was 0.74.

The Spanish adaptation of this instrument and also of the SAQ-*Self Appraisal Questionnaire* Loza, 1996; cited in Ballesteros et al., 2006, was carried out by Ballesteros et al. (2006), with the aim of increasing the "number of reliable and valid crime prediction instruments" (p. 106) in the Spanish prison population. For this purpose, a process of translation and adaptation was carried out with an initial pilot study, and subsequently work was carried out to obtain validity and reliability indicators for the instrument, which included a sample of 138 subjects from two prisons in the Community of Madrid. The inter-rater reliability obtained through agreement (kappa) was 0.80, similar to that of the original scale. The instrument also had a good predictive accuracy (ROC area = 0.74) and a correlation with the SAQ scale of 0.64.

SARA -Spousal Assault Risk Assessment Guide (Kropp et al., 1995). Published as an assessment instrument of proven efficacy (AUC of 0.82) to assess the risk of serious violence, mainly physical and sexual violence, against a partner or ex-partner (Andrés-Pueyo and Echeburúa, 2010; Hilton and Ennis, 2020) for forensic, correctional and clinical use. This guide, originally designed in Canada, is one of the most widely used internationally for intimate partner violence contexts (Hanson et al., 2007), having been translated into at least 10 languages and used as an assessment tool in many countries (Kropp and Gibas, 2010). Its items were developed based on a review of the clinical and research literature on risk studies for violence, especially in intimate partner relationships (Andrés-Pueyo et al., 2008), which sought to determine the risk factors that differentiate male aggressors from non-aggressors (Hotaling and Sugarman, 1986). Subsequently, the reliability and validity of the instrument was assessed with a study involving a sample of adult male offenders (N=2,309) consisting of a probation group (N=1,671) and a group of inmates (N=638), showing good convergent and discriminant validity (Kropp et al., 1993). The final SARA instrument consists of 20 items and structural reliability was assessed according to the Classical Test Theory indices by conducting three separate studies to examine the criterion validity of the SARA classification. The mean

predictive ability found in the work of Singh et al (2011) was 0.70.

The adaptation of the second version of the 1995 instrument into Spanish was carried out by López and Andrés-Pueyo (2005; cited in Andrés-Pueyo et al., 2008), with a subsequent check of its suitability for the Spanish legal-criminological context (Andrés-Pueyo et al., 2008). For this purpose, we analysed the judicial files and expert reports of complaints against partners or ex-partners in the Criminal Courts and the Provincial Court of Barcelona during 2004 and 2005, differentiating between couples (N=102) and subjects (N=204), with a 12-month follow-up to assess the predictive capacity of the Spanish adaptation of the SARA. In addition to revising the initial 20 items, a data collection protocol was generated taking into account other risk factors for intimate partner violence identified in recent scientific literature (Stith et al., 2004), thus explicitly extending the parameters included in the SARA.

EPV-R - Escala de Predicción de Riesgo de Violencia Grave contra la Pareja (Echeburúa, et al., 2009). This tool was designed as an instrument to assess the risk of serious violence against a partner or ex-partner in the Spanish context (Andrés-Pueyo and Echeburúa, 2010) and to be used in police, judicial, penitentiary, forensic or welfare settings. Composed of 20 items, it aims to facilitate the prediction of the risk of violence by different professionals, thus allowing the adoption of measures aimed at victims when the first complaint is made. This scale has been applied to reported intimate partner offenders in the Basque Country, detecting that not all items have the same discriminative capacity and highlighting the difficulty of interpreting the total score when there are incomplete scales (Echeburúa et al., 2010). Consequently, a study was carried out to provide a revised version of the VBS in order to describe and review the psychometric properties of the scale. For this purpose, 450 files of reported intimate partner offenders were analysed. This study resulted in a short, user-friendly scale, which retained the 20 items of the original scale but assigned each item a differentiated score based on its ability to assess risk. Internal consistency (Cronbach's alpha = 0.72) and inter-rater reliability ($r = 0.73$) were considered acceptable (Echeburúa et al., 2010).

In the report on *Valoración Policial del Riesgo de Violencia contra la Mujer Pareja en España – Sistema VioGén* (González et al., 2018) it is recognised that "the scale is suitable for use by professionals in contact with victims and is useful in the planning of protection measures" (p.35).

The EPV-R has also been adapted to contexts such as Colombia and Mexico, obtaining good internal consistency (Cronbach's alpha=0.89 and 0.79 respectively) and a high reliability index, making it a favourable instrument for predicting the risk of serious intimate partner violence in these contexts (Reveles et al., 2020; Rudas et al., 2016).

SVR-20 -Guide for Assessment of Sexual Risk Violence (Boer et al., 1997). A structured guide based on clinical or professional judgement that assesses the risk of sexual violence in adults who have already committed sexual violence. It was the first instrument to assess risk of sexual violence based on structured professional judgement (Loinaz, 2017) and is one of the most widely used instruments (Hanson and Morton-Bourgon, 2009) in forensic, correctional, clinical and research contexts.

The selected items are the result of scientific research and clinical practice of sexual violence professionals and experts, and the review of previous instruments such as the *Spousal Assault Risk Assessment Guide* (SARA) and the HCR-20. Twenty static and dynamic risk factors are included and the result is an overall assessment resulting from the assessor's judgement, which can be low, moderate or high. One of these risk factors is psychopathy, which is assessed through the PCL-R or the reduced version PCL-SV. The predictive capacity of this instrument has been examined in different studies. For example, the meta-analysis by Hanson and Morton-Bourgon (2009) found a mean AUC of 0.68. The mean predictive ability obtained in the work of Singh et al. (2011) was 0.78, behind other scales such as the SORAG or the Static-99, with which their concurrent validity has been confirmed (Hart and Boer, 2010). More recent work, such as that of Kanters et al. (2017), has pointed out that the psychometric properties of the SVR-20 can be considered modest to insufficient, which would advise against its exclusive use for making decisions about an individual.

The version adapted to Spanish has been developed by Martínez, Hilterman and Andrés-Pueyo (2005). This instrument has obtained good predictive validity (AUC = 0.83) in a sample of 163 male sexual offenders (95 offenders of adult women and 58 offenders of minors), adequately classifying 78.5% of the cases, and more specifically, 79.9% of the non-recidivist cases and 70.8% of the recidivist cases (Pérez et al., 2008). Nguyen and Andrés-Pueyo's (2014) study to assess and compare the qualitative risk predictive ability of the SVR-20 and the Static-99 with a group of sexual offenders (adult, juvenile and both) found adequate predictive ability of the SVR-20 total score for general recidivism, but not for violent and sexual recidivism. A revised version of the SVR-20 (Version 2) has now been published (Boer et al., 2022), and has been translated into Spanish by Nguyen and Andrés-Pueyo.

SAVRY - Structured Assessment of Violence Risk in Youth (Borum et al., 2003). Presented as a structured guide based on professional judgement for assessing risk of offending behaviour and decision-making in intervention with juvenile females and males (aged 12-18) who have already offended (Andrés-Pueyo and Echeburúa, 2010; García-García et al., 2016; Hilterman and Vallés, 2007). It can be used in civil, forensic, correctional and investigative contexts. It is also one of the most widely used scales to assess the likelihood of an adolescent/young person committing a new offence and could be considered homologous to the HCR-20 (Loinaz et al., 2017; Penney et al., 2010). This instrument considers the personal and socio-familial situation of young people through 30 items, with 24 risk factors and 6 protective factors, grouped into the categories of historical, social, individual risk factors, and various protective factors. It is not a formal test with numerical or cut-off scores, but seeks to collect information in order to structure professional assessments of risk and to design and evaluate treatment and supervision upon release (Vallés and Hilterman, 2007). The inter-rater reliability of the risk classification was high (ICC = .85). Several studies looking at the predictive validity of the instrument give it strong validity as a good predictor over periods of 1 and 3 years with AUCs of 0.77 and 0.66 respectively (Meyers and Schmidt, 2008) or an AUC of 0.70 for violence recidivism at a 3-year follow-up (McEachran, 2001). Furthermore, predictive

validity appears to be adequate and similar for females (AUC = 0.85) and males (AUC = 0.82), although false positives are more likely to occur among females (Penney et al., 2010). However, authors such as Singh et al. (2011) have argued that because of its considerable predictive validity, this scale should be used routinely in the assessment of violence risk in young people.

The instrument has been adapted to Spanish and Catalan by Hilterman and Vallés (2007) and after the first applications in Catalonia, its functioning seems very promising (Andrés-Pueyo and Echeburúa, 2010). For the initial validation of the scale, a study was carried out with professionals from the juvenile justice system in Catalonia as evaluators, and a follow-up of the young participants was carried out. Reliability was adequate, with an Intraclass Correlation Coefficient (ICC) value of 0.78 for the Total Risk scale and 0.79 for the Structured Professional Appraisal (Hilterman et al., 2014). In a subsequent study with a sample of Spanish adolescents, the predictive validity of the SAVRY was compared with other scales and risk assessments, such as the PCL:YV, and ICC values ranging from 0.89 to 0.60 were obtained. Internal consistency was very good (0.90). Convergent validity was also adequate and the predictive ability (AUC) for total risk assessment was 0.75. For the authors of the study, these results demonstrate the predictive validity, inter-rater reliability and internal consistency of the Spanish version of the SAVRY (Hilterman et al., 2014). Other authors have confirmed the good discriminatory capacity of this tool with Spanish juvenile offenders (García-García et al., 2016).

Procedure:

Initially, a review of the literature on violence risk assessment was conducted. The different risk assessment questionnaires were then located, and after an initial reading of the questionnaires, two experts in violence drew up a matrix of variables that could be incorporated into the analysis. This matrix was reviewed by a methodology expert with experience in the adaptation and validation of scales and assessment tools, who provided some input to the matrix. Finally, the matrix was presented to the rest of the research team, who reviewed the variables incorporated and made some suggestions. Once the final matrix with the study variables had been drawn up, the questionnaires were analysed.

Variables of analysis:

- *Type of instrument.* Refers to the method used to assess risk, and more specifically whether it is an actuarial tool or based on structured clinical judgement.

- *Target group.* The persons for whom the risk assessment is to be carried out are specified here. For example, violent males, or males with severe mental disorders.
- *General objective of the instrument.* Refers to the ultimate purpose of the instrument, e.g., to provide a risk percentage, to make decisions about preventing the risk of recidivism, etc.
- *Number of items.* The number of elements or variables to be evaluated is specified here.
- *Content of the items.* Specific variables included in the assessment are analysed for their predictive value. For example, previous history of violence, substance use, etc.
- *Response format.* Refers to the response options provided by the instrument, such as a presence-risk scale, a dichotomous response, etc.
- *Result:* How risk is assessed and how the resulting risk judgement is presented. For example, as a probability level, in percentiles, as a professional assessment, etc.
- *Application.* This specifies the sources of information that can be used to assess risk: semi-structured interview, medical and legal documentation, etc.; as well as the requirements to be met by the persons administering it.

PRESENTATION AND DISCUSSION OF THE RESULTS

Tables 1 and 2 present the characteristics of the instruments analysed, according to the selected variables of analysis. The results obtained are presented and discussed in the following pages.

Type of instrument

In the literature reviewed, a distinction is made between different methods for assessing risk: unstructured clinical judgement, actuarial methods and methods based on structured professional judgement (Douglas and Skeem, 2005; Loinaz, 2017; Nicholls et al., 2013; Scurich, 2016). Four of the instruments analysed (HCR-20, SARA, SVR-20 and SAVRY) are instruments where the risk assessment is based on the structured judgement of a practitioner and the other three (VRAG, EPV-R and PCL-R) use an actuarial methodology.

The unstructured clinical judgement method bases the assessment of the risk of violence exclusively on the assessment and opinion of the practitioner, based on their previous experience (Canales et al., 2013; Nicholls et al., 2013). Risk is estimated based on the subjective judgement of what the practitioner considers to be significant in a given case, rather than on the factors that the literature and research indicate are relevant (Canales et al., 2013; Scurich, 2016). These risk assessment methods have been criticised for being subjective assessments in which errors or biases may appear (Loinaz, 2017; Scurich, 2016) and are characterised by a high lack of structure, transparency and inter-rater reliability (González et al., 2018). Along these lines, some authors (e.g., Canales et al., 2013; Scurich, 2016)

acknowledge that the results of previous work indicate that the risk decisions that emerge using this method are no better than those that would be obtained by chance. In the same vein, the work of Wertz et al. (2023) argues that the predictive fit of unstructured methods is lower than that of structured methods (actuarial and structured professional judgement). In the Spanish context it has been a very frequently used method, which, as some experts point out (e.g., Andrés-Pueyo, 2017), should be replaced by more structured, validated and replicable measures (Nicholls et al., 2013). As alternatives to unstructured clinical judgement, actuarial methods and methods based on structured professional judgement have emerged (González et al., 2018; Nicholls et al., 2013).

Actuarial instruments (PCL-R, VRAG, EPV-R) combine variables or risk factors following a statistical or mathematical rule to reach a numerical estimate of the probability of future violence (or construct fit profile, as in the case of the PCL-R) (Loinaz, 2017; Scurich, 2016). In some cases (e.g., PCL-R) the subject is compared with a reference sample following a table of scales that are the result of previous research (Loinaz, 2017). Among the strengths of these techniques are often noted: a) the emphasis on empirical data to provide a risk outcome; b) the operational coding of risk factors; and c) the increased reliability and transparency in decision-making. Weaknesses often include a heavy reliance on numerical data and results versus expert judgement that can qualify or correct the result, and an overemphasis on static factors that are not susceptible to change (as with the PCL-R) versus dynamic risk factors (Douglas and Reeves, 2010). These instruments are less recommended when we want to plan the intervention with the aggressor, but compared to other methods, such as structured judgement, they could be more convenient in those cases in which it is necessary to have an early assessment and protect the victim (González et al., 2018).

For their part, instruments based on structured professional judgement (HCR-20, SARA, SVR-20, SAVRY) employ a hybrid methodology attempting to combine the strengths of actuarial and unstructured judgement approaches and overcome their weaknesses (Scurich, 2016). These tools follow a set of instructions or guidelines to analyse the presence of a set of risk factors (and protective factors, as in the case of SAVRY) established after a review of empirical work and relevant literature (Canales et al., 2013). They allow trained professionals to establish a certain level of risk of violence that must be justified, but are also often geared towards decision-making regarding intervention and risk management (e.g., SAVRY) (González et al., 2018; Loinaz, 2017). In general, these tools pay more attention to dynamic risk factors, which can change over time, and which are amenable to modification or intervention (Douglas and Skeem, 2005), thus allowing for a more comprehensive intervention plan with the offender. Weaknesses of such instruments include two: a) inconsistency between assessors, i.e. the possibility that two assessors may arrive at different risk assessments; and b) increased subjectivity, as the assessor has the possibility to consider other risk factors or weight their relevance on a case-by-case basis.

Nowadays, new tools have appeared, called actuarially adjusted approach tools, which have mathematical weighting and correction procedures in which, for example, the trained professional can correct and justify the final risk level (Loinaz, 2017). Finally, mention should be made of the *Decision or Classification Tree* technique, which is still not widely used and researched (González et al., 2018; Loinaz, 2017), which allows different combinations of risk factors to be made depending on the specific case.

It is therefore worth considering what kind of tool might be most appropriate for assessing the risk of violence. This is not a new question, as many researchers have tried to answer it without agreement or consensus. For example, the work of Singh et al. (2013) found a significant weight of author bias in calculating the reported predictive ability of tool authors. Some systematic review studies (e.g., Singh et al., 2011) have found that both types of tools, in general, have similar validity values, although validity will depend on the particular instrument under consideration and its fit to the particular case or individual being assessed.

In trying to find a solution to this conflict, Loinaz (2017) proposes an alternative that includes three criteria: a) adapting actuarial approach tools adjusted to the specific population and context; b) linking risk levels to specific recommendations; and c) conducting an empirical analysis of the effectiveness of risk level assessments (scale, cut-off point, etc.) and management measures for each risk level. Wertz et al. (2023) argue that the dichotomy between actuarial tools and structured professional judgement tools could be resolved if instead of asking which method is better, they ask how to bring the two methods together to improve prediction. These authors argue that the solution is to combine both structured methods and integrate the results into a final judgement. This combined approach would be more flexible and would overcome the limitations of existing methods.

Aim

The results indicate that six of the instruments analysed (HCR-20, EPV-R, VRAG, SAVRY, SVR and SARA) aim to assess the risk of violence. Only the PCL-R aims to assess a different construct: psychopathy. Of the questionnaires that assess risk of violence, three (HCR-20, SAVRY and VRAG) focus on interpersonal violence in a broad sense. The other three, the SARA, EPV-R and SVR-20 seek to assess more specific types of violence: against intimate partner or ex-partner in the case of the EPV-R, intimate partner violence, children or other family members in the case of the SARA, and sexual violence and its nature in the case of the SVR-20.

In relation to the PCL-R, it seems logical to think that while it may be a valid instrument for the purpose for which it was created, it would not be the most appropriate tool for assessing the level of risk.

Along these lines, authors such as Singh et al. (2011) indicate that scales that are not specifically designed to measure risk of violence produce lower rates of predictive validity. Different authors recognise that although psychopathy is related to violence in prison populations and psychiatric patients, the PCL-R should not be the sole criterion for determining the level of risk or making decisions about an individual (Hare, 2003; Yoon et al., 2022). The author of the scale himself (Hare, 2003) acknowledges that the interpretation of this instrument and the implications derived from it must be made taking into account the results and information obtained from other sources, assessment tools and direct observations of the individual. These arguments may have led some authors (e.g., Harris et al., 1993; Hilterman and Andres-Pueyo, 2005; Hilterman et al., 2014) to include psychopathy as a risk factor for interpersonal violence and to recommend the use of the PCL-R -or some of its versions- to assess this risk factor in developed scales (e.g., VRAG, HCR-20).

With regard to the type of violence that the tools analysed assess, authors such as Singh et al. (2011) consider that risk assessment instruments should be designed to assess specific forms of violence. As Loinaz (2017) points out, there is an increasing tendency to design tools aimed at assessing specific populations and types of violence. Sexual violence, or domestic violence, which are more specific than non-specific forms of violence, could be considered here, and could include the assessment of specific risk and protective factors. Likewise, in the case of domestic violence or intimate partner violence, when the targets of violence are known, vulnerability or risk factors of potential victims (González et al., 2018) or even of the context (e.g., separation, divorce) that may make the occurrence of a new episode of violence more likely can be incorporated into the assessment. In this sense, the EPV-R does include some specific items of victim vulnerability (perception of danger, recanting after the complaint or backing out of the desire to leave the partner, illness, loneliness or dependence). Other scales aimed at assessing the risk of domestic violence, such as the *Ontario Domestic Assault Risk Assessment* -ODARA- (Hilton et al., 2004) and the *Domestic Violence Risk Appraisal* -DVRAG- (Hilton et al., 2008) also include specific items to assess both the victim's vulnerability and risk factors for this specific type of violence (e.g., having children in common, or children of a previous partner). The *Spousal Assault Risk Assessment guide, Version 3* -SARA V3- (Kropp and Hart., 2016) and the shorter version, *Brief Spousal Assault Form for the Evaluation of Risk, Second edition* -B-SAFER- (Kropp et al., 2010), which assess the risk of intimate partner violence, include items related to the victim's vulnerability and allow for the establishment of a protection plan for victims. In this regard, the work of Belfrage and Strand (2008) indicates that incorporating victim vulnerability factors can contribute to a more accurate assessment of risk and therefore play an important role in assessment tools used in policing contexts. Likewise, the incorporation of victimisation risk variables is fundamental to adopting a victim protection approach that considers the needs of victims and the adoption of measures focused on their protection (González et al., 2018).

Target group

In relation to the targets of the risk assessment tools, or in other words, on whom the risk assessment is to be carried out, we found that three tools (HCR-20, VRAG and PCL-R) target adult patients with a mental disorder, psychiatric patients or with a history of violence or criminality. The SVR, a more specific tool, targets adult sex offenders. SAVRY targets adolescents between 12 and 18 years of age. Finally, both the SARA and the EPV-R are aimed at the male perpetrator or his partner/ex-partner.

In scales dealing with general interpersonal violence, without an identified victim in many cases, it may be more appropriate to target perpetrators. However, in the case of tools aimed at assessing domestic violence, where the victims are known and determined, it would be appropriate to address the victim's experience and assessment, which can provide information on some specific risk factors. In this sense, the perpetrator's assessment of their own risk factors and previous episodes of violence will be biased and they can be expected to seek to portray a positive image of themselves and their ability to prevent/control future violence. Also, the offender may, at a certain point, not cooperate with the assessment.

On the other hand, in the specific case of domestic violence, including potential victims as targets implies a shift from a focus on the dangerousness of the perpetrator to a risk management approach. This change in perspective would also result in the final outcome of the assessment providing more information on risk management and how to protect victims from a new episode of violence (González et al., 2018). In this sense, the work of López-Osorio et al. (2017) indicates that the victim's self-perception of risk is a good predictor of recidivism, -better than some indicators of victim vulnerability- and if included in assessment tools, can provide information about victims' needs and the resources they may require. We cannot forget that the ultimate goal is to reduce risk and to plan and implement strategies to prevent violence, which implies not only supervising, monitoring and treating the perpetrator, but also developing a victim protection plan (Hart et al., 2016; González et al., 2018; Viljoen et al., 2018). This issue, however, should be approached with caution, as victims may also underestimate risk, which is why, for example, *El Protocolo de Valoración Policial del Riesgo* (González et al., 2018) includes not only an indicator of the victim's perception of risk, but also a control question that measures the practitioner's level of agreement with the victim's assessment.

Domestic violence risk assessment instruments should be appropriate, useful and designed to be used with a diverse population (e.g. of different ethnicities or backgrounds) (Nicholls et al., 2013), as it is a type of violence that occurs in any social group. However, the predictive validity of instruments may differ depending on the culture or background of the individual (Ogloff and Davis, 2020), and as Singh et al. (2011) argue, predictions may be more accurate for white males and those in their thirties, as these tend to be the samples on which the tools are validated. In this sense, for example, one risk factor included in the EPV-R refers to the

foreign origin of the aggressor or the victim. In Spain, the risk of femicide is also related to being a migrant woman, and migrant women who experience intimate partner violence are more likely to be murdered than non-migrant women (Sanz-Barbero et al., 2016). Some previous studies such as that of Aizpurua et al. (2021) have found a relationship between being a migrant woman and suffering some violent behaviours in the intimate partner relationship, such as behavioural control and physical violence. Along these lines, the work of Lila et al. (2019) with a sample of 393 male prisoners for assaulting their partners/ex-partners who participated in an intervention programme with a follow-up period, found that a predictor of recidivism was migrant status. This should always be approached with caution and backed by empirical evidence, as risk assessments can often be biased and lead to a perception of higher risk for certain minorities (Viljoen et al., 2018).

Therefore, domestic violence risk assessment tools should be compatible with the target audiences to be assessed and be sensitive to cultural differences. This involves being examined and tested in a diverse population in order to assess their predictive power in different population groups.

Items: Content and response format

As shown in Table 2, five of the scales analysed include a total of 20 items (HCR-20, EPV-R, SARA, SVR-20 and PCL-R). The VRAG and SAVRY include, respectively, 12 and 30 items. It is worth mentioning that other intimate partner violence risk assessment tools also incorporate a total of 20 items or risk factors, such as the *Danger Assessment* (DA) (Campbell et al., 2009) or the first version of the SARA (Kropp et al., 1995).

However, what is relevant when analysing this variable is not the number, but other issues such as the type of items included, what they assess and how they assess it. In this sense, risk assessment requires identifying factors present in an individual that can predict future behaviour, and usually these factors emerge from previous research and theoretical models that seek to explain violent behaviour. These factors are called risk factors or protective factors (Connors and Large, 2023). In the tools analysed, only the SAVRY specifically considers the existence of protective factors. The rest focus exclusively on the assessment of risk factors, despite the fact that there are studies that indicate that risk is not only reduced when risk factors are reduced, but also when protective factors are present (López-Osorio et al., 2017). We have previously pointed out that these factors can refer to the aggressor or to the victim, although they can also refer to the relationship, as in the HCR-20 (unstable relationships) and in the EPV-R (separation and harassment behaviours or breach of the restraining order) or to other interpersonal relationships, as in the case of the HCR-20 or the SAVRY, which contemplate the social support of significant others.

Both risk and protective factors can also be grouped into static or dynamic factors (Connors and Large, 2023; González et al., 2018; Loinaz, 2017; Nicholls et al., 2013; Schurich, 2016). Static factors would be those that are difficult to modify, either because they have already taken place (e.g., history of victimisation in childhood) or because they are variables of the individual, such as gender (Loinaz, 2017). Dynamic factors are those that can be modified by the passage of time itself or as a consequence of intervention or new experiences and contexts - e.g., participating in treatment or therapy (González et al., 2016; Loinaz, 2017). An example of static risk factors present in the scales analysed are the historical items of the HCR-20 or the SAVRY, although all the scales analysed include static risk factors. On the other hand, the EPV-R and SARA seem to pay particular attention to dynamic risk factors, to which in some cases they assign a more or less specific time window (e.g., recently, the last month). The EPV-R, for example, assesses the victim's perception of danger in the last month, having initiated separation/divorce proceedings, or the possibility of the aggressor breaking the restraining order. SARA even proposes a management or monitoring mode for each factor depending on whether it is dynamic or static. It is generally considered that instruments that include dynamic factors and focus on risk management would be more suitable for assessing risk than those that do not, but to our knowledge, this issue has not yet been evaluated (see Viljoen and Vincent, 2020).

Whether static or dynamic risk factors are included to a greater or lesser extent is not a minor issue, since in a way, it shows the perspective that is being adopted when assessing risk. Until recent years, most work on risk assessment has adopted a *risk status* perspective (Douglas and Skeem, 2005; Skeem and Mulvey, 2002), aimed at identifying individuals who have a high likelihood of behaving violently towards others. From this perspective, violent behaviour depends on individual characteristics, not on measurement errors or external factors (Quinsey et al., 1998), and there is little room for a change in the level of risk to take place over time or following a change in external circumstances. However, in recent decades, progress has been made from *risk status* to *dynamic risk status*, which can be defined as a person's propensity to engage in violent behaviour at a given point in time (Skeem and Mulvey, 2002) and requires specifying the factors or conditions that increase or decrease risk over time (Douglas and Skeem, 2005). Thus, risk status is derived from static risk factors, while risk status is derived from risk status and dynamic factors (Skeem and Mulvey, 2002). Risk assessment has thus moved from a predictive model of violence to a clinically relevant model of risk assessment and management, which argues that risk is dynamic - and changes over time - and is highly dependent on contextual and situational factors, and therefore amenable to modification (Douglas and Skeem, 2005; Hilterman and Vallés, 2007; Nicholls et al., 2013). Tools such as SARA Version 3 and SAVRY adopt this risk management perspective in their objectives and the risk factors included. For Loinaz (2017) this shift in perspective towards a focus on

prevention has advantages, especially for victims, and puts the focus back on tools based on structured professional judgement, which implies that evaluators need to be adequately trained. The assessment of risk status, which evaluates both static and dynamic factors, is thus variable and would be subject to future revisions. This issue is developed in the next section of the *Outcome*.

In terms of item response format, most of the tools evaluated (HCR-20, SARA, SVR-20, SAVRY and PCL-R) use a three-point response scale. The HCR-20, PCL-R and SAVRY use a 3-point ordinal scale. The values can be low, moderate and high (SAVRY); or 0, 1 and 2, depending on the degree of presence of the risk factor (HCR-20) or the level of adjustment of the subject's behaviour to the description of the risk factor (PCL-R). Both SARA and SVR-20 use a three-point scale that assesses the presence or absence of the factor, but one of the options is for a lack of evidence. Also, as mentioned above, the SVR-20 allows for each item to indicate whether there has been a recent change in the factor (whether it has decreased or increased). The EPV-R, on the other hand, uses two values for each item. A value of 0 is assigned if the risk factor is absent, and if the factor is present, a default value of 1, 2, or 3 is assigned depending on the degree to which the factor is related to violence. For example, the foreign background of the offender can be scored as 0 (factor absent) or 1 (factor present), while the victim's perception of danger can be scored as 0 (factor absent) or 3 (factor present). The VRAG uses an alternative assessment to the three-point scale and a different score is assigned to each item which can be positive or negative (e.g., meeting criteria for schizophrenia = +1; failure on a previous behavioural freedom permit = +5).

The way in which responses to the different risk factors are scored depends largely on the type of tool being used. In actuarial tools it is necessary to assign a numerical score to each item (except where omissions are allowed), whereas in structured professional judgement tools, the assessment can be qualitative and more open or flexible, for example by marking some items as critical (such as SARA) or indicating not only the presence of the factor, but also whether there has been a recent change (SVR-20). This type of information could be useful in risk management decision-making and could even help to understand how different risk factors are related and whether one factor may precede another, whether there is a causal relationship between factors, etc. (see Douglas and Skeem, 2005).

Outcome

In relation to the outcome provided by the different risk assessment tools, we find that, in general, the actuarial tools (VRAG, EPV-R and PCL-R) provide a final score that seeks to quantify the risk of violence in some way. The outcome for the VRAG and the VPR-R is in a range of scores (-28 to 33, and 0 to 48, respectively), while the PCL-R provides different results (total, factor and facet scores) and generates a profile of scores from a scale.

The tools based on structured professional judgement (HCR-20, SARA, SVR-20 and SAVRY), on the other hand, provide a score based on nominal categories without cut-off points, usually following a three-point scale - low, moderate and high/elevated - (HCR-20, SVR-20 and SAVRY). The SARA uses a four-point scale - low, moderate, high, imminent - and adds an assessment of whether the risk is exclusively to the partner or also to other members of the family system (e.g., children).

Some authors (e.g., Loinaz, 2017; Singh et al., 2011) seem to suggest that the results provided by tools based on structured professional judgement might be more appropriate since in such tools the final risk assessment needs to be justified and is not limited to providing a numerical figure. However, labels assigned to risk categories can be unspecific or uninformative if they are not accompanied by a report or concrete recommendations (Loinaz, 2017). Some actuarial scales, such as the EPV-R, have a conclusions section where the assessor can add information relevant to the management of the specific case. In this scale, in addition, the risk cut-off points correspond to specific protective measures.

An important issue that relates to the outcome provided by the assessment tools is the re-evaluation or periodicity with which the risk assessment should be reviewed and how the level of risk is affected by the passage of time (Scurich, 2016) and situational or contextual factors (Borum et al., 1999). As mentioned above, there are dynamic risk factors that change over time, which poses the challenge of having to review the risk assessment with a certain periodicity or when situations or scenarios occur that may affect the assessment, such as separation, divorce, a new partner relationship of the victim, etc. At the same time, as Loinaz (2017) points out, static risk factors can also be reviewed and updated, as new documents or data may appear that provide new information. Some scales, such as the VRAG, provide for a 7 to 10 year period of risk assessment, which is a very long period if there are changes in dynamic risk factors. In addition, the SVR-20 includes a response scale (-, 0, +) in the different items that assesses whether there have been recent positive, negative or no changes. For their part, as the authors of the LCA-R (Echeburúa et al., 2009) point out, the result of the risk assessment is a snapshot of the specific moment, and must be completed and reapplied when there is new information, new reports, when some time has passed or if circumstances change. The Police Risk Assessment tool, for example, has a complementary Police Risk Evolution Assessment guide that evaluates and monitors the change in the initially assessed level of risk (Arbach-Lucioni and Andrés-Pueyo, 2016; González et al., 2018). It would therefore be desirable for the new tools developed to have specific indications about when it is necessary or advisable to carry out a new assessment based on the dynamic risk factors, also knowing that recidivism and risk are not linear and could be higher in the first months and in the face of certain events that make it more likely that a new episode of violence by a man against his partner or ex-partner will take place (López-Osorio et al., 2017).

Ultimately, risk assessment measures are expected to provide information not only on the level of likelihood of the risk, but also on other important issues. In this regard, as early as 1974, Brooks (cited in Ogloff and Davis, 2020) identified four components of dangerousness: a) magnitude of the danger; b) likelihood that the violent event will occur; c) frequency with which it may occur; and d) imminence of the violent event. Singh et al (2011) recognise that while it is important to predict the likelihood of violence, it is also necessary to have information on the severity, or nature, of violence, for example. This gives rise to the concept of risk formulation, which according to Ogloff and Davis (2020) is the process of summarising and organising information about risk data, identifying risk factors and providing risk management information. Lewis and Doyle (1999), in their five-step model of risk assessment, note that risk formulation should include information on: a) predisposing or historical factors - frequency, severity and nature of violence; b) precipitating or present factors - signs of risk, likelihood and imminence; c) future factors that may reduce - protective - or increase - maintaining - risk.

Thus, the risk formulation should provide information on all the factors and components mentioned above, and also consider the needs arising from the assessment, the type of measures to be taken to protect victims and the periodicity with which the risk should be reviewed (González et al., 2018; Scurich, 2016). The need to connect and adjust the intervention to the estimated level of risk is not new, and is present in models that have a notable influence on evaluation, such as the Risk-Need-Responsivity model (Bonta and Andrews, 2016; see also Hilton and Ennis, 2020).

Therefore, it is important to go beyond assessment and adopt the approach of risk management, understood as the process of planning and implementing strategies to prevent violence (Viljoen and Vincent, 2020) or block it (González et al., 2016), which would include at least four types of interventions: monitoring or reassessing risk, treating the aggressor, supervising and controlling the potential aggressor - measures such as restraining orders - and designing a victim protection plan (Hart et al., 2016). However, available tools generally focus on the first phase, assessment (Loinaz, 2017), and are not usually part of a broader protocol or management system that integrates assessment and intervention (Viljoen and Vincent, 2020).

Application:

This section will analyse both the sources of information that are consulted to carry out the risk assessment and the characteristics that the professionals who apply the different tools must have.

All of the scales analysed suggest the possibility and recommendation of using a wide range of information sources (see Table 1), which may include academic records, law enforcement reports, medical or hospital reports, police reports, personality inventories (e.g., HCR-20), as well as interviews with the offender, witnesses and victims. The PCL-R manual, on the other hand, contains a proposal of sources for each specific item. In general, all tools recommend the use of multiple sources in order to have more information available and to be able to verify the veracity of the data provided. This implies that, at least from a formal point of view, some tools are really expensive in terms of source collection and analysis (Singh et al., 2011), which, while having unquestionable advantages, would detract from the dynamism and functionality of the tool. It seems necessary, therefore, to combine functionality and systematicity in the collection of information, especially in those cases where risk management measures need to be adopted and justified with some urgency. Therefore, it may be useful to make a justified selection of the sources used in the assessment and, as Loinaz (2017) points out, to include in the report and/or final result a list of sources consulted in order to: a) improve the justification of the final risk assessment; b) point out the limitations of the assessment; c) have a list from which to expand the information for future assessments; d) provide other professionals with information about the assessment process and its completeness.

In relation to the characteristics and training of the staff administering the tools evaluated, in all cases some kind of prior training related to violence and the use of the specific tool is required - except for the SAVRY, which does not require training on the instrument (Borum et al., 2010). However, some tools are more demanding (e.g., PCL-R) and recommend a postgraduate degree (Master's or PhD) to carry out the assessment. The EPV-R, for its part, mentions a multidisciplinary working team with training in gender and methodology. Ultimately, there is some consensus that the risk assessor should be a professional who is familiar with the violence to be assessed, experienced in assessment and has communication skills, since it is desirable that the risk assessment is clear, well justified and can be of use to other professionals who make decisions (e.g. judges), organise services, treatment and resources (e.g. psychologists and social workers), and deliver services (e.g. educators, law enforcement).

Both of the issues mentioned here - sources of information and risk assessor - refer to the feasibility of tools or the extent to which a tool could be used or carried out successfully within a given agency (Proctor et al., 2011). Feasibility includes questions related to the complexity of the tool, whether specialised training is required to administer the tool, or whether the time to apply and develop the trial is adequate (Viljoen and Vincent, 2020). In this case, it seems reasonable to strike a balance between the thoroughness of the information collection and the feasibility of the instrument.

Table 1. Analysis of the violence risk assessment instruments in terms of the different variables selected.

Instrument	Authorship/ Spanish version	Type	Aim	Target group	Outcome	Application	
						Sources of information	Professionals
HCR-20	Hilterman and Andrés-Pueyo (2005)	Structured professional judgement guide.	To assess and predict the risk of violence.	Mental patients and violent prisoners.	3-point scale (low, moderate, high risk) based on expert judgement.	Various sources (reports, files, notes, interviews, etc.) to assess inconsistencies. Personality inventories are recommended.	It requires specific training, as well as professional judgement and skills in psychodiagnostics and knowledge of the literature on violence (nature and prediction).
VRAG	Ballesteros et al., (2006)	Actuarial scale	To predict severe violent behaviour in adults with disorders	Adults affected by severe mental disorders or with a criminal history.	Score between -28 and +33. Provides a score for the likelihood of violent re-offending (0-100) within	Various sources (academic records, police reports, hospital and medical reports,	It requires training in the application and correction of the tool and having knowledge of

			mental health problems or a criminal record.		a period of 7 and 10 years.	social agencies, family interviews, etc.)	violence and risk.
EPV-R	Echeburúa et al. (2009)	Actuarial scale	To assess and predict the risk of serious violence or homicide against a partner or ex-partner.	Those accused of violence against intimate partner and partner or ex-partner	The total score on the scale ranges from 0 to 20, allowing the risk of violence to be assessed as low (0-9), moderate (10-23), or high (24-48)	Various sources (law enforcement reports and court proceedings, witness statements, history of the aggressor, medical and psychiatric documentation of the aggressor, interviews with the aggressor, the victim, witnesses	Interdisciplinary team of comprehensive gender-based violence assessment units (doctor, psychologist and forensic social worker) of the Institutes of Legal and Forensic Medicine, with specific gender and methodology training.

						or others).	
SARA	Andrés-Pueyo et al., (2008)	Structured professional judgement guide	To assess the risk of serious violence, essentially physical and sexual violence, against the partner or ex-partner, children, other family member or other person involved	Those accused of violence against partner and victims	Two 4-point risk rating scores (low, moderate, high or imminent) according to the expert's judgement: a) towards the partner b) towards other family members.	Various sources (police report, defendant, records check, victim/advocate, registry or other)	It requires completion of postgraduate courses in test and measurement or equivalent documented training. For educational, consulting or research contexts, less qualification is required.
(SVR-20:	Martinez, Hilterman and Andres-Pueyo (2005)	Structured professional judgement guide	To assess the risk of sexual violence and the nature of the violence.	Adult sex offenders	Risk rating scale (Low, Moderate, High) based on expert judgement. In research, a total score (range 0-40) is assigned.	Diversity of sources: interviews, technical reports from other professionals, files (judicial, penitentiary, medical records, etc.)	Forensic experts (practical experience and expertise)

SAVRY	Hilterman and Vallés (2007)	Structured professional judgement guide	To determine the level of risk of violence and plan interventions more accurately.	Adolescents between 12 and 18 years old.	Risk rating scale based on the assessor's judgement (Low, Moderate, High). It is recommended that it addresses aspects of the nature and level of specific risk (severity, victims, frequency, etc.)	Multiple sources (self-reports, mental health assessments, school records, court records, etc.). To assess the credibility and reliability of the source. Complement with other instruments (attitudes, beliefs and behaviours towards violence).	Psychologists, psychiatrists, educators and social workers with expertise in youth work and with theoretical and practical experience in individual assessments, developmental process of children and adolescents. No specific training is required.
PCL-R	Hare (2003) Moltó et al. (2000)	Actuarial scale	To evaluate psychopathy (personality traits and related	Criminal offenders and adult forensic psychiatric	A profile is generated with 4 facets (interpersonal, affective, lifestyle, antisocial) and 2 factors: interpersonal/affective and	Semi-structured interview, file data and other collateral information. For each	It requires a high qualification and professional accreditation, (Master's degree, doctorate, and

			behaviours)	patients.	social deviance. A total score (0-40) is also extracted. The higher the overall score, the more the individual fits the psychopath prototype.	different sources of information are suggested.	postgraduate), knowledge of the clinical and research literature on psychopathy, accreditation to conduct psychological assessments, and experience with forensic populations, and in the use of the tool.
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Table 2. Analysis of violence risk assessment instruments in terms of the items included.

Instrument	Item no.	Grouping of items	Items	Response format
HCR-20	20	3 groupings of items: Historical (n= 10) Clinicians (n= 5) Risk Management (n= 5)	Historical Items: 1. Previous violence. 2. Age of first violent incident. 3. Unstable relationships with partners. 4. Employment-related problems. 5. Problems with substance abuse. 6. Severe mental disorder. 7. Psychopathy. 8. Youth maladjustment. 9. Personality disorder. 10. Failures in supervision. Clinical Items: 11. Lack of introspection 12. Negative attitudes 13. Current presence of symptoms of severe mental disorder. 14. Impulsivity. 15. No response to treatment.	3-point scale according to the degree of presence of risk factors (0, 1, 2).

			<p>Risk Management Items:</p> <ul style="list-style-type: none"> 16. Lack of viable future plans. 17. Exposure to destabilising factors. 18. Lack of social support. 19. Non-compliance with prescribed treatments. 20. High level of stress experienced. 	
VRAG	12	Ungrouped, varied in content	<ul style="list-style-type: none"> 1. Score obtained on Hare's Revised Psychopathy Checklist (1991). 2. Primary school maladjustment index. 3. Living with parents at age 16. 4. Cormier-Lang index of non-violent crime 5. Marital status at the time of committing the current offence 6. Age at committing the offence 7. Failure of prior parole 8. Severity of the injuries caused to the victim of the current crime 9. Presence of personality disorder 10. Diagnosis of schizophrenia 11. Female victim 12. History of alcohol abuse 	Each item has a rating of its own, which can be positive or negative (between -8 and +5).

<p>EPV-R</p>	<p>20</p>	<p>5 groupings of items:</p> <p>Personal data (n= 1)</p> <p>Relationship status of the partner in the last 6 months (n= 2)</p> <p>Type of violence in the last 6 months (n= 7)</p> <p>Offender profile (n= 7)</p> <p>Victim vulnerability (n= 3)</p>	<p>Personal data:</p> <ol style="list-style-type: none"> 1. Perpetrator or victim of foreign origin <p>Relationship status:</p> <ol style="list-style-type: none"> 2. Recently separated or in the process of separation 3. Recent harassment of the victim or violation of the restraining order <p>Type of Violence:</p> <ol style="list-style-type: none"> 4. Existence of physical violence likely to cause injury 5. Physical violence in the presence of children or other family members 6. Increase in frequency and severity of violent incidents in the last month 7. Serious or death threats in the last month 8. Threats with dangerous objects or weapons of any kind 9. Clear intent to cause serious or very serious injury 10. Sexual assaults in relationships <p>Profile of the aggressor:</p> <ol style="list-style-type: none"> 11. Very intense jealousy or controlling behaviour towards the partner 	<p>Each item has two possible values:</p> <p>0= absence of the risk factor.</p> <p>1, 2 or 3 = presence of the risk factor (depending on the relationship of the factor to the violence)</p>

			<ol style="list-style-type: none"> 12. History of violent behaviour with a previous partner. 13. History of violent behaviour towards others (friends, co-workers, etc.) 14. Alcohol and/or drug abuse 15. History of mental illness with abandonment of psychiatric or psychological treatment. 16. Behaviour of cruelty, contempt for the victim and lack of regret 17. Justification of violent behaviour by their own state (alcohol, drugs, stress) or by provocation of the victim <p>Vulnerability of the victim:</p> <ol style="list-style-type: none"> 18. Victim's perception of life-threatening danger in the last month 19. Attempts to withdraw previous allegations or to back out of the decision to leave or report the offender 20. Vulnerability of the victim due to illness, loneliness or dependence 	
SARA	20	<p>4 groupings of items:</p> <p>Criminal record (n= 3)</p>	<p>Criminal record:</p> <ol style="list-style-type: none"> 1. Past violence against family members 2. Previous violence against strangers or non-family acquaintances 	<p>3-point scale based on the presence of risk factor (Yes/Present, Maybe Present, No Evidence) and rating of each item subject to being</p>

		<p>Psychosocial adjustment (n= 7)</p> <p>History of violence in the relationship (n= 7)</p> <p>Current crime/assault (n= 3)</p> <p>Other considerations (does not include items)</p>	<p>3. Violation of probation or other similar judicial measures</p> <p>Psychosocial adjustment:</p> <p>4. Recent relationship problems</p> <p>5. Recent occupation/job problems</p> <p>6. Victim and/or witness of domestic violence in childhood and/or adolescence</p> <p>7. Recent drug use/abuse</p> <p>8. Recent suicide and/or homicide attempts/ideas</p> <p>9. Recent psychotic and/or manic symptoms</p> <p>10. Personality disorder with anger, impulsivity or behavioural instability</p> <p>History of violence against partner:</p> <p>11. Past physical violence</p> <p>12. Sexual violence and/or sexual jealousy attacks in the past</p> <p>13. Past use of weapons and/or credible death threats</p> <p>14. Recent increase in frequency or severity of assaults</p> <p>15. Previous violations and breaches of restraining orders</p> <p>16. Extreme minimisation or denial of past violence against the partner</p>	<p>deemed critical, through dichotomous answer (Yes/No)</p>
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			<p>17. Attitudes that support or condone intimate partner violence</p> <p>Current offence/assault (motivating the assessment):</p> <p>18. Serious physical and/or sexual violence</p> <p>19. Use of weapons and/or credible death threats</p> <p>20. Violation or non-compliance with restraining orders</p> <p>Other considerations:</p> <p>*</p>	
(SVR-20:	20	<p>3 groupings of items:</p> <p>Psychosocial adjustment (n=11)</p> <p>Sexual offences (n= 7)</p> <p>Future plans (n= 2)</p>	<p>Psychosocial adjustment:</p> <ol style="list-style-type: none"> 1. Sexual deviance 2. Victim of childhood abuse 3. Psychopathy 4. Severe mental disorder 5. Problems related to substance misuse 6. Suicidal/homicidal ideation 7. Interpersonal problems 8. Problems at work 9. History of non-sexual violent crime 10. History of non-violent crime 11. Failure of prior monitoring measures 	<p>3-point scale depending on the presence of the risk factor (No, Yes, ?).</p> <p>Whether there has been a recent change (-, 0, +) must be indicated. In research, a score is assigned to each item (0, 1, 2)</p>

			<p>Sexual offences:</p> <ol style="list-style-type: none"> 12. High frequency of sexual offences 13. Multiple typology of sexual offences 14. Physical harm to the victim of sexual offences 15. Use of weapons or death threats in sexual offences 16. Progression in the frequency and seriousness of sexual offences 17. Extreme minimisation or denial of sexual offences 18. Attitudes that support or condone sexual offences <p>Future plans:</p> <ol style="list-style-type: none"> 19. Lack of realistic/viable plans 20. Negative attitude towards the intervention 	
SAVRY	30	<p>4 groupings of items:</p> <p>Risk factors (n= 24)</p> <p>10 historical items, 6 social/cultural items, 8 individual items)</p>	<p><u>Risk Factors</u> Historical items:</p> <ol style="list-style-type: none"> 1. Previous violence 2. History of non-violent criminal acts 3. Early onset of violence 4. Past follow-up / failure of interventions 5. Previous self-harm or suicide attempts 6. Exposure to domestic violence 7. History of child abuse 	<p>3-point scale depending on the degree of presence of the factor: Low , Moderate, High (AI). A numerical scale (0, 1, 2) can be used for research purposes.</p>

		<p>Protective factors (n= 6).</p> <p>Additional risk factors and violence screening questions are included.</p>	<p>8. Delinquency of parents or caregivers</p> <p>9. Early separation from parents or caregivers</p> <p>10. Underachievement in school.</p> <p>Social/cultural items:</p> <p>11. Delinquency in the peer group</p> <p>12. Peer group rejection</p> <p>13. Experienced stress and inability to cope with difficulties</p> <p>14. Poor skills to educate on the part of the parents</p> <p>15. Lack of personal/social support from another adult</p> <p>16. Marginal environment.</p> <p>Individual items:</p> <p>17. Negative attitudes</p> <p>18. Risk-taking/impulsivity</p> <p>19. Substance use problems</p> <p>20. Problems with anger management</p> <p>21. Low level of empathy/remorse</p> <p>22. Problems with concentration/hyperactivity</p> <p>23. Low collaboration in interventions</p> <p>24. Low school or work interest/engagement</p> <p><u>Protective factors:</u></p>	
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			<p>25. Prosocial involvement</p> <p>26. Strong social support</p> <p>27. Strong links and ties with at least one pro-social adult</p> <p>28. Positive attitude towards interventions and authority</p> <p>29. Strong commitment to school or work</p> <p>30. Perseverance as a personality trait.</p> <p>Other factors to consider:</p> <p>*</p>	
PCL-R	20	Ungrouped, varied in content	<p>1. Has a way with words/Superficial charm,</p> <p>2. Inordinate sense of self-worth,</p> <p>3. Need for stimulation/Tendency to boredom,</p> <p>4. Pathological liar,</p> <p>5. Swindler/Manipulator,</p> <p>6. Absence of remorse or guilt,</p> <p>7. Superficial affection,</p> <p>8. Affective insensitivity/absence of empathy,</p> <p>9. Parasitic lifestyle,</p> <p>10. Poor self-control of behaviour,</p> <p>11. Promiscuous sexual behaviour,</p> <p>12. Behavioural problems in childhood,</p>	Three-point ordinal scale (0, 1, 2) which assesses the extent to which the behaviour fits the item description. Some items have specific criteria (items 17-20).

			<ul style="list-style-type: none"> 13. Lack of realistic long-term goals, 14. Impulsivity, 15. Irresponsibility, 16. Inability to accept responsibility for one's own actions, 17. Frequent marital relations of short duration, 18. Juvenile delinquency, 19. Revocation of parole, 20. Criminal versatility. 	
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CONCLUSIONS AND RECOMMENDATIONS

Based on the results obtained in the analysis, some considerations and recommendations for the design of a domestic violence risk assessment tool are presented.

1. The scales analysed are generally not aimed at assessing the risk of domestic violence, but other types of violence (interpersonal, intimate partner, sexual). Some scales (e.g., EPV-R and SARA) assess the likelihood of intimate partner violence and violence against children, but do not include factors related to child and adolescent victimisation. It is therefore necessary to design a tool that aims to assess domestic violence specifically and exclusively, which would allow the validity and usefulness of the scale to be extended in the desired context. This tool should have an operational definition of domestic violence and consider all the types of violence that may be included - physical, psychological or emotional, sexual, etc.
2. It is recommended that a tool be developed that may have an actuarial approach, a structured professional judgement approach, or a combination of both, but that in either case, includes in the final assessment a section in which the professional who has carried out the assessment provides a report with conclusions derived from the assessment and specific recommendations on risk management and corresponding measures to be taken to protect the victims. In the case of opting for an actuarial tool, it would be necessary to have a specific scale adapted to the type of violence and the specific population.
3. The specific items included in the tool should be the result of a review of available theoretical models and risk and protective factors for both victimisation and perpetration of this type of violence and for the different people involved (intimate partner/ex-partner, children and adolescents). In addition, both static and dynamic risk factors should be included in the assessment, thus adopting a state of risk approach to facilitate monitoring, supervision and intervention.
4. In the response format of the items, it would be advisable to have the possibility to indicate not only whether the factor is present or absent, but also how it currently influences the level of risk or the likelihood of occurrence of violence and the severity of violence. One option may be to indicate that this is a critical or more important item in the risk assessment and justify this in the final section or in the assessment report.
5. Including victims among those targeted by the tool. This can be a key aspect in identifying factors that may increase their vulnerability and facilitate decision-making to protect them.

6. Incorporating victims' perception of risk and vulnerability into the assessment. However, it would be advisable to include some indicator or control item to indicate to the professional carrying out the assessment that the victim is underestimating the risk.
7. Considering the specificity of victims and offenders, taking into account their age (young people, adults, older people), socio-demographic characteristics (income, origin, administrative situation, etc.) and other relevant characteristics (disability, previous victimisation) that may act as risk factors or may increase the effect of other risk factors. The usefulness of the tool also needs to be assessed with specific population groups, such as transgender women.
8. The resulting tool should be easy to apply by professionals with knowledge and experience of violence, and feasible in terms of time and available resources.
9. It would be useful to include a list of sources of information to assess each item. Furthermore, in the final risk outcome, a section should be included referring to the sources consulted.
10. Incorporating specific instructions as to when the risk assessment may need to be reviewed, as a general rule (e.g. initially every three to six months, then annually) and also when there is a change in any of the relevant risk factors or scenarios (e.g. separation/divorce). New risk assessments should result in a revision of risk management measures.
11. It would be advisable for the tool developed to be able to assess not only the probability of a violent episode taking place, but also other indicators or components of risk such as severity of violence, imminence or risk of homicide.
12. Considering the tool as an assessment resource that forms part of a risk management protocol or system with a broader and more articulated perspective, allowing for the design and implementation of an intervention strategy based on the assessment, with a network of coordinated professionals and available, useful, accessible and effective resources.

Report 5

*Definition of data analysis and keys to
the definition of statistics*

I. Background and context

The promotion of Artificial Intelligence (AI) is one of the main elements of the Spain Digital Agenda 2025, presented in July 2020. Specifically, in its Action Line 9 on Data Economy and Artificial Intelligence, it defines this as a key element for transforming the productive model, boosting the growth of the Spanish economy and, as far as we are concerned here, transforming society, including the functioning of public services and the transparency of administrations, as well as tackling major social challenges such as the gender gap.

In this context, and in clear alignment with European Union policy, the National Artificial Intelligence Strategy (ENIA) was drawn up: <https://www.lamoncloa.gob.es/presidente/actividades/Documents/2020/ENIA2B.pdf>

Among the strategic lines of action, Number 5 includes promoting the use of AI in public administration and in national strategic missions. Based on the assumption that the relationship between AI and Administration can provide mutual benefits, it is emphasised how, while AI allows a more accurate knowledge of society by determining the priorities for action and identifying those areas with competitive advantages as well as those that are more disadvantaged, the activity of the Administration can benefit AI by deploying all its instruments to fund, promote and integrate it into its processes.

Along with the definition of each of the strategic axes, the Strategy envisages a series of measures. Specifically, for Axis 5, the following are established: to incorporate AI in Public Administration, to set up an innovation laboratory for new AI services and applications in all Public Administrations (*GobTechLab*), to foster AI competences in Administration, to implement an "AI for data-driven public management" programme, and to promote national strategic missions in the field of Public Administration where AI can have an impact (health, justice, employment, etc.).

II. Diagnosis

Although the Spanish AI policy is still in the formulation phase, it is clearly aligned with the reference framework adopted by the European Union for the design and implementation of AI in member countries. In this respect, it should be underlined how the EU is developing its own model, in contrast to the Chinese and US models, which will be based on the following two pillars: the need to address human rights and the need for rigorous protection of personal data.

At the organisational level, Spain has a Secretary of State for Digitalisation and Artificial Intelligence, under the Ministry of Economic Affairs and Digital Transformation, with direct responsibility for the development of AI. The 'Oficina del Dato' has been created under the Secretary of State for Digitalisation and Artificial Intelligence, which is the competent body in terms of data governance and sharing for the development of a cross-cutting Data Economy: <https://portal.mineco.gob.es/es-es/digitalizacionIA/oficina-del-dato/Paginas/oficina-del-dato-se-digitalizacion-ia.aspx>

Together with the aforementioned 'Oficina', the publication of the aforementioned National Artificial Intelligence Strategy, the drafting of the Charter of Digital Rights and the creation of an AI Advisory Council, which are measures that have already been put in place, allow us to conjecture that our country is moving in the right direction.

There is now some evidence available to assess the effects that AI systems are having on organisations and the people who work with them. Alongside some of the measures adopted during the Covid-19 crisis (see Annex 2 of the ENIA), specifically in relation to the problems associated with domestic violence, the initiative called Aporta, whose mission is to promote the opening up of public information and the development of advanced data-based services through harmonisation and the efficient use of synergies between data projects already underway, has promoted the creation within the Ministry of Justice of a portal called La "Justicia en datos" (Justice in data) and within this, a section entitled "La mujer desde la Justicia" (Women in Justice), which provides quantitative information on the situation of women in areas of its competence, including gender-based violence (<https://datos.justicia.es/la-mujer-desde-la-justicia-violencia-de-genero>).

III. Recommendations

1. Within the set of data found for gender-based and domestic violence in the context of the Aporta Initiative, incorporate those related to ATENPRO.
2. Collaborate with different initiatives that seek to raise awareness and visibility of the problem of domestic violence by providing quantitative information.
3. Collaborate with different initiatives that develop tools and seek solutions to support victims of domestic violence by providing quantitative information.
4. Within the set of data found for gender-based violence and domestic violence in the context of *The Official Portal for European Data*, incorporate those related to ATENPRO.

In our research given the limited flow, variety and volume of data it has not been possible to create a Big Data strategy, but we consider that in this context with greater involvement of institutions/entities it would be of great use in decision making.

Report 6

*Analysis of local intervention
services*

For the present analysis, the twenty-five local entities have been selected which, after a broader and more general search, have been considered the most interesting in terms of their intervention model, the services they provide or the tools they have at their disposal for gender-based and/or domestic violence.

I. Bilbao City Council

- Municipality: Bilbao (Biscay)
- Inhabitants: 345,821 (INE, 2018)
- Main municipal resource for victims of domestic violence: Bilbao City Council's Department of Equality, Cooperation, Coexistence and Festivities provides comprehensive care for women victims of gender-based violence and their dependents
- Contact:
 - E-mail berdintasuna@bilbao.eus
 - Phone: 944 204 200

Bilbao City Council's commitment to the promotion of gender equality and the fight against domestic violence is underpinned by the development and implementation of several Equality Plans for Women and Men (the 5th Equality Plan is currently being implemented), as well as the approval of the first Municipal Ordinance for the equality of women and men, by agreement of the Plenary of Bilbao City Council, in ordinary session held on 22 March 2018.

The main objective of this normative instrument is to remove the structures that produce and reproduce social and gender discrimination and inequalities and to eradicate the causes and effects of violence against women in the municipality. To this end, it establishes the general principles in matters of equality of women and men that must govern the actions of Bilbao City Council, as well as those of the rest of its dependent entities; it regulates a set of measures aimed at promoting and guaranteeing the necessary conditions for the full exercise of the rights of all women based on respect for diversity and difference in all areas of action of Bilbao City Council; and it promotes the empowerment of all women with the aim of strengthening their social, political, economic and cultural position, eliminating all forms of discrimination against them to guarantee the effective and real exercise of their rights.

To guarantee the achievement of these goals, Article 7 of the aforementioned municipal ordinance establishes that the Area of Equality of Women and Men "is an area whose transversal scope of action is the promotion of municipal policies on the equality of women and men, including prevention and care for women victims of gender-based violence".

To this end, the existence of a Municipal Social Service for the Care and Prevention of Gender-based Violence is envisaged.

This Service has a municipal programme of prevention and care for women in a situation of gender-based violence, whose mission is to act urgently and offer personal, comprehensive, continuous, specialised and coordinated care to women living in Bilbao who:

- a) Have conflicts in their relationships (married or unmarried, current or past partners).
- b) Are victims of physical, sexual, psychological and other forms of abuse... It also includes threats or coercion to force people to do something, lack of freedom to move around, to meet other people, to do activities, economic control, etc.

This service follows the principles of equality, prevention, respect for diversity, participation and efficiency. The Areas offering this service coordinate:

- a) police protection and care,
- b) emergency and specialised social care,
- c) legal and psychological assistance,
- d) support and care resources and
- e) economic benefits.

There two main lines of action:

(i) Providing information and guidance. The aim is to provide the general public, and especially women, with information about gender-based violence, their rights and the resources available to them. To this end, the public and women in situations of gender-based violence are informed about:

- the causes, cycle and consequences of this type of violence.
- the legally recognised rights of victims.
- the Complaint and "Protection Order".
- To guide women to the most appropriate services and resources to respond to their needs and situation and to inform them on how and what is needed to access them.

(ii) To provide specialised social care in emergency situations. This bundle of powers includes:

- Informing, guiding and advising women in a situation of gender-based violence and their dependents (sons, daughters or adult dependents).
- Accompanying women to the medical health centre and, if necessary, to the emergency accommodation centre.
- Facilitating (for women and authorised persons) access to free legal aid at the police station and to emergency social services.
- Processing the complaint and application for the "Protection Order".
- Implementing "Precautionary Measures of Protection" if it is necessary to temporarily protect the woman.
- Providing emergency accommodation, accessible 24 hours a day, every day of the year, for women who need to leave their usual place of residence and have no other safe place to live.

(iii) Specialised Social Care in non-urgent situations. The aim is to return women to an autonomous and violence-free life through the implementation of the following actions:

- Welcoming and listening to women in the service, offering a confidential space.
- Communicating to women their rights and duties.
- Conducting an initial assessment of needs and situation.
- Developing, together with the woman, a "Personalised Care Plan" adapted to her needs, in order to recover an autonomous life free of violence.
- Processing those services and economic benefits to which women are entitled by right.
- Coordinate work with other services and professionals.
- Psychological care: referral to specialised services for initial care, intervention, assessment and therapeutic follow-up.
- Accompanying women throughout the process, as well as monitoring and evaluation where necessary.
- Promoting social inclusion: refer to employment and housing programmes guaranteed by law.

- Promoting women's participation in associations and community resources.

(iv) Accommodation in municipal flats. The aim is that women and their dependents (sons, daughters, adult dependents) can recover and overcome the situation of violence, in temporary accommodation where they feel safe. To this end, the following is envisaged:

- Temporary accommodation in a municipal flat for women and their dependents who need accommodation where they can recover and overcome the situation of violence, provided that they meet the access requirements.
- Supporting women and their children and children under 18 in socio-educational matters.
- Providing support to women in dealing with other services and institutions (courts, health centres, etc.) throughout the process.
- Managing and coordinating the necessary administrative formalities to be carried out due to the change of residence (children's schooling, health card, etc.).
- Offering women spaces for networking and group learning.
- Accompanying the departure from the reception flat and providing post-departure follow-up.

II. Almería City Council

- Municipality: Almería (Almería)
- Inhabitants: 196,851 (INE, 2018)
- Main municipal resource for victims of domestic violence: Women's Centres of Almería City Council
- Contact:
 - E-mail mrey-externo@aytoalmeria.es
 - Phone: 950 21 00 00 ext.: 7720

Almería City Council channels its actions in the field of equality and the fight against gender-based violence through the so-called Women's Centres of Almería City Council, which are conceived as municipal spaces for the attention and care of women in which men can also participate.

They were created for the enjoyment of women with the purpose of advancing equality, gender-based violence, female empowerment and physical, mental and emotional health care, through counselling, training talks, training and leisure activity programmes, conciliation measures, service exchange programmes, mediation, etc.

In these spaces, the following services are provided for women:

(i) Psychological intervention for women in situations of gender-based violence, both individually and in groups. The objectives we want to achieve with this service are:

- Providing women with guidelines and safety measures.
- Recovering self-esteem and empowerment.
- Re-establishing meaningful personal links.
- Enhancing social skills and decision-making abilities.
- Repairing the damage suffered.

(ii) Municipal Legal Advice Service. The Women's Centres offer comprehensive and specialised legal attention and advice to women in the city of Almería. To this end, a team of legal professionals is available to advise on all legal issues that may arise:

- Providing information and legal advice to women who need comprehensive care to solve all their problems.
- Informing about the measures to be taken in each situation.
- Accompaniment, if necessary, to carry out procedures and formalities.
- Referral to public and private resources.
- Guidance on how to obtain Free Legal Aid.

(iii) Municipal Family Mediation Service. Conceived as a voluntary and confidential procedure, aimed at facilitating effective and constructive communication between family members. With the help of an impartial and natural mediation professional. The parties will be able to reach a consensual and lasting solution to their disputes on their own, while developing the necessary strategies for the management of future disagreements.

Almería City Council currently has three Women's Centres: Terriza Women's Centre

C/ Terriza, 9. Almería

Phone: 950 28 27 67

Email: centromujer.terriza@aytoalmeria.es

Cortijo Grande Women's Centre

C/ Antonio Muñoz Zamora, 5. Almería

Phone: 950 26 79 92

Email: centromujer.cortijo@aytoalmeria.es

Los Molinos Women's Centre

C/ Instinción, s/n. Almería

Phone: 950 04 72 36

Email: centromujer.molinos@aytoalmeria.es

III. Valladolid City Council

- Municipality: Valladolid (Valladolid)
- Inhabitants: 298,866 (INE, 2018)
- Main municipal resource for victims of domestic violence: Valladolid City Council's Municipal Centres for Equality and the Social Action Centres of the Regional Government of Castile and León
- Contact:
 - Official website: <http://igualdadvalladolid.es/>
 - Phone: 983 426 010

On 26 May 2021, the Governing Board approved the 6th Comprehensive Municipal Plan for Equality and against Gender-based Violence (2021-2025), whose main objective is to continue advancing towards achieving real and effective equality between women and men, for which it aims through its actions to eliminate the obstacles that prevent and hinder it, as well as to improve prevention and assistance in relation to gender-based violence.

This Municipal Plan is structured in three areas:

(1) Equality between women and men, with five lines:

- "The Promotion of Gender Equality"
- "Education and Culture for Equality"
- "Sport, Health, Mobility and Environment with a Gender Approach"
- "Social Participation and Women's Empowerment"
- "Employment and Quality of Life"

(2) Valladolid against gender-based violence, is structured along two lines:

- "The Prevention of Gender-based Violence"
- "Victim Assistance". This aims to improve care and support for victims of gender-based violence and to deepen the knowledge of the process of gender-based violence and its circumstances.

(3) Coordination and collaboration as a tool for municipal action on equality and against gender-based violence.

In view of the above, Valladolid City Council has services and resources aimed at providing comprehensive assistance to women who are victims of abuse and which are articulated through various actions:

- Information, guidance and referral to specific and specialised resources through the corresponding CEAS according to the victim's address by means of an appointment requested by telephone on 010.
- Psychological support through the Family Intervention Teams or through referral to the programmes of the Regional Government of Castile and León.
- Legal advice by means of referral to the programmes of the Regional Government of Castile and León, as well as to the specialised defence of victims of gender-based violence of the respective Bar Associations, dependent on the Ministry of Justice.

- Collaboration with various entities for the management of shelters and meeting points for the exchange of minors in compliance with visitation regimes in situations of separation or divorce.
- Mobile phone devices with GPS location in direct contact with the municipal police for the protection of women at serious risk
- Provisional accommodation for women victims and their children.

Additionally, in those cases of gender-based violence of extreme seriousness for the life of the woman and her children, if any, the possibility of contacting the Domestic Violence Victim Assistance Service (SAVVD) of the Valladolid Municipal Police by telephone through the 092 telephone number is provided.

IV. Gijón City Council

- Municipality: Gijón (Asturias)
- Inhabitants: 271,843 (INE, 2018)
- Main municipal resource for victims of domestic violence: Women's Advice Centre (CAM)
- Contact:
 - E-mail oficinaigualdad@gijon.es
 - Phone: 985 181 627

In order to fulfil the commitment made in 2016 with the second Local Charter for Equality between Women and Men, Gijón City Council dedicates Axis 4 to Gender-based Violence, including sexual harassment, sexual aggression and trafficking of women for sexual exploitation. The local authority channels its action through the Women's Advice Centre, a space through which legal and psychological advice is provided, either by telephone or in person. Among the strategic lines of action of the Gijón Women's Advice Centre, the following stand out:

(i) Victim assistance

- Ensuring the quality of care for victims.
- Providing legal advice and psychological care to women victims of gender-based violence.

- Following up on legal proceedings of all kinds involving women victims of gender-based violence.

(ii) Prevention and awareness-raising

- Raising awareness among the general population of the problem of gender-based violence.
- Preventing all forms of violence against women and children.
- Providing training to the female population on self-esteem and personal growth and to identify gender-based violence.
- Raising awareness among the environment of women with disabilities who are suffering from gender-based violence or some kind of dependency, in order to help them to get out of this situation.
- Encouraging ongoing training on gender-based violence (municipal staff, professionals who intervene with victims of gender-based violence, etc.).
- Educating young people to identify gender-based violence and promote the acquisition of values of equality from an early age.
- Promoting the use of social media as a tool to disseminate information on gender-based violence.

(iii) Victim protection

- Monitoring protection orders as well as compliance with all measures taken to ensure their safety.
- Promoting the Gijón Technical Commission on Gender-based Violence.
- Participating in the Permanent Observatory on Gender-based Violence in Asturias.
- Participating in the Monitoring Commission of the Network of Shelters of the Principality.

(iv) Women in situations of special vulnerability

- Making visible gender-based violence against women with disabilities which remains hidden.

- Facilitating access of immigrant women who are victims of gender-based violence to the protection and security measures established in our country, as well as to care, shelter and support services until they fully recover, under the same conditions as Spanish women.

In addition, the Asturian Women's Institute (IAM) has specialised equal opportunities services covering the whole region. Promoted by the Principality of Asturias and managed by Town Councils and municipality associations, the Women's Advice Centres provide information and free legal advice to all women residing in the Principality of Asturias.

They also provide specific legal advice to victims of gender-based violence, acting as case managers and monitoring the measures put in place by the Administration for the support, shelter and comprehensive recovery of the victims.

They coordinate with the other agencies involved in care: Gender-based Violence Public Defence Service, Public Employment Service, Public Health Service, Social Services and the Regional Network of Shelters.

To access this service, all you need to do is go to the Women's Advice Centre (CAM) that corresponds to the locality where you live.

V. Lugo City Council

- Municipality: Lugo (Lugo)
- Inhabitants: 98,025 (INE, 2018)
- Main municipal resource for victims of domestic violence: Casa da Muller
- Contact:
 - E-mail cmuller@lugo.gal
 - Phone: 982 297 412

The Casa da Muller (Women's House) is a service that promotes equal opportunities between men and women in Lugo City Council and is the result of the evolution experienced in the process of implementing programmes and equipment aimed at meeting the needs of women, in accordance with the provisions of the 4th Plan for Equal Opportunities between Women and Men (2021-2024). Among its main objectives are:

- Providing free, personalised attention on abuse, harassment, threats and other types of violence against women.
- Designing and coordinating the gender equality policies of Lugo City Council.

Among the strategic services provided by the Casa da Muller (Women's House) to victims of gender-based violence, the following areas of action stand out:

(i) Ensuring social care

- Guaranteeing care, support and social protection for women victims of gender-based violence and their children when they request it.
- Providing specific and specialised information and counselling on gender-based violence to women who voluntarily request it.
- Providing women users with a global and integral vision of the situation of violence they suffer and the process in which they are immersed.
- Mobilising personal and social resources with which women users can visualise possible alternatives for their lives and future.
- Supporting, accompanying and reinforcing the decision-making processes of women users.
- Following-up and social accompaniment of cases that require it.
- Making referrals and reports to services belonging to the different social protection systems that require it (e.g. employment, education, social services, social security, etc.).

(ii) Giving psychological attention

- Psychological support, guidance and counselling in processes of abuse and/or gender inequality.
- Guidance in decision-making and help in dealing with the emotional symptoms derived from this type of process.

(iii) Facilitating access to legal aid

- Separations, divorces, matrimonial property regime, filiation, etc.
- Complaints of violence, non-payment of pensions, abandonment of the home, etc.
- Unfulfilled sentences, legal aid, etc.

(iv) Ensuring care and shelter in flats in cases of gender-based violence, belonging to the Galician Shelter Network.

(v) Promoting gender equality in a cross-cutting manner

- Programming, coordination and evaluation of plans, programmes and projects related to equal opportunities and women's empowerment.
- Technical support to the Lugo City Council's Forum for Citizen Participation in Equality Matters
- Designing and coordination of education programmes for equality and the prevention of gender-based violence aimed at schools and institutes.
- Workshops and talks on gender equality aimed at municipal staff, educational centres, associations, groups, sports clubs, etc.
- Elaboration of didactic materials on gender equality and prevention of gender-based violence.
- Design, organisation and evaluation of awareness-raising campaigns aimed at changing discriminatory attitudes towards women and breaking down gender stereotypes.

(vi) Support for mediation. Implementation of the "Aprende Jugando" (Learn by Playing) programme for children from 3 to 12 years of age.

VI. Terrassa City Council

- Municipality: Terrassa (Barcelona)
- Inhabitants: 218,535 (INE, 2018)
- Main municipal resource for victims of domestic violence: Women's Information and Support Service (SIAD)
- Contact:
 - E-mail siad@terrassa.cat
 - Phone: 937 397 408

The Gender Policies Service of Terrassa City Council is responsible for ensuring the inclusion of gender equality in all regulations and actions carried out by the corporation's services and bodies, for advising, informing, guiding and assisting all women about their rights, and especially those women who suffer gender-based violence, and for planning, implementing and evaluating awareness-raising, training and research activities related to equality between men and women, as well as the other initiatives stipulated in the sectoral regulations dictated in this respect, i.e. the Municipal Regulations on Gender Equality of Terrassa City Council.

For its part, the Women's Information and Support Service (SIAD) is the main municipal service for information, advice, initial care and support for women in situations of domestic violence. Among the services and actions it provides, the following stand out:

(i) First shelter service

- Counselling on relationship problems
- Information on social resources
- Guidance in situations of male violence
- Referral to specialised services

(ii) Legal advice service

- Guidance in cases of separation, divorce, unmarried couples, etc.
- Legal information on rentals, inheritance, enforcement and modification of sentences, non-payment of alimony, etc.
- Advice on reporting cases of male violence.
- Referral to specialised services.

(iii) Psychological care service

- Guidance, support and personalised psychological care for women in situations of gender-based violence
- Therapeutic groups to reinforce recovery processes in situations of gender-based violence

(iv) Job placement

- Information, guidance and support for entry and re-entry into the labour market
- Information on training resources and vocational skills to improve employability

During 2022 (January-October), according to data held by Terrassa City Council, SIAD carried out 4,213 interventions, attending a total of 872 women.

In addition, apart from the SIAD, specific resources have been created, such as the Protocol for the Comprehensive Approach to intimate partner violence. The city of Terrassa also has its own resources, which are detailed below:

- a) **Punts Liles i + de Fiesta Mayor.** Spaces where information and attention is provided in the event of sexual aggression and sexist and LGTBI-phobic behaviour in party spaces or street activities.

Terrassa City Council has been installing Punts Liles + en la Fiesta Mayor since 2018 and they are part of the campaign "Només un sí és un sí" (Only yes means yes) that the Gender and LGTBI+ Policies services promote to prevent sexual aggressions, LGTBI-phobia and sexist behaviour.

- b) **City resources.** These include the following:

- **Victim Support Unit (Local Police and Mossos d'Esquadra).** Its functions are: (i) collection of complaints; (ii) follow-up and accompaniment of women; and (iii) protection services, among which the following stand out: (a) telephone follow-up of cases; (b) personal accompaniment of women; and (c) patrol cars at victims' homes. It also provides women with information on existing resources in the city.
- **Emergency Accommodation Service (SAU).** This is a centre that aims to respond to the needs of women victims of domestic violence who have been forced to leave their homes as a result of abuse. This is a space that guarantees temporary, dignified and safe accommodation for women who are victims of abuse. It is located in the premises of the Municipal Police. It offers these people and their children a place to stay with dignity and with total guarantee of safety while a suitable solution to their situation is found.

The service is offered to women, with or without children, who are suffering from abuse. The clients can make use of the SAU for a maximum transitional period of 72 hours, during which time a suitable solution to their situation will be sought.

- **Meeting Point.** A space designed to help children continue to relate to their parents when conflicts arise due to separation, divorce or other types of family breakdown. The main objective is to minimise the negative aspects of separate living arrangements for the family members.

The presence of a neutral third person makes it easier to find alternatives so that in the future they can enjoy the relationship with their fathers, mothers and/or grandparents, etc., without the need for this resource. This service is offered to:

- Couples with difficulties in developing visiting arrangements in normalised spaces.
 - Cases in which, at the request of the courts, the need to use this type of service is indicated in order to preserve the well-being of the child and the family
 - Those children who cannot enjoy a family environment.
 - Families in which contact between members of the family must be avoided.
- **Special legal aid for victims of abuse.** The special legal aid service of the Bar Association of Terrassa was created in 2000, and guarantees free specialised legal assistance to people who are victims of mistreatment as a result of a relationship or family unit. He or she immediately appoints a public defender and a public prosecutor who takes charge of the civil and/or criminal proceedings.
- **Telecare.** From Social Services, the mobile telecare programme offers immediate and appropriate care in emergency situations to women victims of domestic violence who have a protection order. Through the use of telephone communication and telelocation technologies, it mobilises the necessary resources (security, health and psychosocial support) to ensure the safety of women 24 hours a day, 365 days a year.

c) Other resources

- **Specialised Intervention Service (SIE).** The Specialised Intervention Service is a free service that offers comprehensive care and resources in the process of recovery and reparation to women who have suffered or are suffering from violence, as well as to their children. They also focus on prevention, awareness raising and community involvement. They have a multidisciplinary professional team made up of people with degrees in psychology, social work, social education, law and labour insertion.

The main objective is to offer information, care and recovery to women who have been or are in processes of male violence, as well as to their dependent

children and to enhance specific and comprehensive prevention, assistance and reparation programmes. The specific objectives are:

- To provide specialised and continuous social and therapeutic care in relation to the process of violence experienced.
 - To adapt the model of social, legal and therapeutic intervention to the process of women who have suffered or are suffering violence.
 - To work in coordination with external services, attending to the specific process of each of the women.
- **Care, Recovery and Shelter Service (SARA)**. This offers specific outpatient care to victims of gender-based violence (women, children and adolescents, and people in their close environment directly affected by this violence). It also advises professionals and people close to the victims.
 - **Service of Attention to Men for the Promotion of Non-violent Relationships (SAH)** Counselling and treatment for men who are or have been violent towards their partners and want to change the way they relate to each other, moving away from violent behaviour.

VII. La Línea de la Concepción Town Council

- Municipality: La Línea de la Concepción (Cádiz)
- Inhabitants: 62,940 (INE, 2018)
- Main municipal resource for victims of domestic violence: Municipal Women's Information Centre
- Contact:
 - E-mail siad@terrassa.cat
 - Phone: 937 397 408

The Municipal Women's Information Centre of La Línea de la Concepción is a service that offers, free of charge, information to women about their rights and equal opportunities, providing guidance and advice on legal, psychological, employment, business, gender-based violence, etc., giving an immediate response to their needs and ensuring quality and confidentiality. The basic principles underpinning the work of the Women's Centre are as follows:

- Personalised attention upon request for information, guidance and advice
- Attention by professionals specialised in the corresponding subjects within 48 hours
- Confidentiality: Consultations take place in a space where privacy is guaranteed
- Guaranteeing the fundamental right to the protection of personal data
- Clear, prompt and truthful response to requests, using precise and appropriate language.

Among the main actions and benefits for victims of domestic violence, the following stand out:

(i) Sociocultural Animation Information Service: this provides an initial orientation to women who come to the centre, referring them to the departments that can provide them with the appropriate technical advice. It is also in charge of making the operation of the Women's Associations of the Municipality more dynamic, with the Andalusian Women's Institute acting as an intermediary between them.

(ii) Legal Service: this department provides information and advice, intervening when the case requires it, in those legal matters that affect women. The list of legal matters it deals with is very diverse, all of them related to women's rights, specifically and among others, it provides legal advice on issues such as separations, paternal-filial relations, divorce, obligations of the couple, labour issues, gender-based violence, inheritance, etc.

(iii) Psychological Service: aims to increase women's capacity for their own wellbeing and the factors that condition it in relation to family, work and society, intervening in three aspects: care, prevention and promotion, on different levels of individual, group and community action.

(iv) Employment Promotion Service: provides information and advice on training courses, job search techniques, as well as guidance on self-employment and other matters related to the integration of women in the labour market.

VIII. Gandía City Council

- Municipality: Gandía (Valencia)
- Inhabitants: 73,829 (INE, 2018)

- Main municipal resource for victims of domestic violence: Offices for the Attention of Victims of Crime (OAVD) and the Centre for Equality and Women in Gandía
- Contact:
 - E-mail servicioinfodonagandia@gmail.com
 - Phone: 962 959 528

The Offices for the Attention of Victims of Crime (OAVD) are a free service that offers attention, support and guidance to victims of gender-based violence. They are specialised and effective spaces to solve the situation of helplessness in which the victim may find herself, which are primarily responsible for:

- Coordinating protection orders for victims of domestic and gender-based violence.
- Facilitating the follow-up of procedural and non-procedural actions, whether or not the victims of crime have to take them.

They also offer the following victim counselling services:

- Explaining to the victim their legal situation, rights, obligations, formalities and procedures to be followed in each case.
- Assisting in the drafting of complaints and other documents that the victim can file herself.
- Social assistance for victims, informing them of existing social resources that may be useful.
- Accompanying the victim and witnesses in legal proceedings.
- Management of aid provided for in the Law on Aid and Assistance to Victims of Violent Crimes and Crimes against Sexual Freedom.
- Employment advice
- Boosting aid to promote equality and associationism
- Call for applications for aid to combat gender-based violence
- Establishment of bonuses for the hiring of unemployed women.

At the same time, the Department of Equality of Gandía City Council offers a wide range of psychosocial care programmes for individual and group counselling and therapeutic intervention for victims of gender-based violence. These services are completely free and voluntary.

The aim of this service is to prevent and address the consequences of violence against women through the implementation of:

- Social care: information on state aid, resources and subsidies for victims of gender-based violence.
- Counselling in associations and places where the issue of gender-based violence is addressed.
- Information and processing of telecare.
- Guidance, prevention and psychoeducation on gender-based violence.
- Individual and group psychological therapy.
- Referral and information on the resources available to them.
- Social reintegration for abused women.

Gandía City Council also has a Network of Equality Agents, created with the aim of encouraging the promotion and integration of the principle of equality in all municipal public policies.

IX. Cáceres City Council

- Municipality: Cáceres (Cáceres)
- Inhabitants: 96,068 (INE, 2018)
- Main municipal resource for victims of domestic violence: Cáceres Office for Equality and Gender-based Violence
- Contact:
 - E-mail imas@ayto-caceres.es
 - Phone: 927 21 23 35

The main objective of the Department of LGBTI Equality, Cooperation, Citizen Participation and Neighbourhoods is to articulate and increase the participation of citizens in public affairs and in the collective life of the city. This administrative unit carries out the following actions:

- Promotion of resources and tools for the development of social participation initiatives and/or projects (call for grants, resources for participation, etc.).

- Development of information, advice and collaboration actions with associations and groups.
- Promotion of citizen participation bodies as a vehicle for articulating relations between the City Council and Citizen Entities.
- Development of social dynamisation programmes aimed at increasing citizen participation and associationism.
- Promotion of participatory processes from the districts as spaces that are closer and closer to the needs and initiatives of the residents and groups in each neighbourhood.
- Promotion of networking actions between the different associations through working commissions, participation bodies and participatory processes, etc.
- Undertaking of actions aimed at improving the Communication and Citizen Information of the City Council of Cáceres.
- Processing of files for the registration of associations in the register of entities declared to be of municipal interest.
- Channelling and management of requests, complaints, suggestions and information from groups and associations formulated to municipal services and/or departments.

For its part, the Municipal Institute of Social Affairs (IMAS), as a Local Autonomous Body, is responsible for managing the Social Services of the city of Cáceres, as well as the elaboration and execution of programmes aimed at social welfare. In accordance with the Statutes of IMAS, the aims of this body are as follows:

- The management of the city's social services.
- Coordination of the rest of the city's social services and other sectors that coincide.
- The development and implementation of social welfare programmes.
- The development and implementation of programmes to raise awareness and sensitise the population.

Among the strategic programmes of IMAS, the work carried out by the Office for Equality and Gender-based Violence stands out, which is the result of an agreement signed by Cáceres City Council together with the Women's Institute of Extremadura, with the aim of making the principle of equal treatment between women and men effective in all areas of Cáceres society and eliminating the discrimination suffered by women, as well as the prevention and eradication of gender-based violence.

It is, therefore, a service that offers support, advice and information to women in the city of Cáceres. In the same way, the Office for Equality and Gender-based Violence provides information, technical and specialised guidance on equal opportunities to all those entities, associations, companies that request it and to all citizens in general with the aim of promoting social change based on the promotion of equal opportunities as an engine of urban development for the future of the city. Its main actions include:

- Attending to, advising and informing on the demands of women, especially women victims of gender-based violence, carrying out the initial assessment and referring to specialised resources. The resource monitors the protection orders of women victims and processes the mobile tele-assistance telephone number for women victims of gender-based violence (ATENPRO).
- Elaborating, developing and implementing the policies of equal opportunities between women and men of Cáceres City Council, and to design and develop actions and programmes that meet the specific needs of women.
- Informing, providing technical and specialised guidance on equal opportunities to all those entities, associations, companies that request it and to all citizens in general.
- Energising the women's collective for the full visibility and social, political and cultural participation of women in the life of the city. To this end, the Equality Office coordinates the Women's Sectoral Council, a collegiate body for social participation made up of all the associations, institutions, political groups and trade unions that work for equal opportunities in the city.
- Calling annually for the Plan of Subsidies for Women's Associations, with the aim of favouring the social participation of women's associations and favouring the elimination of inequalities based on gender.
- Establishing measures and instruments to raise awareness of gender-based violence, its detection and prevention and equal opportunities
- Promoting the transmission of an equal, plural and non-stereotyped image of women and men in the media.
- Preventing gender stereotypes and sexist behaviours that lead to gender-based violence by raising awareness in the educational sphere through programmes such as the publication of Purple Calendars, and the provision of workshops and training for students, teachers and AMPAS.

X. Santander City Council

- Municipality: Santander (Cantabria)
- Inhabitants: 171,693 (INE, 2022)
- Main municipal resource for victims of domestic violence: Point of Integral Attention to Violence (PAIV)
- Contact:
 - E-mail concejalia-igualdad@ayto-santander.es
 - Phone: 942 20 08 33

Santander City Council has proven experience in the promotion of equality and the fight against gender-based violence, as evidenced by the approval of various plans for equal opportunities between women and men, the preparation of various municipal guides for victims of gender-based violence and the adoption of an ordinance regulating municipal financial aid for victims of gender-based violence and human trafficking.

Likewise, the local administration has a Point of Integral Attention to Violence, which is in charge of offering a specialised psychosocial care service for victims of mistreatment that is part of the Municipal Programme of Action against Violence, whose main objective is to offer professionalised services from the municipal sphere in terms of prevention of gender-based violence and care for victims of mistreatment.

In recent years, the psychosocial support already provided has been extended to include not only victims of domestic violence, but also victims of violence in the workplace and in the social sphere (sexual exploitation, trafficking in women, etc.) and aggressors. The objectives of this intervention unit include:

- Eradicating gender-based violence in the municipality of Santander (physical, psychological and sexual violence, harassment at work and trafficking of women).
- Providing information, counselling and treatment to victims and their children.
- Promoting the autonomy of victims of violence.
- Educating for Equality.
- Researching the detection and treatment of psychological sequelae of gender-based violence abuse.
- Developing teaching activities related to the problem of gender-based violence.
- Evaluation of results and specialised monitoring.

The PAIV is made up of a multidisciplinary team, made up of: psychologist - equality agent - specialist in family violence; social worker - equality agent - specialist in family violence; legal advisor - equality agent - family mediator; and employment counsellor - equality agent.

This group of specialists is responsible for providing the following services:

- Information and Guidance.
- Legal aid.
- Psychosocial intervention:
 - Individual/family intervention with victims of violence and their children.
 - Individual/family intervention with offenders.
 - Intervention with minors or dependent family members.
- Research and therapeutic work on intimate partner violence.
- Training for professionals on gender-based violence.
- Community actions for the prevention of gender-based violence.

In addition, it should be noted that in 1999 Santander City Council created an Equality Centre, a body which aims to encourage the involvement of the whole community through the development and dissemination of various programmes and awareness-raising campaigns to promote equal opportunities, the rejection of violence against women, co-education, family co-responsibility, equality at work and participation in society, etc. To this end, it is responsible for:

- Developing the actions and activities necessary to fulfil the objectives of municipal policies that favour equal opportunities.
- Promoting programmes that facilitate the active participation of women in economic and socio-cultural life, promoting the conditions for real and effective equality.
- Establishing coordination and cooperation with each of the municipal areas, as well as the various public and private institutions working to improve the situation of women (Community Social Services, Education Centres, Health Centres, Associations, etc.)
- Carrying out awareness-raising, dissemination and training activities aimed at society that contribute to a change in mentality and attitudes regarding equal opportunities.
- Offering specialised individual attention to all women and men who request it due to a personal problem.

Its tasks also include:

(i) The Social Care Service. This advises, informs and deals with the municipality's social resources. It attends to women victims of gender-based violence, using professional techniques to strengthen the personal capacities of the user and favour her autonomy through the management of specific resources for victims.

(ii) The Legal Aid Service. This advises and counsels women on legal issues, separation, gender-based violence, free justice.

(iii) The Psychological Care Service. This advises, supports, guides and provides psychotherapeutic treatment to women and men who have difficulties in their environment, family conflicts or who suffer gender-based violence.

(iv) The Academic and Vocational Guidance Service. Personalised employment itinerary and guidance on job search techniques (curriculum vitae, cover letters, etc.), information on public and private job offers, formal education and lifelong learning.

XI. Community of Municipalities of Valle del Jerte

- Legal nature: Association of 11 municipalities (Barrado, Cabezuela del Valle, Cabrero, Casas del Castañar, El Torno, Jerte, Navaconcejo, Piornal, Rebollar, Tornavacas and Valdastillas)
- Inhabitants: 12,000 (INE, 2018)
- Main municipal resource for victims of domestic violence: Equality and Gender-based Violence Office
- Contact:
 - E-mail oficinaigualdad@mancomunidadvalledeljerte.com
 - Phone: 927 472 134

The Community of Municipalities of Valle del Jerte was constituted on 11 October 1972 following the reading of Decree 2754/1972 of 15 September 1972 by the Ministry of the Interior, with the aim of fostering culture and tourism and promoting the economic development of the Jerte Valley, in various aspects of communication routes and rural electrification together with water supply.

In 1988, this entity began to provide services to the residents of the region: Basic Social Service, Town Planning Management Office, Urban Solid Waste Collection Service, etc. Gradually, the Community of Municipalities will strengthen its presence in the territory thanks to the expansion of the portfolio of services provided to citizens, incorporating the following issues:

- Sports Dynamisation
- Tourist Office
- One Stop Shop
- Office for Equality and Gender-based Violence
- Office of Town Planning, Housing, Architecture and Territory Management
- Family care programme
- Selective collection of plastics and cardboard.
- Machinery Park.
- Training actions through the well-known Workshop Schools.

With regard to our object of study, Equality Office of Valle del Jerte is the result of the collaboration between the Women's Institute of Extremadura (IMEX) and the Community of Municipalities of Valle del Jerte, which took its first steps in 2008. However, it was not until 2016 when its current name was adopted, and it is now known as the "Orientation Programme for the Gender Perspective and Attention to Gender-based Violence", with a budget of €48,000 per year. The office is currently staffed by two equality officers who are responsible for vigorously pursuing the incorporation of equality law in the exercise of the Community's competences. In addition to assessment, information and care for victims of gender-based violence to prevent social exclusion processes is provided.

It is also responsible for implementing the following actions:

- Raising awareness and enabling awareness of egalitarian values, fundamental rights and freedoms.
- Promoting a culture of equality and non-violence.
- Advising and attending to the demands presented.
- Referrals to specialised services according to needs.
- Collaborating in the different areas of society: education, health, social services, family programme, sports promotion, associations, local administration, etc.

XII. Puerto del Rosario Town Council (Fuerteventura)

- Municipality: Puerto del Rosario (Las Palmas)
- Inhabitants: 39,382 (INE, 2022)
- Main municipal resource for victims of domestic violence: Municipal Unit for women victims of gender-based violence in Puerto del Rosario
- Contact:

- E-mail igualdad@puertodelrosario.org
- Phone: 928 85 19 46

An analysis of the scarce public information made available to the public by the Puerto del Rosario Town Council on equality and gender-based violence reveals the existence of an outdated Equal Opportunities Plan (2009-2012) and the design of a Guidance Guide on various issues related to affective-sexual orientation and gender identity.

However, from the existing collaboration established with the Town Council of Fuerteventura, the following actions have been implemented to guarantee the comprehensive protection of victims of gender-based violence:

(i) Telephone service for women victims of sexual violence (SAMVV)

(ii) Emergency device for assaulted women (DEMA)

(iii) Free online and telephone service for information and legal advice on gender-based violence (016)

These actions are provided through the Women's Care Service (SAM), an institution that is responsible for providing a specialised multidisciplinary service aimed at providing care, information, guidance and advice in the social, legal, psychological, employment and educational areas, as well as carrying out, where appropriate, a comprehensive and interdisciplinary intervention with women in situations of gender-based violence.

The comprehensive care provided includes information, guidance, counselling, as well as intervention, support and follow-up in the social, legal, psychological and employment areas, in appropriate cases, with the aim of normalising the woman's situation, promoting personal autonomy, and facilitating her recovery and social and family integration.

Currently, the SAM is composed of a social worker, a psychologist and a legal advisor.

XIII. Medina del Campo Town Council

- Municipality: Medina del Campo (Valladolid)
- Inhabitants: 20,183 (2022)
- Main municipal resource for victims of domestic violence: Medina del Campo Town Council Social Action Centre (CEAS)
- Contact the CEAS of Medina del Campo Town Council:
 - Phone: 983 812 170
 - E-mail ceas@ayto-medinadelcampo.es

Medina del Campo Town Council, located in the province of Valladolid. It channels its care services for women victims of domestic violence through the Social Action Centre (CEAS), where a team of social workers and psychologists attend to women who live or have lived through gender-based violence, as well as to minors who suffer from this situation in their family environment.

The CEAS of Medina del Campo Town Council provides the following support services for victims of domestic violence:

- Specialised information service on women.
- Psychological support service for female victims of gender-based violence.
- Specialised information service on gender-based violence.
- Legal guidance and counselling service for women.
- Translation and interpretation service for women victims of gender-based violence who do not know the official language.
- Administrative accreditation of the status of victim of gender-based violence.
- Support service in the family environment for victims of gender-based violence.
- Telecare service for female victims of gender-based violence.
- Care service in emergency centres, shelters and housing for victims of gender-based violence.
- Support service for the elaboration of the life project.
- Support service for the socio-occupational integration of women victims of gender-based violence.

The intervention carried out by the professionals of the CEAS of Medina del Campo Town Council follows a protocol that is specified in the following steps:

1. The victim of gender-based violence is first taken into care and a professional reference is assigned to her.
2. Information and guidance is provided on existing resources and assistance according to their needs, and an intervention plan is drawn up.
3. Specialised psychological support is provided, both individually and in groups, with special attention to vulnerable groups such as women with disabilities and minors.
4. Legal counselling is provided and the victim and her family are referred to other resources if necessary.

5. Throughout the process, professional support and accompaniment is offered to the family to help them regain their security and autonomy.
6. At all times there is coordination with other professionals (police, health, justice, etc.) to offer the most appropriate response to each situation.

The actions carried out by CEAS professionals are aimed at drawing up a case plan with each family, adapting the resources to the specific needs, in accordance with the "Modelo Violencia Cero" (Zero Violence Model) implemented in the autonomous community of Castile and León.

The Medina del Campo Town Council also carries out awareness-raising campaigns aimed at raising public awareness against domestic violence and, in particular, in the field of education for schoolchildren in the municipality. These campaigns are included in the 3rd Municipal Plan for Equal Opportunities and against Gender-based Violence 2021-2024 of Medina del Campo.

XIV. Formentera Council

- Municipality: Formentera (Balearic Islands)
- Inhabitants: 11,418 (2022)
- Main municipal resource for victims of domestic violence: Women's Information and Service Point.
- Contact with the Women's Information and Service Point:
 - Phone: 971 32 10 87 ext.: 3445
 - o E-mail igualtat@conselldeformentera.cat

Formentera Council, through the area of Social Welfare, provides comprehensive care to women victims of gender-based violence through the following actions:

- **Immediate attention in emergency situations** through social welfare professionals (mainly specifically trained social agents). The main working tool is availability (24 hours and 365 days) and coordination with all police and health services.
- **Tele-translation service** for those who cannot express themselves correctly in the official languages.
- **Follow-up, accompaniment and referral** to the most appropriate professionals and services depending on the problems arising directly from the violence (mainly psychological, legal and health services).
- **Immediate shelter** for the woman and her children in the shelter flat of the Formentera Council if it is urgent, if she cannot move to Ibiza.
- **Family meeting service and family meeting points** to guarantee the protection of the victim.

- **Management of economic and social resources and consultations** of any kind on this subject, with an appointment with a **social worker**.

In addition, Formentera Council conducts awareness campaigns aimed at the general population against domestic violence with the dissemination of the information leaflet of resources with indicators test, actions included in the 1st Plan for Equality of Women and Men of Formentera 2019-2022, the realization of events on Women's Day and the Day against gender-based violence. In addition, in the educational field, it is complemented with talks for parents and teachers; training for professionals and workshops in schools and institutes on emotional and affective-sexual management. From Formentera Council the effectiveness of actions against domestic violence through the Bureau of coordination against male violence is pursued.

The employment of women victims of domestic violence is also a priority for the Formentera Council, although this type of care and guidance from a labour point of view is channelled through the Balearic Islands Employment Service (SOIB) through the *SOIB Dona* programme that subsidises public sector entities and non-profit social entities to cover the wage costs of hiring women victims of male violence. This initiative, according to public information, is a pioneer in the whole of Spain and aims to empower women from an economic point of view by facilitating access to a job that suits their professional profile and interests.

XV. Yecla Town Council (Murcia)

- Municipality: Yecla (Murcia)
- Inhabitants: 35,234 (2022)
- Main municipal resource for victims of domestic violence: Care Centre for Women Victims of Gender-based Violence (CAVI).
- Contact the CAVI in Yecla:
 - o Phone: 968 750 407
 - o E-mail yecla@cavis.es

Yecla Town Council (Murcia) develops equality and women's policies through the Department of Social Policy, Equality and Women, whose main element guiding its actions is the Yecla Plan for Equal Opportunities for Women and Men. The main resource available to this local authority for the care of women victims of domestic violence is the Care Centre for Women Victims of Gender-based Violence (CAVI), which is part of the Network of Care Centres for Women Victims of Gender-based Violence that covers all the municipalities in the Region of Murcia.

The **Specialised Care Centre for Women Victims of Violence (CAVI)** is a service that depends on the Directorate General for Women and Diversity and, in collaboration with the town

council, offers individual and group treatment to women victims of abuse, providing the necessary support to strengthen their social and psychological skills and to cope with the experiences they have lived through. The care is comprehensive and free of charge from a legal, social and psychological point of view. The intervention that is carried out is adapted to the needs of each woman, without the demand of any previous requirement and it does not even require a complaint; all women who suffer or have suffered mistreatment at the hands of their partners or ex-partners, or who may be in a similar situation, can attend.

The CAVIS offer integrated, personalised and free care to women victims of domestic violence for the time necessary to be able to break away from the abusive situation they are going through. The team of professionals at this centre is made up of a psychologist, a social worker and a lawyer, who provide: psychological support both individually and in groups; social counselling on the most appropriate resources for the situation of the woman and her children; and legal advice on everything related to the situation of abuse.

Yecla Town Council also carries out awareness-raising campaigns aimed at the general public against gender-based violence on special dates such as 25 November, the day against gender-based violence. It also carries out actions within the framework of educational campaigns aimed at the general population against gender-based violence through workshops on coeducation and healthy relationships at infant, primary and secondary school levels, aimed at families and teachers. And to facilitate employment intermediation for victims of gender-based violence, Yecla Town Council applies the coordination protocol with the Employment and Training Service of the Region of Murcia.

XVI. San Sebastian City Council

- Municipality: San Sebastian
- Inhabitants: 188,743
- Main municipal resource for victims of domestic violence: Care Programme for Victims of Gender-based Violence
- Contact the Care Programme for Victims of Gender-based Violence:
 - o Phone: 943 48 14 00 or 112 in emergencies
 - o Email:

San Sebastian (Donostia) City Council is endowed with several resources for the promotion and development of equality policies in the municipality. The Department of Equality of the Donostia City Council has an Equality Unit whose aim is to promote equal opportunities policies for women and men in order to progressively guarantee the practical and effective application of the principle of equal opportunities. In addition, the Casa de las Mujeres (Women's House) is a space for women to meet, debate and reflect in order to influence policies, programmes and projects that aim to advance towards real and effective equality of women and men in all spheres of life.

San Sebastian City Council's **Care Programme for Victims of Gender-based Violence** includes specific care actions for women victims of domestic violence, such as:

- Reception, diagnosis and orientation: a space for listening and containment is offered; diagnosis of needs; the necessary resources are offered within an intervention plan; and an integrated and coordinated intervention.
- Psychological support: help with decision-making in times of crisis (separation, complaint, etc.); help victims to rebuild their lives after a traumatic separation process.
- Immediate shelter service: a safe space is offered to women victims of gender-based violence, allowing them to make decisions with the necessary peace of mind and support; accompaniment and containment in times of crisis.
- Shelter flats: to offer housing to victims for three months, which can be extended, so that they can begin a process of socio-occupational insertion.
- Emergency financial aid: immediate financial resources are offered to cover basic needs when the victim cannot immediately access other aid.

San Sebastian City Council has an **exhaustive and complete municipal protocol for intervention with women victims of male violence**¹, the content of which is public and is worth highlighting in several of the aspects that are of interest in this report. In particular, the resources through the municipal services offered by Donostia City Council for the care of women victims of domestic violence are highlighted:

- Municipal shelters: these are configured as a social resource of a protective welfare nature and are oriented towards the incorporation of women, and minors if there are any, into society in an autonomous and independent manner. The service offers accommodation without guardianship or care staff, but with case monitoring. The maximum stay will be 3 months and after this period, the need for accommodation may be covered by other resources or social or housing programmes, provided that a new assessment of the needs makes it advisable; or, otherwise, the initially established period may be extended provided that the conditions that led to the reception are maintained. The problem is addressed through a process of accompaniment and mentoring that involves the development of Individualised Intervention Plans (IIP) for each member of the family unit, as well as work with the family system, the ultimate goal being the reconstruction and normalisation of family life.

¹ Access to the Municipal Protocol for intervention with women victims of male violence in San Sebastian/Donostia:

[https://www.donostia.eus/info/bienestarsocial/queofrece.nsf/voWebContenidosId/1C20BD067904886BC125727900361813/\\$file/Protocolo%20violencia%20machista.pdf](https://www.donostia.eus/info/bienestarsocial/queofrece.nsf/voWebContenidosId/1C20BD067904886BC125727900361813/$file/Protocolo%20violencia%20machista.pdf)

Within the framework of the individual or family care plan, users of reception flats must have a socio-educational and accompaniment programme and be guided towards the social resources that best meet their needs, through: psychological help; psychological, therapeutic and socio-educational care and intervention; legal guidance and advice; financial aid; training activities for socio-occupational insertion and economic and personal autonomy, etc.

- Accompaniment service: this service is offered both in emergency flats and to women with their own accommodation, and is the main tool for achieving the objectives of the Intervention Plan drawn up by the person in charge of each case. It is a resource that takes place in the first phase of the intervention and is not applied if it is not strictly necessary.
- Economic benefits: economic amounts to which victims of domestic violence may be entitled, including: income guarantee income, supplementary housing benefit, subsidy for single-parent units and other economic aid.
- Labour insertion programme: the social insertion service manages its own programmes and also coordinates with other entities that work in the field of socio-labour insertion. These programmes are aimed at people in the municipal social services, although not specifically for women victims of domestic violence, but these women are one of the groups for whom priority access to insertion programmes is envisaged.

XVII. Salamanca City Council

- Municipality: Salamanca
- Inhabitants: 142,412
- Main municipal resource for victims of domestic violence: Service for Women Victims of Gender-based Violence of the Women's Information and Advice Centre (CIAM).
- Contact with the Women's Information and Counselling Centre:
 - Phone: 923 18 75 44 (M to F, from 9 a.m. to 2 p.m.)
 - E-mail ciam@aytosalamanca.es

Salamanca City Council centralises the services provided to women living in the municipality through the Information and Advice Centre for WOMEN (CIAM), which is part of the Department of Family and Equal Opportunities. The main objectives of CIAM are:

- Developing actions aimed at improving the situation of women in society and achieving the principle of equal opportunities in all areas.

- Promoting the participation of women in all areas of life, avoiding discrimination based on sex.
- Raising awareness in society and prevent situations of inequality and violence.
- Supporting and offering psycho-social care to families and family members who are victims of gender-based violence
- Developing the contents and actions contemplated in the Municipal Plan for Equal Opportunities

In order to achieve the objectives described above, CIAM has several services, such as:

- Information, guidance and counselling service
- Service for the promotion and encouragement of associations with support for women's associations and organisations working with vulnerable women
- Service for women victims of gender-based violence: psychological, social and legal care
- Prevention and awareness-raising service

According to the CIAM Report for the year 2022 (last published), 315 women were attended to, of whom 173 had suffered violence by their partners or ex-partners; 15 had suffered violence in the family sphere; 4 in the social/community sphere; 1 in the work sphere and 122 had not been identified as having suffered any type of violence. Of the total, 240 women were attended by social workers in individualised care, and 131 of them were attended by psychologists in individualised intervention. A total of 13 women and 13 minors were admitted to the Salamanca Shelter, although none of them are managed directly by the local authority. The CIAM service provided 78 legal advice services; and 29 were users of ATENPRO throughout 2022.

Salamanca City Council carries out awareness-raising campaigns aimed at the general population against domestic violence at least three times a year, some of them focusing on specific aspects of violence, such as sexual aggression, violence against young people, violet spots in the local festivities, etc., and commemorative events for the International Day against Gender-based Violence. There are also workshops in schools on equal opportunities and prevention of gender-based violence, as well as workshops in equality classrooms.

The 3rd Municipal Plan for Equal Opportunities between Women and Men of the city of Salamanca is structured around eight strategic lines, including prevention and care in the area of gender-based violence. There is a Municipal Commission on Gender-based Violence, which holds meetings at least once a quarter, as well as a series of measures on gender-based violence, such as: interdepartmental coordination, incorporation of specific agendas in

selection processes, awareness-raising campaigns, training and information actions, etc.

Salamanca City Council also has specific employment resources aimed at women victims of domestic violence who are provided with information, guidance, counselling and socio-occupational integration. Although it is true that there are no published statistics on the number of women assisted or their integration into the labour market. It is possible that this resource is not managed directly by the CIAM, but by the Centre for Training and Labour Guidance (CEFOL) of the Salamanca City Council itself, which is managed by the "Mujer, Empleo e Igualdad de Oportunidades" (Women, Employment and Equal Opportunities) section of the Social Welfare Department.

Salamanca City Council also has collaboration agreements in force with entities and associations that work with women victims of domestic violence and trafficking, such as: Association for Assistance to Victims of Sexual Assault and Gender-based Violence of Salamanca "ADAVAS", Association for Comprehensive Help to Women Victims of Gender-based Violence "Plaza Mayor"; Beatriz de Suabia Association; or the Association for the Prevention, Reintegration and Care of Prostituted Women (APRAMP). In addition, this local authority has participatory bodies such as the Women's Sectoral Council, the aforementioned Municipal Commission on Gender-based Violence and the Subcommission on Sexual Abuse.

Finally, it is worth highlighting the recent creation of the "Clara Campoamor" Women's House, which houses the headquarters of the CIAM and the Municipal School for Equality, also conceived as a meeting place for women and men of all ages to raise awareness, awareness and training on gender equality and equal opportunities. The aim of the Women's House of the city of Salamanca is to become a point of reference with a stable and continuous programme through various activities, projects and actions, aimed at the general population as well as at specific collectives and groups.

XVIII. Agüimes Town Council (Gran Canaria)

- Municipality: Agüimes (Island of Gran Canaria, province of Las Palmas)
- Inhabitants: 32,105 (2022)
- Main municipal resource for victims of domestic violence: Service specialising in gender-based violence.
- Contact Agüimes Town Council:
 - o Phone: 928 78 99 80 (Monday to Friday, 8:30 a.m. to 2:30 p.m.)
 - o E-mail centro.igualdad@aguimes.es

Agüimes Town Council has a service specialised in gender-based violence made up of a social worker, a psychologist and a social educator, and is aimed at women in a situation of gender-based violence or at risk of being so, as well as the people under their responsibility, regardless of whether there is a protection order in their favour or whether a complaint has been lodged. The objectives of this specialised service are:

- To inform, refer and provide comprehensive care for women and their children in situations of gender-based violence.
- To coordinate comprehensive care for these people with: other areas of Agüimes Town Council, State security forces and bodies, Local Police, social agents involved, and professionals from the Health and Legal Departments.

Access to the service is at the request of the woman herself in person at the Equality Centre or by means of a general request; by referral from the social services; by referral from the State security forces or Local Police; by referral from the care and shelter resources for victims of gender-based violence; by referral from other professionals and public resources, such as health centres or other institutions.

Agüimes Town Council carries out awareness-raising campaigns on the 8 March (International Women's Day) and 25 November (International Day for the Elimination of Violence against Women). In addition, all municipal areas, in their actions, organisation and structure, are continuously obliged to eradicate all direct and indirect discrimination based on sex, combating stereotypes regarding the role of women and men, as well as eradicating any act or conduct that generates gender-based violence; to this end, talks, conferences, specific days and collaboration in special radio and television programmes are held. The prevention and eradication of gender-based violence is one of the main axes of the 2nd Plan for Equal Opportunities between women and men in Agüimes.

XIX. Aviles Town Council (Asturias)

- Municipality: Aviles (Asturias)
- Inhabitants: 75,877 (2022)
- Main municipal resource for victims of domestic violence: Women's Advice Centre (CAM).
- Contact the Women's Advice Centre (CAM):
 - o Phone: 985 52 75 46
 - o E-mail igualdad@aviles.es

The Women's Advice Centre (CAM) in Aviles is a free information and advice service for women living in the municipalities of Aviles. The main functions of the CAM in Aviles is to provide general information on women's rights and the actions to be taken in each case, as well as the procedures and resources available to them, and to denounce any type of discrimination against women. This resource is promoted by the Principality of Asturias (regional government) and managed by Aviles Town Council through the Department of Equality.

The CAM of Aviles offers information and legal advice in different areas of law: civil, criminal, labour, processing of provisional measures in the case of separation and misdemeanour trials for women victims of domestic violence and with limited resources. In order to address situations of domestic violence, the staff of the Aviles CAM works in coordination with the equality services of the Principality of Asturias. Between 2020 and 2022, the CAM service assisted a total of 2,246 women.

Aviles Town Council runs a shelter for victims of domestic violence and their children. In 2022, a total of 27 women and 7 minors were cared for in the Aviles Shelter. They also have a supervised flat at their disposal in the municipality of Aviles. The women housed in these resources also receive, in addition to social, psychological and legal care, guidance for social and labour insertion through a specific itinerary to facilitate their employment in the near future with the aim of guaranteeing their economic autonomy. But it is not only the women housed in the homes who receive socio-labour care; a total of 44 women victims of domestic violence were attended to by the Training and Employment Service of the Aviles Town Council throughout 2022.

Since the end of 2022, the town of Avilés has also had a Women's House in its own building for this purpose, which since the date it has been available, allows all the programmes aimed at women, and activities such as workshops, talks, exhibitions, etc. to be unified in the same space. In addition, the Aviles Town Council has a Municipal Council for Women as a space for participation and a forum in which women's groups and associations put forward their proposals and evaluate actions in the field of equality in Aviles.

XX. Cádiz City Council

- Municipality: Cádiz
- Inhabitants: 113,066 (2022)
- Main municipal resource for victims of domestic violence: Comprehensive Care Service for Victims of Gender-based Violence
- Contact the Comprehensive Care Service for Victims of Gender-based Violence:
 - o Phone: 956 21 11 99 / 956 21 12 65 (Monday to Friday, 8:30 a.m. to 2:30 p.m.)
 - o Phone 24-hour emergency: 900 21 21 30
 - o E-mail fundacion.mujer@cadiz.es

Cádiz City Council maintains a comprehensive care service for victims of gender-based violence integrated in the Municipal Foundation for Women. This municipal foundation tackles gender-based violence in all its complexity by involving all municipal areas in order to apply gender mainstreaming in all aspects related to prevention, the fight against domestic violence and care for victims and their families.

The **24-hour emergency and direct care service for women victims of violence** is provided by the Municipal Women's Foundation in coordination with the State Security Forces and Corps; it designed to be a direct intervention and assistance unit aimed at women victims of

domestic violence. This emergency mechanism to deal with cases of violence against women is fed by calls received on the free telephone number 900 21 21 30. This service has technical assistance specialised in gender-based violence 24 hours a day, in charge of accompanying the victim and advising her in the subsequent moments after suffering violence and carrying out the appropriate actions adapted to each specific case. Once the emergency service action has been completed, the case is referred to the multidisciplinary team of the Municipal Women's Foundation through a programme of monitoring and comprehensive psychological, legal and socio-occupational assistance for victims of gender-based violence and their families.

The monitoring and comprehensive assistance to victims of gender-based violence and their families is carried out by the multidisciplinary team of the Women's Foundation of Cádiz, and is made up of three units: the legal care unit, the psychological care unit and the social care unit.

- Legal assistance unit: a free service that assists women living in Cádiz who request legal advice regarding any problem that affects them at an individual or family level. In addition, it also watches over the rights of women victims of domestic violence by coordinating the work with the rest of the municipal areas, national and regional bodies, police and courts that act for the protection of victims.
- Psychological care unit: advises women in situations arising from gender conflicts, working with programmes aimed at improving the relationship and family and social adjustment through personalised psychological support and group work for the resolution of conflicts arising from processes of modification of the family structure, such as separation or divorce. It also guarantees psychological care for women victims of domestic violence with individualised assessments and runs care and psychological support programmes for women's organisations and associations through prevention and information activities.
- Social care unit: this unit carries out an initial assessment and analysis of the problems or demands of the women who come to this municipal resource. It is through this unit that the coordination with professionals and external resources, the social accompaniment of women and the follow-up of cases is carried out.

Cádiz City Council has also had the 1st Comprehensive Municipal Plan against Gender-based Violence in the city of Cadiz since January 2019, which includes actions and strategies to address gender-based violence from the local entity. However, this city council already had a municipal ordinance for the promotion of effective equality between women and men and the eradication of gender-based violence in the municipality of Cádiz. In addition to all this, the **city of Cadiz** has set up an **Equality Observatory** with the aim of analysing and evaluating

the social reality of the city and promoting projects for equality and the prevention of violence; as a research tool on equality, gender roles, violence or insecurity, serving to obtain objective information with which to develop prevention strategies, as well as more effective and efficient public policies.

The Municipal Women's Foundation of Cádiz also develops courses, programmes, campaigns and activities throughout the year, among which we can highlight those related to the 8 March, 25 November, or awareness-raising during the celebration of carnivals. In addition, as bodies for consultation, participation, channelling of proposals and evaluation of public policies, the Local Follow-up Commission against Gender-based Violence of the city of Cádiz and the Women's Council of the Municipality of Cádiz were set up.

XXI. Toledo City Council

- Municipality: Toledo
- Inhabitants: 85,085 (2022)
- Main municipal resource for victims of domestic violence: Women's Centre.
- Contact the Women's Centre:
 - o Phone: 925 33 03 99 (Monday to Friday, 9 a.m. to 2 p.m.); and 900 100 114 for 24-hour service.
 - o E-mail centromujer@toledo.es

In 2008, Toledo City Council created the **Women's Centre** within its municipal structure by means of an agreement between the local authority and the Women's Institute of Castilla-La Mancha, to contribute to the advancement and consolidation of the full incorporation of women in all areas of life, overcoming any labour, social, cultural, economic or political discrimination. The aim of the Women's Centre of Toledo is to offer women information on their rights and equal opportunities, to provide guidance and advice on legal, psychological, employment, business, social services, cultural promotion, health, leisure and free time.

The services offered in legal matters are based on information and advice on women's rights and how to exercise them in the civil, labour, tax and other areas. In psychological matters, it offers information, guidance and psychological support, both individually and in groups, to women in need of help, especially to victims of domestic violence, as well as information and advice on the psychological resources of the autonomous community to facilitate access to free psychological assistance for victims of domestic violence.

In terms of employment and business creation, the Women's Centre of Toledo offers information and individualised guidance to help decide on the future of employment and job search, as well as courses to improve job search techniques and specific training to improve employability. Similarly, information and advice is also provided for entrepreneurship and business initiatives.

In the care of victims of domestic violence, Toledo City Council, in addition to the services mentioned above, operates as an auxiliary and support institution of the Women's Institute of Castilla-La Mancha, which deals with all calls from victims of domestic violence through the free emergency telephone number 900 100 114. Through this regional service, in coordination with the City Council, all available resources are coordinated to deal with situations arising from domestic violence at any time of the day, providing the tools and responding to women victims and their children, if any.

XXII. Mislata City Council

- Municipality: Mislata (Valencia)
- Inhabitants: 44,282 (2022)
- Main municipal resource for victims of domestic violence: Office for Assistance to Victims of Crime (OAVD).
- Contact with the Crime Victims Assistance Office:
 - o Phone: 961 839 587 (Monday to Friday, 9 a.m. to 2 p.m.).
 - o E-mail victimes_mislata@gva.es

The resource offered in the municipality of Mislata (Valencia) depends on the Generalitat Valenciana, although it is carried out in coordination with the local entity for the referral of people who are victims of crime. In our case, we will attend to this service in terms of the care provided to women who are victims of domestic violence. Within the framework of the Office for Assistance to Victims of Crime, the service for the transfer of victims of gender-based violence residing in any municipality of the Valencian Community is organised at any time during the legal proceedings (even before the complaint is filed and after the hearing is held).

The OAVD carries out an individualised assessment of the victim to evaluate the specific needs of each case, propose protection measures, offer information and information and provide support and help through individualised assistance plans. Legal, psychological and social care is also offered. Coordination with municipal services is continuous and also with the provincial Office for Complaints and Assistance to Victims of Gender-based Violence, in this case in Valencia. This office provides psychological support and social and welfare resources from the first moment a complaint is filed, offering safe spaces for victims that guarantee their rights. It establishes a system that integrates resources from the moment the complaint is lodged in order to provide maximum information, as well as to guarantee legal and psychosocial support for the victim. Thus, victims of domestic violence are guaranteed comprehensive care from the beginning to the end of the judicial process, alleviating the harm suffered and supporting their recovery.

XXIII. Rivas Vaciamadrid City Council

- Municipality: Rivas Vaciamadrid (Madrid)
- Inhabitants: 96,690 (2022)
- Main municipal resource for victims of domestic violence: Attention to women victims of gender-based violence - Municipal Point of the Regional Observatory against Gender-based Violence.
- Contact the Municipal Point of the Regional Observatory against Gender-based Violence:
 - o Phone: 91 666 68 66 (Monday to Friday from 9 a.m. to 2 p.m.)
 - o E-mail mujer@rivasciudad.es

Rivas Vaciamadrid City Council (Madrid) has a service for women victims of domestic violence that can be contacted by women who are living or have lived in relationships with partners or ex-partners in which there is a situation of physical, sexual or psychological violence. Through this service, victims of domestic violence can find support, information, advice and specialised care. The service team is made up of a social worker, who analyses the situation and informs the woman victim of domestic violence of the resources and help that can best suit her needs; a psychologist who will attend to and support the victim with an individual intervention depending on her personal situation; and a lawyer to inform the victim of her rights and monitor the legal proceedings.

The city of Rivas Vaciamadrid has also had a local protocol for action against male violence for more than a decade, based on the work of the Technical Commission formed for this purpose, which is also responsible for monitoring the functioning of the protocol and promoting the necessary improvements to adapt it to the needs and changing reality. This council also has a 'Violet Point' in the local festivities and a specific protocol for action in the event of a situation of sexual violence during festive events; and has recently promoted the VIOPET project with the Directorate General for Animal Rights of the Ministry of Social Rights and Agenda 2030. In addition, this council has set up a Domestic Violence Case Monitoring Committee to continuously monitor the care received by victims of domestic violence in the locality and access to all available resources in each case.

In terms of awareness-raising, the Rivas Vaciamadrid City Council carries out continuous work on campaigns and dissemination materials to prevent and eradicate domestic violence, including the Guide to Action for women against male violence. Among other initiatives in the field of equality, the Feminist House and the Open Women's Classroom are noteworthy as projects managed by the Department of Feminisms and Diversity and which, among other objectives, have the mission of raising public awareness of male violence in order to eradicate it, as well as advising and accompanying women who suffer from it, increasing their opportunities for personal and social development.

XXIV. Pamplona City Council

- Municipality: Pamplona (Navarra)
- Inhabitants: 203,418 (2022)
- Main municipal resource for victims of domestic violence: Municipal Women's Services SMAM.
- Contact the Municipal Women's Services:
 - o Phone: 948 42 09 40 (from 8:30 a.m. to 2:30 p.m.)
 - o Email: SMAM@pamplona.es

Pamplona City Council offers, through the Municipal Women's Services SMAM, comprehensive and personalised attention to local women who are in any of the following situations: gender-based violence or risk of suffering it; break-ups in relationships with a high degree of conflict; divorce processes and legal regulation of relations with children; processes of abandoning prostitution. The service provides legal counselling and social and psychological intervention; and specifically counselling and information for families and the environment of victims of domestic violence. Access to the service is by telephone or through the neighbourhood units of the municipality, health centres, or through other institutions and organisations.

The 3rd Municipal Equality Plan of Pamplona for the period 2016-2022 envisages progress in the prevention, care and tackling of violence against women, taking advantage of municipal resources and those existing at the level of the Autonomous Community of Navarre. At the same time, a priority is the implementation of public policies to make Pamplona a safe city with specific protocols to prevent sexist attitudes, especially during local festivals and other events with mass attendance. Added to this is the ongoing commitment of this local entity to equality, not only through actions on dates such as the 8 March or 25 November, but also the continuity of the "Casa de las Mujeres" (Women's House) as a space for reflection, meeting, empowerment and reference for all the women of Pamplona with the aim of generating synergies for the achievement of real and effective equality, through activities such as courses, conferences, workshops and exhibitions. As well as the Women's Library to promote the dissemination of the role of women in literature with specific actions.

XXV. Jerez de la Frontera City Council

- Municipality: Jerez de la Frontera (Cádiz)
- Inhabitants: 212,730 (2022)
- Main municipal resource for victims of domestic violence: Women's Advice Centre.
- Contact the Women's Advice Centre:

Phone: 956 14 91 21

- E-mail cam.sygenero@aytojerez.es

The Jerez de la Frontera Town Council has a Women's Advice Centre within its municipal structure, whose facilities are located in the Casa de las Mujeres (Women's House), and is defined as a municipal resource for personalised attention with advice, guidance and an effective response aimed at women residing in Jerez de la Frontera. The Women's Advice Centre has, in turn, different services to fulfil its purpose, which are:

- Information Service
- Social work counselling
- Psychological assistance for female victims of gender-based violence
- Legal advice
- 24-hour emergency telephone number for the protection of victims of gender-based violence
- Emergency resource for victims of gender-based violence
- Mobile telecare for victims of gender-based violence

The **information service** of the Women's Advice Centre of Jerez de la Frontera is the first contact that any person should make to access the different services of the municipal resource. The information service worker attends to the request either in person or online and, following the care protocol, assesses the need for action or not, with referrals to other services, either from the City Council itself or from other institutions. The opening hours are from Monday to Friday from 9 a.m. to 1 p.m.

The **social work counselling service** provides information and guidance in order to, if necessary, refer to the corresponding service in accordance with the client's needs. Specifically, the counselling service provides individualised assistance to women who suffer situations of special vulnerability, including gender-based violence; it provides information, care and management of the specific resources to which women are entitled in terms of gender-based violence and the social benefits to which they can have access; it processes the Mobile Telecare service for women victims of gender-based violence; it carries out procedures for the admission of victims of gender-based violence in the Emergency Resource or in the Shelter; and it monitors and coordinates the cases that require it with the entities involved in the care of women as victims of gender-based violence.

The **psychological care and guidance service** for women offers support and personalised or group guidance in crisis situations in interpersonal relationships and in the different social spheres in which women suffer gender-based violence; therapies for women victims of gender-based violence to achieve their psycho-emotional recovery; and the monitoring and coordination of cases that require it with the rest of the entities involved in the care of women victims of gender-based violence.

The **legal advice service** provides information and advice on women's rights, as well as actions, procedures and resources in areas such as civil law (family law issues: separation, divorce, alimony...), criminal law (ill-treatment, aggression, sexual abuse, harassment, protection order...), information on the right to free legal aid, and the monitoring and coordination of cases that require it with the other entities involved in the care of women victims of gender-based violence.

The **24-hour emergency telephone number for the protection of victims of gender-based violence** provides immediate attention and protection to women and their children who are victims of gender-based violence and whose integrity is in danger, provided that the emergency occurs outside the opening hours of the Women's Advice Centre (Monday to Friday from 9:00 a.m. to 1:00 p.m.). In reality, the telephone numbers made available in this resource correspond to those of the State security forces and bodies, i.e: Local Police (092), National Police (091) and Guardia Civil (062). This is available 24 hours a day, 365 days of the year.

The **emergency resource for victims of gender-based violence** is a service specialised in the immediate protection and safeguarding of women victims of gender-based violence who, together with their children, are forced to leave their homes because their safety is at risk. The accommodation is for several days because, in the event that the woman and her children need to be sheltered for a longer period of time, they are referred to the resource of the Network of Shelters of the Regional Government of Andalusia. The main purpose of this emergency resource is to guarantee the necessary security for the woman and her children until legal protection measures are put in place against the aggressor. In addition, the specific objectives of this resource are: to protect the physical and psychological integrity of the woman and the minors; to provide the woman with more comprehensive care; to provide a space away from risks and pressures to allow for decision-making adjusted to her circumstances; and to provide the minors with a normalised space for habits and care so that the woman can face the new situation and decisions from a context of support. This resource operates 24 hours a day, every day of the year.

Mobile telecare for victims of gender-based violence through ATENPRO is a type of service that, through the technology offered by mobile telephony and geolocation, offers victims of gender-based violence immediate attention in telematic mode, ensuring a rapid response to situations that may arise 24 hours a day, every day of the year and wherever they are. To become a user of this service, you must apply through the Women's Advice Centre.

CONCLUSIONS

The analysis of the services we have just carried out shows the heterogeneity of the services provided by the various local authorities to victims of domestic violence as defined in Art. 3 of the Istanbul Convention.

There is, therefore, no agreement between Autonomous Communities or local entities as to what these services should be. There is not even a certain uniformity between different localities in the same Autonomous Communities. Undoubtedly, this may be due to multiple factors such as the size of the municipality, the greater or lesser economic investment in these policies, the territorial organisation of the State and the distribution of competences between the different authorities.

We are concerned that the situation we have just described, as we have empirically demonstrated throughout the study, leads to unequal treatment between the different victims of domestic violence, with first and second class victims depending on the place of domicile or residence.

In our opinion, it would be necessary that in the competent bodies, for example in the conferences of the Presidents of the Autonomous Communities or in meetings of the FEMP, a consensus should be reached to establish a protocol of minimum services, by population groups, suitable for victims of domestic violence that would be uniform throughout the national territory regardless of the place of domicile or residence, respecting, of course, national, autonomous, local and municipal competences.

Report 7

*Proposal for an intervention model
from the local level*

A proposal is made through a model that involves the implementation of specialised actions in the different local authorities. Throughout this report, names of services, sections, etc. will be used without necessarily corresponding to the specific services, but are only used for better identification.

This will be done through the Equality Service to be set up by each local authority. This Equality Service will be divided into two sections: the Prevention Section and the Care Section.

The Service will be headed by a Head of Service who will have among their functions the coordination of all the personnel of the service and of all the activities of the same, having to possess an economic, material and human structure to be able to develop the functions that are granted to the Service.

The **Prevention Section** shall have the following functions:

- Providing advice and information on affirmative action related to the situation of women.
- Analysing, investigating and diagnosing possible inequalities in the municipality.
- Developing and implement projects, activities and programmes for the promotion of gender equality.
- Introducing across-the-board application in all areas of the municipality.
- Preventing exclusion due to domestic violence.
- Raising awareness of discriminatory situations.
- Developing protocols on domestic violence, inclusive language.
- Conducting training and outreach events.
- Designing information material in favour of equality.
- Developing, implementing and evaluating the municipality's equality programmes.
- Advising and working with women's groups and feminist organisations in the municipality.

To this end, the following staff must be available:

- Equality officer:

Their number shall be at least one.

Their functions will be: the design, analysis, monitoring and evaluation of all the Section's actions.

The specific requirements to be met by the person occupying this post shall be at least the following:

- University degree.

- Hold a university Master's Degree in subjects on equality, gender, feminism.

- Equality promoter:

Their number will depend on the size of the municipality, establishing a minimum of two places for municipalities with more than 20,000 inhabitants and one more for every 50,000 inhabitants or higher. Municipalities with less than 20,000 inhabitants will receive attention through the Diputación (Provincial Council), which will have at least two places in each judicial district and one more for every 50,000 inhabitants or higher fraction of the judicial district

Their functions will be: the implementation and development of all the Section's actions.

The specific requirements to be met by persons filling this post shall be at least the following:

- Baccalaureate degree or equivalent.
- To be in possession of a course of at least 300 classroom hours or 400 virtual hours on subjects related to equality, gender, feminism, equality agent or equality promoter.

All staff in this section are required to undertake continuous training, which shall include the following:

- Specific courses on equality issues.
- Specialised academic events.
- Courses, conferences, seminars, etc. on current issues related to gender equality.
- Long-term (at least 300 hours) refresher and training course on new equality issues (compulsory at least every five years).

The functions of the **Care Section** shall be as follows:

- Counselling on positive action for victims of domestic violence.
- Comprehensive care for victims of gender-based violence and domestic violence.
- Comprehensive care for minors who are victims of gender-based violence and domestic violence.
- Developing activities for victims of domestic violence.
- Conducting training and outreach events on domestic violence within the municipality's own structure.

For this purpose, the section will be sorted by Units. The number of units will depend on the size of the locality, establishing a minimum of one unit for municipalities of more than 20,000 inhabitants and one more unit for every 50,000 inhabitants or higher fraction thereof. Municipalities with less than 20,000 inhabitants will receive attention through the Diputación (Provincial Council), which will have at least one unit in each judicial district and one more for every 50,000 inhabitants or higher fraction of the judicial district.

Each will be staffed as follows:

- Case coordinator:

Their number shall be at least one (in each unit).

Their functions will be: initial contact with the victim, social care, case coordination and the design of a comprehensive response for each victim.

The specific requirements to be met by persons filling this post shall be at least the following:

- University degree in Social Work, Social Education or similar.
- To be in possession of a course of at least 300 classroom hours or 400 virtual hours on subjects related to equality, gender, feminism, equality agent or equality promoter.

- Psychologist:

Their number shall be at least one (in each unit).

Their functions will be: psychological care of victims.

The specific requirements to be met by persons filling this post shall be at least the following:

- University degree in Psychology.
- Hold a Master's in General Health Psychology.
- To be in possession of a course of at least 300 classroom hours or 400 virtual hours on subjects related to equality, gender, feminism, equality agent or equality promoter.

- Lawyer:

Their number shall be at least one (in each unit).

Their functions will be: legal assistance to victims.

The specific requirements to be met by persons filling this post shall be at least the following:

- University degree in Law.
- Be a member of the Ilmo. Bar Association as appropriate.

- To be in possession of a course of at least 300 classroom hours or 400 virtual hours on subjects related to equality, gender, feminism, equality agent or equality promoter.

All staff in this section are required to undertake continuous training, which shall include the following:

- Specific courses on equality issues.
- Specialised academic events.
- Courses, conferences, seminars, etc. on current issues related to gender equality.
- Long-term (at least 300 hours) refresher course and training in new specialised equality topics for each specialist (compulsory at least every five years).

The Care Section would work through the following **Care Model**:

- Target group:

Women victims of domestic violence (understanding the concept from the broad point of view established by the Istanbul Convention) and minors (children and adolescents) victims of any violence they suffer in the family environment.

- Basic overview of the model:

The victim will be attended, within a period of less than two weeks, by the Case Coordination of the Unit of the Section that corresponds to the area where she lives.

The victim may have accessed the Section of her own free will or by referral (from another municipal service or an organisation in the city). If the referral has been made through the State Security Forces and Corps due to a situation of aggression or a complaint, the person must be attended to in less than seven days.

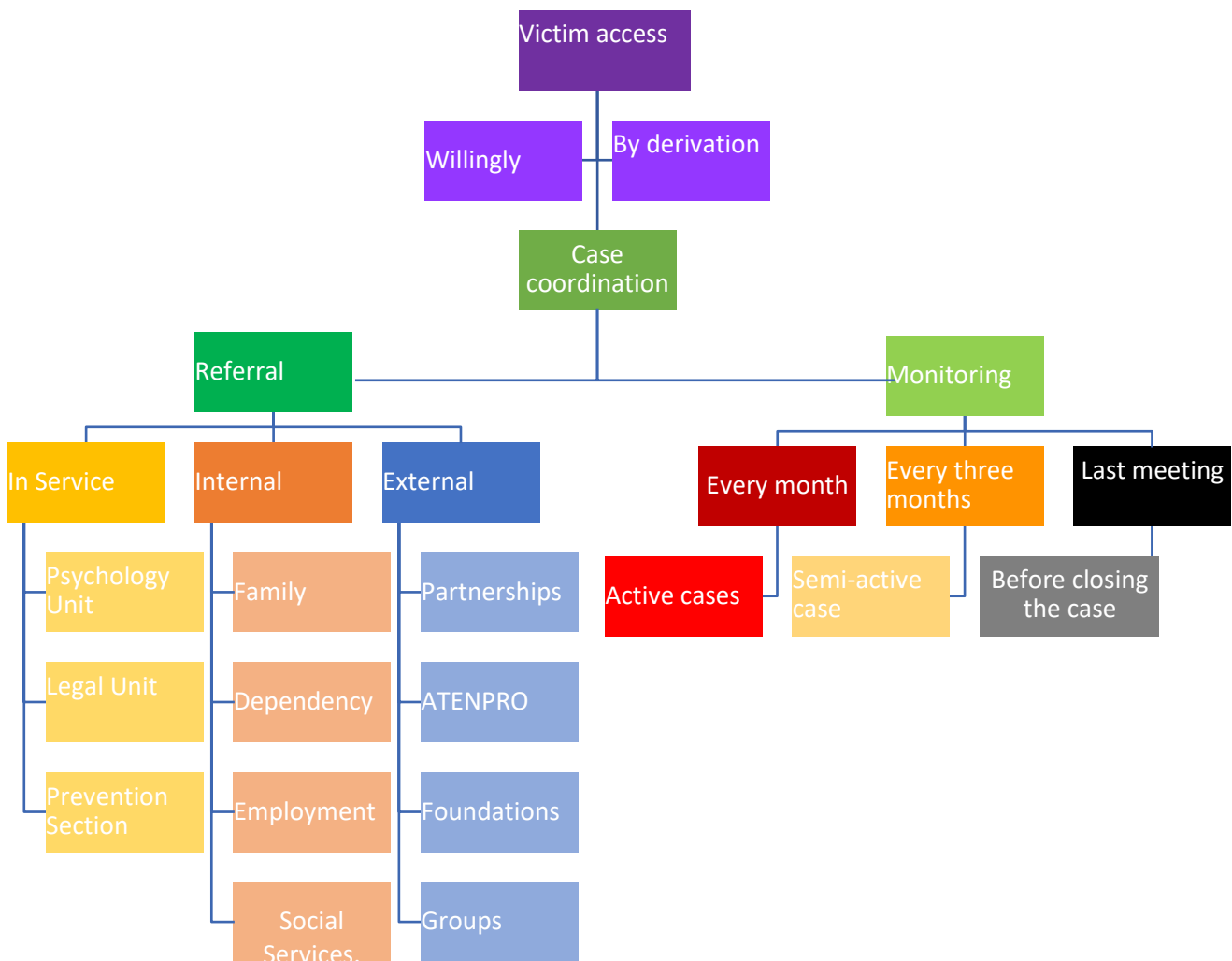
In this first meeting, the questionnaire of Report 8 (included in this deliverable below) will be filled in, information will be given on the existing tools that may be useful (grants, scholarships, courses, etc.) and the case will be referred within the Unit (psychological or legal), within the Service (for prevention tasks), to other Services of the municipality (Family, Employment, Dependency, etc.) or to external services (associations, ATENPRO, etc.), as appropriate for each case.

The Case Coordination should have a meeting at least once a month to update the situation and follow up on the case as long as it is active (considering the case active while in some kind of therapy, judicial situation, etc.). If the case is semi-active (considering the case stabilised and no concrete action underway), meetings should be held at least every three months. If the case is to be transferred to inactive status (this being when moving cities or no longer wishing

to attend meetings), whenever possible a last meeting will be held before closing it to update the situation and, if there is a transfer, the case will be sent to the appropriate city Service.

Both psychology and law, when the case is referred to them, must attend to it within a period of no more than ten days and regular meetings will be for the interval considered depending on the specific case and its situation. If the person concerned is in a judicial situation, the lawyer's office will attend to her within a period not exceeding three days.

Pattern of Care:



From our experience and expertise in the field, we consider that this management, organisation and care model is appropriate for implementation in all municipalities, adding specific features related to the size of the locality, its insular character, etc.

We believe that in this way there would be a homogenous system in which similar care could be ensured for all victims of gender-based and domestic violence throughout the country and that, in addition, this harmonisation would help inter-territorial coordination and data exchange in cases where necessary (e.g., when a victim moves to another place).

Given the reality of our country and the existence of small localities, the proposed model can be implemented through associations of municipalities, unions of localities or through the provincial councils through judicial districts that serve several small municipalities.

Report 8

*Proposed local
questionnaire/instrument for the
diagnosis of violence against women*

The questionnaire has been drawn up taking as a reference the User Data Sheet, which is one of the ATENPRO forms necessary for Local Bodies to process registrations and cancellations in the Service.

On this sheet, the person responsible for completing it must enter a series of objective data, some of which must be accompanied by "observations". In this sense, the questionnaire is intended to serve as a guide for the elaboration of these observations.

The questionnaire was prepared taking into account the ATENPRO Service Reports, the Spanish Red Cross study entitled "Women victims of gender-based violence, assisted in the ATENPRO service", the 2015 and 2019 Macro-surveys on Violence against Women, and the evaluation report on the risk assessment instruments provided by the tendering body (basically, EPV-R and SARA) and prepared by the research team.

In the section **Location of the user**, there are two types of information: current place of residence and place of work.

In order to complete the observations concerning the current address, some questions related to housing difficulties can be asked:

- Whether there have been major problems such as not being able to pay the mortgage, not being able to pay the rent or utilities, etc.;

- Whether there are situations of homelessness; whether there have been or there are difficulties in the processing of rental subsidies, in accessing subsidised housing, etc.

1. You live: in a dwelling you own; in a rented dwelling; in a rented room; in a supervised dwelling; on the street; another situation.
2. If you live in a home that you have bought with a mortgage, have you had problems paying the mortgage?
3. If you live in rented accommodation, have you had problems paying the rent?
4. If you live in rented accommodation, do you qualify for rental assistance?
5. Regardless of whether you live in a rented house, owned house, etc., have you had problems paying for utilities such as water, electricity, internet, etc.?

In order to complete the observations concerning the place of work, you can ask some questions related to her occupational situation: for example,

- Whether the woman is unemployed and why (health problems, work-life balance problems, termination of the contractual relationship, because of violence, because her ex did not let her work);

- Whether she is receiving unemployment benefit;

- If not unemployed, what is the type of contract (no contract, full-time or part-time, subsidised);

- the occupational profile (sector, qualification).

1. Work: self-employed; employed; not working but looking for a job; neither working nor looking for a job.
2. If you do not work, it is: because of health problems; because of violence; because of conciliation problems; because the contract ended; because her ex does not let her work; because she does not want to.
3. If you are unemployed, do you receive unemployment benefit or other unemployment assistance?
4. If employed, what is the type of contract: no contract; full-time; part-time; part-time; subsidised; indefinite; temporary.
5. In which sector do you work? Agriculture and/or livestock; industry; services; other.

Within the **Physical-Psychical-Health Status** section, questions may include questions related to:

- Assessment of her health,
 - Whether she is pregnant or thinks she might be pregnant,
 - Whether she suffers from serious illnesses,
 - Whether she has pain and, if so, where it is located,
 - Whether she suffers from anxiety, anguish, depression, and/or insomnia,
 - Whether she takes drugs and, if so, which ones,
 - Whether she has gynaecological check-ups.
1. How do you assess your state of health? Excellent; good; fair, poor.
 2. Are you pregnant or do you think you might be pregnant?
 3. Do you suffer from any serious illnesses? If yes, please indicate which ones.
 4. Are you in pain? If yes, please indicate where (e.g., on back, head, etc.)
 5. Do you suffer from anxiety, depression and/or insomnia?
 6. Do you take medication? If yes, which ones (do not specify the brand but what they are for: e.g., for headache, for joints, for depression and/or anxiety, for sleep, etc.)
 7. Do you see a gynaecologist at least once a year?

The section on the **Core of Cohabitation**, may include questions related to:

- Current partner (if she has a new partner and, if so, how she regards this relationship),
 - The children (if she has custody or shared custody, if children of the new partner live together).
1. Are you currently living with a new partner?
 2. If so, how do you assess this cohabitation? Good. Fair. Poor.
 3. If you have children with your ex-partner, do you have sole custody or is custody shared?
 4. Do you have children with your new partner?
 5. If the new partner has children, do you live with them?

Under the heading **Support/Contact persons**, questions related to social relations can be included:

- Whether she has been living in the same place for a long time,
 - Whether she has people to tell her problems to,
 - Whether she has people who could provide material assistance,
 - Whether she has spaces where she carries out socialisation activities (social gatherings in cafés, various activities in the neighbourhood association, etc.)
1. How long have you been living at your current address/neighbourhood? Less than six months, one year, one to two years, two to three years, more than three years.
 2. Do you have people to whom you can tell your problems?
 3. Of the people to whom you can tell your problems, would any of them give you material help if necessary?
 4. Do you participate in neighbourhood activities such as workshops, courses, gymnastics, etc.?
 5. Do you meet friends in bars for coffee, chat, etc.?

In the section **History of Abuse**, questions related to the different dimensions of domestic violence can be included:

- (i) Social isolation (whether the ex-partner insists on knowing where she is at all times, whether he gets angry if she talks to other people, whether he controls her mobile phone);

-(ii) Physical and sexual violence (whether he has pushed her, slapped her, pulled her hair, etc. Whether he has hit her). Whether he has threatened her with a weapon. Whether he has forced her to have sexual intercourse against her will. Whether and, if so, where she has been injured. Whether there are scratches, bruises, etc.);

-(iii) Psychological violence (whether she has been humiliated, belittled, insulted, ignored, etc.);

-(iv) Violence against the children (whether they have witnessed violence, whether they have been beaten, insulted, threatened, etc., whether they have been diagnosed with post-traumatic stress disorder, whether the ex-partner took advantage of visits to threaten them, etc.);

-(v) Control of the household economy (whether the ex-partner refused to give her money for household expenses; whether he appropriated her money; whether he prevented her from making decisions related to the household economy).

1. Does your ex-partner insist on knowing where you are at all times?
2. Does your ex-partner get angry if he/she sees you talking to other people?
3. Does your ex-partner control your mobile phone?
4. Has your ex-partner belittled, humiliated, insulted, or ignored you?
5. Has your ex-partner pushed, slapped, hit, or thrown you to the ground?
6. Has your ex-partner forced you to have sex against your will?
7. Has your ex-partner injured you? If yes, where? If yes, do you have bruises, scratches... etc.?
8. If you have children, have they witnessed violence?
9. If you have children, have they been beaten, insulted?
10. If you have children, did your ex-partner take advantage of visits to threaten them?
11. Did your ex-partner refuse to give you money for household expenses?
12. Was your ex-partner taking your money?

In the section **Data on the Offender**, it is recommended to ask questions related to risk indicators, grouped around a series of items:

- Profile of the aggressor:

1. Has the perpetrator manifested very intense jealousy or controlling behaviour towards the partner or ex-partner?
2. Does the perpetrator have a history of violent behaviour with a previous partner and/or other people?
3. Does the offender have a history of alcohol and/or drug use and/or gambling addiction?
4. Does the offender have a history of mental illness with treatment abandonment?
5. Has the aggressor been contemptuous, cruel and unrepentant towards the victim?
6. Has the aggressor justified violent behaviour because of his own state or because of the victim's provocation?

-Psychosocial adjustment:

1. Has the offender had any recent relationship problems?
2. Has the offender had any recent work problems?
3. Has the aggressor been a victim and/or witness of family violence in childhood and/or adolescence?
4. Does the offender have a history of recent drug and/or alcohol use/abuse and/or gambling addiction?
5. Has the offender expressed recent suicidal and/or homicidal thoughts/attempts?
6. Has the offender presented recent psychotic and/or manic symptoms?
7. Has the offender presented personality disorder with anger, impulsivity or behavioural instability?

- History of violence:

1. Has the aggressor been involved in previous physical violence?
2. Has the perpetrator used weapons and/or made credible death threats in the past?
3. Has the offender recently increased the frequency or severity of the assaults?
4. Has the offender violated or breached previous restraining orders?
5. Has the perpetrator denied or minimised past violence against the partner?
6. Has the perpetrator exhibited attitudes that support or condone intimate partner violence?

- Others:

1. Does the aggressor manifest an absence of viable future plans?
2. Does the offender lack social support?
3. Is the aggressor exposed to destabilising factors?
4. Has the offender failed to comply with prescribed treatments?
5. Does the offender experience a high level of stress?

Under the heading **Judicial Measures**, ask:

- Whether she has reported her ex-partner;
 - Whether she has a protection order and other criminal and civil measures in place (if so, which ones: restraining order, prohibition of communication, withdrawal of weapons, provisional detention, prohibition of residence). Maintenance payments, custody and visiting arrangements, allocation of the use and enjoyment of the family home);
 - Whether she has applied for a restraining order against the abuser;
 - Whether she is a recipient of the Active Insertion Income or other assistance(s) provided for in the Ley Integral (Comprehensive Law),
 - Whether she has a court judgement recognising her allowance and whether it has been enforced.
1. Have you reported your ex-partner?
 2. Have you sought a protection order or other criminal or civil measure? If yes, indicate which one(s): restraining order; prohibition of communication; withdrawal of weapons; pre-trial detention; prohibition of residence; provision of maintenance; custody and visiting arrangements; allocation of the use and enjoyment of the family home
 3. Are you a beneficiary of the Active Insertion Income or of another(s) Aid(s) provided for by the Comprehensive Law? If yes, please indicate which one(s): subsidised contract; replacement contract; financial assistance under Article 27; granting of temporary residence and work authorisation.
 4. Do you have a court judgement recognising an allowance? If yes, please state whether it is effective.

In the section **Risk Assessment**, include questions related, on the one hand, to the self-perception of the risk of a new aggression by the ex-partner (moderate, high, very high); on the other hand, to other data not contained so far in the form that can also be used to construct risk indicators.

In this sense, the Red Cross proposes to introduce into the analysis the perspective of social vulnerability using the AROPE Indicator, which is defined as the percentage of the population that meets at least one of these three conditions: 1) being below the at-risk-of-poverty threshold; 2) being in a situation of severe material deprivation; and 3) living in an unemployed household or with very low employment intensity¹. Further to its understanding, the Indicator defines the conditions as follows:

a) Persons at risk of poverty after social transfers Persons whose income per consumption unit is less than 60% of the median equivalised disposable income (after social transfers). Income is for the year prior to the year of the interview.

b) Severe material deprivation

Severe material deprivation is the proportion of the population living in households lacking at least four of the following nine items:

- 1) Cannot afford to go on holiday for at least one week a year.
- 2) Cannot afford a meal of meat, poultry, fish, vegetables or fruit at least every other day.
- 3) Cannot afford to keep the dwelling at an adequate temperature.
- 4) No ability to meet unforeseen expenses (of 650 euros).
- 5) You have had delays in the payment of expenses related to the main dwelling (mortgage or rent, gas bills, community fees, etc.) or instalment purchases in the last twelve months.
- 6) Cannot afford a car.
- 7) Cannot afford to have a telephone.
- 8) Cannot afford a television set.
- 9) Cannot afford a washing machine.

c) Persons living in households with very low work intensity Persons aged 0-59 living in households in which working-age members worked less than 20% of their total work potential in the year preceding the year of the interview (income reference period). The number of months in which the household members have been working during the reference year is calculated, and on the other hand the total number of months in which the same household members could theoretically have worked. The ratio is calculated and determined to be less than 20%. This variable does not apply in the case of persons aged 60 and over. As an example of this indicator, in a two-adult household where only one adult works full-time, the work intensity would be 50%; if both adults work full-time, the intensity would be 100%; if one adult works part-time and the other full-time, the work intensity would be 75%.

Having clarified these, the questions for the purpose of calculating the AROPE indicator would be formulated as follows:

1. Do you feel that you are at risk and that your ex-partner may attack you again? If yes, assess this risk as: moderate, high, or very high.

¹https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259941637944&p=1254735110672&pagename=ProductsYServices/PYSLayout

2. What was your household income in the past year? (To determine whether the person is in poverty, the INE results from the Living Conditions Survey should be consulted, also taking into account the composition of the household).
3. Of the following situations, please indicate which one(s) is/are true for you:
 - a. Cannot afford to go on holiday for at least one week a year.
 - b. Cannot afford a meal of meat, poultry or fish at least every other day.
 - c. Cannot afford to keep the dwelling at an adequate temperature.
 - d. No ability to meet unforeseen expenses (of 650 euros).
 - e. You have had delays in the payment of expenses related to the main dwelling (mortgage or rent, gas bills, community fees, etc.) or instalment purchases in the last twelve months.
 - f. Cannot afford a car.
 - g. Cannot afford to have a telephone.
 - h. Cannot afford a television set.
 - i. Cannot afford a washing machine.
4. Of the persons living with you at home and not older than 59, how many have worked in the last year?
5. Of the persons living with you, who have worked in the last year and who are not older than 59 years old, how many months have they been employed?

Finally, other possible risk assessment indicators related to the victim are associated with the notion of vulnerability and could be:

- Victim's perception of life-threatening danger in the last month
- Attempts to withdraw previous allegations or to retract the decision to leave or report the offender
- Vulnerability of the victim due to loneliness, illness, or dependency.

Report 9

*Keys for the elaboration of the protocol
for action within the framework of the
ATENPRO Service*

On the basis of the new Protocol agreed by the Spanish Federation of Municipalities and Provinces with the Government Delegation against Gender-based Violence, which incorporates all forms of violence against women in the sense stipulated in the Istanbul Convention, we propose the following recommendations:

1. In order to correctly fill in the User File, the Questionnaire presented as one of the Final Results of this Report contains a series of indications that will serve as a guide to complete the different sections of the File entitled "Observations".
2. As this Protocol incorporates all forms of violence against women, including vicarious violence and violence against a minor, it is necessary to incorporate new questions in the Client Sheet:
 - a. is the victim an unaccompanied minor/disabled?
 - b. Does the victim live alone?
 - c. If the victim lives with someone, what is his or her relationship to the person she lives with? Mother/guardian. Relative. Common-law marriage Other
3. Since the Protocol includes vicarious violence as a form of violence against women, it is possible that several victims/survivors may come forward to report the same case. In these cases, it should be clear that each victim should be treated as an autonomous case and notified separately.
4. Although ATENPRO is not a case management tool, nor does it serve to evaluate the quality of interventions and programmes to prevent and end domestic violence, it provides valuable interpretation to make informed decisions, plan future decisions, improve the effectiveness of programmes to prevent/combat violence against women, and improve inter-sectoral coordination. In this regard, it is important that service providers collect, store, analyse and exchange information in an appropriate manner.
5. In accordance with point 4), it is necessary for the service providers to design a protocol for the exchange of information, which must in any case be provided in an anonymised and secure manner, with strict observance of personal data protection regulations.
6. Given that, in accordance with the Protocol, it is the responsibility of the Social Services centres of the Local Bodies corresponding to the victim's place of residence to incorporate them into the Service, it is recommended that a list of these centres, together with their contact details, be included on the ATENPRO website.
7. The status of a person with a disability as a possible victim makes it advisable to translate the Action Protocol (or at least a summary of it) into easy-to-read language.
8. It is advisable to incorporate two "frequently asked questions" (FAQ) sections on the website for municipalities and users, respectively. In this respect, see for example <https://www.dival.es/es/bienestar-social/content/servicio-telefonico-de-atencion-y-protection-for-victims-of-gender-violence-atenpro>

9. The incorporation of minors as victims or, where appropriate, as beneficiaries of the Service in the terms stipulated in the Protocol, given its novelty, makes it advisable to prepare an easily understandable information leaflet.
10. The requirement established in the Protocol in relation to victims under 16 years of age to have the authorisation of the person/s legally exercising parental authority, foster care, guardianship or de facto custody (except for the aggressor) in order to be able to use the Service is in contradiction with the central assumptions of the philosophy of childhood, an incipient discipline in our country but with an enormous projection in the rest of Europe, which considers children as holders of rights and not merely as objects of protection. In this sense, the thesis that children are passive beings who are not directly affected by violence, or are less affected by violence than adults, must be questioned. Childhood, these studies insist, is a key stage in life and has a major impact on adulthood. On the other hand, it is not understood that the age limit set by the Protocol is set at 16 years and not at an earlier age (such as 14 years).

Report 10

Final conclusions

At the end of the report, we need to draw a brief set of final priority conclusions:

The implementation of appropriate public policies in the framework of the fight against domestic violence necessarily requires a precise knowledge of the current state of the issue. To this end, statistics are essential, as they allow us to identify the most salient points of the phenomenon we are studying and to propose more effective policies.

In this sense, through different studies, we have shown that the statistics handled by different institutions and public bodies have so many shortcomings that they do not allow us to have a comprehensive view of the problem, the data they provide are absolutely disparate.

This makes it impossible to accurately identify the problems, as a prior step to making decisions on the public policies to be implemented.

Therefore, the design and implementation of uniform surveys and questionnaires (and other methodologies of analysis) on domestic violence that reflect the reality of the data is absolutely necessary.

This issue is aggravated when we talk about the situation of rural women, to avoid this comparative disadvantage, mention should be made of the size of the municipality (e.g. small municipalities of less than 250 inhabitants; between 251 and 500 inhabitants; between 501 and 1000 inhabitants; 1001 and 2000 inhabitants), as the difficulties faced by victims are different according to the number of inhabitants registered in the territory, both to detect violence and to guarantee access to the available resources.

The analysis of the services included in this report highlights the heterogeneity of the services provided by the various local authorities to victims of domestic violence as defined in Art. 3 of the Istanbul Convention.

This can lead to unequal treatment between different victims of domestic violence, with first and second class victims in practice depending on the place of domicile or residence.

In our opinion, it would be necessary that in the competent bodies, for example in the conferences of the Presidents of the Autonomous Communities or in meetings of the FEMP, a consensus should be reached to establish a protocol of minimum services, by population groups, suitable for victims of domestic violence that would be uniform throughout the national territory regardless of the place of domicile or residence, respecting, of course, national, autonomous, local and municipal competences.

The following is urgently needed:

Providing local entities that provide assistance to victims of domestic violence as defined in Art. 3 of the Istanbul Convention with personal and material resources.

Increasing the training of the staff of local authorities providing assistance to victims of domestic violence as defined in Art. 3 of the Istanbul Convention.

Strengthening interdisciplinary teams in local entities that provide assistance to victims of domestic violence as defined in Art. 3 of the Istanbul Convention.

Incorporating in a stable way the figure of the equality agent, which must be regulated, to local entities that provide assistance to victims of domestic violence as defined in art. 3 of the Istanbul Convention.

Providing the ATENPRO care centre with personnel and material resources.

Increasing the training of ATENPRO Care Centre staff. Strengthening the interdisciplinary teams in the ATENPRO care centre.

Increasing coordination and cooperation between local entities and Autonomous Communities.

Increasing the number of emergency centres, shelters, sheltered housing and transit housing.

Improving accompaniment services for survivors and support in decision-making.

Reviewing the cases attended to by ATENPRO to find out their satisfaction with the service and any possible difficulties that may have arisen.

Promoting evaluation surveys of women survivors to find out their degree of satisfaction with the treatment received by the care services.

Developing and disseminating campaigns throughout the year, within the framework of the temporary sustained action of awareness-raising and sensitisation measures for the eradication of gender-based violence. It is advisable that they are especially reinforced during holiday periods (Christmas and summer), since according to statistics it is during these periods of time when there is an increase in the number of women murdered by their partner or ex-partner as a result of gender-based violence.

In this respect, campaigns should focus on all groups with special attention to the most vulnerable groups, such as: older women, women living in rural areas, women with disabilities, pregnant women, migrants, ethnic minorities such as gypsy women, prostituted women, women with addictions, HIV-positive women, etc. These campaigns must clearly contemplate their particularities so that the victims are recognised/self-recognised.

The ATENPRO service, which is the responsibility of local authorities, is considered to be one of the most effective resources for attending to victims of domestic violence, informing and raising awareness of the associated problems, and preventing and combating it. However, it was also detected that ATENPRO has a slow management that has a negative impact on the users of the service, and there is also a lack of coordination between the different tools that hinders a rapid response.

Finally, more studies like this one are needed, but we think that if the FEMP had been more involved (as was said in one of the meetings, in the sense of being the one to send out the surveys) the responses would have been more and participation would have been greater, which would have undoubtedly enriched the study.

Addendum I

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Annex I

Sample questionnaire

Domestic Violence Questionnaire to entities

Throughout this questionnaire, the term domestic violence will be used in the sense of Art. 3.b of the Istanbul Convention: "all acts of physical, sexual, psychological or economic violence occurring within the family or household or between former or current spouses or partners, regardless of whether the perpetrator shares or has shared the same residence as the victim". In other words, domestic violence should be understood as all violence suffered by women, children and adolescents.

GENERAL CHARACTERISTICS:

0.- Entity/institution to which it belongs: _____

1.- **What factors do you think influence domestic violence?** (you can tick several options)

- Lack of education.
- Machismo.
- Inequality between men and women.
- Consumption of alcohol and other drugs.
- That women do not report it.
- The existing social climate of violence.
- Unfavourable socio-economic conditions.
- The changing social role of women.
- The customs of migrants.
- Provocation from women.
- Jealousy.
- There is no specific violence against women.

2.- **Do you consider that your entity/institution records information on domestic violence cases?** (you can tick several options)

- Yes, of a qualitative nature.
- Yes, of a quantitative nature.
- No, but we are in the process.
- No
- Others: _____.

If the above answer is yes:

1.1- **Indicate the type of information** (you can tick several options):

- Victim-related information.
- Information related to perpetrators.
- Information related to violence: characterisation (typology, duration, frequency, etc.).

- Information related to violence: context (affective relationship, cohabitation situation, etc.).
- Information related to child victims or orphans.
- Information related to resources to prevent and eradicate domestic violence.
- Judicial and procedural information (complaints, protection measures, precautionary measures, etc.).
- Opinion surveys for research purposes.
- Others: _____.

1.2- Is the information collected accessible to other persons or entities? (you can tick several options):

- Yes, but only anonymised reports.
- Yes, on request.
- Yes, but only for institutions.
- No, the information is internal only.

3.-Please indicate how much you agree with the information collected on domestic violence:

	Strongly agree	Agree	Disagree	Strongly disagree
It is important to record quantitative or qualitative information related to domestic violence cases.				
The information produced at the institutional level in Spain is sufficient to know the reality of domestic violence.				
The published statistics reflect the reality of the situation in the country.				
There are more cases that do not appear in the published data				
Information should be more disaggregated.				
Data is essential to improve understanding of the nature, magnitude, severity and frequency of violence against women.				
Research and statistics are valuable tools in developing evidence-based interventions and policies to end violence against women.				

There is a significant lack of comprehensive, reliable, comparable and up-to-date data on violence against women.				

4.-Has your institution/entity implemented awareness-raising campaigns targeting the general population against domestic violence?

- Yes
 No

If YES, which ones? _____

5.-Has your institution/entity implemented educational campaigns targeting the general population against domestic violence?

- Yes
 No

If YES, which ones? _____

6.-Does your institution/entity provide labour intermediation for victims of domestic violence?

- Yes
 No

If YES, which ones? _____

7.-Does your institution/entity provide psychosocial counselling on domestic violence?

- Yes
 No

8.-Does your institution/entity provide legal advice on domestic violence?

- Yes
 No

9.-Has your institution/entity implemented measures or strategies other than those mentioned above against domestic violence?

- Yes
 No

If YES, which ones? _____

10.- In your opinion, please rate on a scale of 1 to 10 the effectiveness of the following measures for the care of victims of domestic violence.

On a scale of 1 to 10, please rate your agreement the highest with 10 and the lowest with 1.

	1	2	3	4	5	6	7	8	9	10
016.										
ANAR telephone.										
ATENPRO.										
Subsidised contracts for women victims of violence.										
Active Insertion Income.										
Women receiving the financial aid provided for in Article 27 of the Comprehensive Law										
Granting of temporary residence and work permits.										
Telematic devices.										
VIOGEN.										
Support and prevention resources website.										

11.-In your opinion, please rate on a scale of 1 to 10 the following issues related to domestic violence:

Please rate your highest level of agreement with 10 and your lowest level of agreement with 1.

	1	2	3	4	5	6	7	8	9	10
Spanish society in general is aware of domestic violence.										
The media is sensitised to domestic violence.										
The education system contributes to the prevention of domestic violence.										
Institutions are responding adequately to domestic violence.										
The justice system is responding adequately to domestic violence.										

12.-In your opinion, please rate on a scale of 1 to 10 the extent to which the following issues constitute challenges for the prevention and eradication of domestic violence.

On a scale of 1 to 10, please rate your agreement the highest with 10 and the lowest with 1.

	1	2	3	4	5	6	7	8	9	10
Measurement of the dimensions of the phenomenon.										
Knowledge production.										
Psychosocial intervention.										
Labour intervention.										
Legal intervention.										
Education.										
Training.										
Communication.										

13.- Do you consider that your institution is trained to identify and deal with cases of domestic violence?

Yes No

14.- What do you consider to be the most frequent types of domestic violence in our society? (you can tick several options)

- Physical
 Psychological
 Social Sexual
 Denial of food
 Refusal of money from spouse/partner
 Other (please specify):

15.- What do you consider to be the obstacles for your organisation/institution in detecting and addressing domestic violence?

On a scale of 1 to 10, please rate the factor that you consider to be the greatest obstacle to detecting and dealing with domestic violence as 10 and the factor that you consider to be the least obstacle to detecting and dealing with domestic violence as 1.

	1	2	3	4	5	6	7	8	9	10
Lack of training										
Lack of time in office/consultancy										
Lack of interdisciplinary teams										
Lack of gender perspective										
Lack of privacy in the consultation room/office										
Lack of resources										
Fear of reprisals										

Cultural barriers, language barriers, etc.										
Others: (please specify)										

16.- On a scale of 1 to 10, please rate the following resources for information and awareness-raising on domestic violence:

Please rate your highest level of agreement with 10 and your lowest level of agreement with 1.

	1	2	3	4	5	6	7	8	9	10
Information campaigns										
Regulation of advertising and recommendations for the media.										
Website resources for support and prevention in gender-based violence cases (WRAP)										
016 telephone service: telephone service for information and legal advice on gender-based violence										
The Autonomous Communities' own information instruments.										
Telephone Service of Attention and Protection service for victims of gender-based violence (ATENPRO)										

17.- On a scale of 1 to 10, please rate the following resources for the care of victims and their children.

Please rate your highest level of agreement with 10 and your lowest level of agreement with 1.

	1	2	3	4	5	6	7	8	9	10
Immediate legal assistance										
Immediate protection										
Violence against Women Courts										
The Public Prosecutor for cases of Violence against Women										
Comprehensive Forensic Assessment Units										
Specialised units of the Security Forces										
Cooperation between law enforcement agencies in a territory.										
Coordination between the security forces and judicial bodies.										
Comprehensive Monitoring System: risk estimation and monitoring.										
System for the telematic monitoring of restraining orders										

in the field of domestic violence.											
GPS control system for the exit of offenders from penitentiary centres.											
Psychosocial support and accompaniment for women.											
Psychosocial support and accompaniment for minors.											
Telephone Service of Attention and Protection service for victims of gender-based violence (ATENPRO)											

18.- On a scale of 1 to 10, please rate the following resources for information for victims of domestic violence and their environment:

Please rate your highest level of agreement with 10 and your lowest level of agreement with 1.

	1	2	3	4	5	6	7	8	9	10
016 telephone service for information and legal advice on gender-based violence										
The Autonomous Communities' own information instruments.										

19.-Rate the following measures related to the role of advertising in transmitting values and principles to effectively help combat the phenomenon of domestic violence.

On a scale of 1 to 10, please rate your agreement the highest with 10 and the lowest with 1.

	1	2	3	4	5	6	7	8	9	10
Cooperation with advertising companies to channel equality training for their professionals and to launch awards for good practice in advertising.										
Extension of the self-regulatory agreement in the field of advertising to include criteria for out-of-court dispute resolution.										
Agreement between the parties entitled to bring actions for injunctions and rectification to ensure coordinated and efficient action.										
Extension of the television operators' self-regulatory agreement on the protection of minors to include domestic violence and sex discrimination.										

Agreements with Audio-visual Regulatory Authorities to establish collaboration procedures to eradicate direct or indirect incitement to domestic violence from programming and advertising.												
Promotion and dissemination of good practices in content and treatment of the news.												

20. Assess your knowledge of ATENPRO

On a scale of 1 to 10, please rate your highest level of knowledge as 10 and your lowest as 1.

1	2	3	4	5	6	7	8	9	10

Questionnaire - Local authorities

SPECIFIC CHARACTERISTICS:

1.- Do you see a role for local authorities in the prevention and eradication of domestic violence? (you can tick several options)

- Yes, a central role.
 Yes, albeit in a complementary or ancillary way.
 No, not at all.

2.- Do you consider that local authorities have sufficient competences in the field of equality and in order to prevent and eradicate domestic violence?

- Yes
 No

If YES, which ones? _____

3.- Do you consider that the State Pact against gender-based violence has served as an impetus for municipalities to recover/strengthen their competences in the area of equality and with the aim of preventing and eradicating domestic violence?

- Yes, in a decisive way.
 Yes, but only marginally.
 No, not at all.

4.- In the measures contained in the State Pact against gender-based violence, local authorities have driving/development and/or responsibility functions.

On a scale of 1 to 10, please rate the extent to which these measures contribute to the prevention and/or eradication of domestic violence, with 10 being the highest and 1 the lowest.

	1	2	3	4	5	6	7	8	9	10
Development of prevention and awareness-raising campaigns.										
Provision of comprehensive social assistance.										
Creation of support units.										
Local police protection of victims.										
Establishment of a network of housing and/or shelters.										
Establishment of welcome centres and/or information centres for victims in rural areas.										

Establishment of local equality commissions and councils.																				
Making travel to specialised services possible.																				
Establishment of protocols and special measures to attend to the most vulnerable groups of women.																				
Adaptation of support and care resources for people with disabilities.																				

5.- Do you consider the usefulness of state resources important in preventing and combating domestic violence in the territory?

Rate the usefulness of these resources on a scale of 1 to 10, with 10 being the highest rating for usefulness and 1 being the lowest.

	1	2	3	4	5	6	7	8	9	10
016.										
VIOGÉN.										
Security systems by telematic means.										
ATENPRO										

Questionnaire for the state observatory on violence against women

SPECIFIC CHARACTERISTICS:

1.- Indicate your degree of agreement in relation to RD 752/2022, of 13 September, with regard to including within the object of analysis and action of the Observatory the new forms of violence against women established in the Istanbul Convention.

	Strongly agree	Agree	Disagree	Strongly disagree
This is a necessary but not sufficient measure to prevent and combat violence against women.				
This is a necessary and sufficient measure to prevent and combat violence against women.				
This is an insufficient measure to prevent and combat violence against women.				

2.- Indicate your degree of agreement in relation to RD 752/2022, of 13 September, with regard to including within the object of analysis and action of the Observatory the impact of this violence against minor children and persons subject to tutelage, custody or guardianship, as well as against their family members or relatives who are minors.

	Strongly agree	Agree	Disagree	Strongly disagree
This is a necessary but not sufficient measure to prevent and combat violence against women.				
This is a necessary and sufficient measure to prevent and combat violence against women.				
This is an insufficient measure to prevent and combat violence against women.				

3.- In your opinion, please rate the following functions of the Observatory as redefined in RD 752/2022 of 13 September on domestic violence.

	Insufficient	Sufficient	Very Good	Outstanding
Advisory functions.				
Institutional collaboration.				
Preparation of reports and studies.				
Proposals for action to prevent, punish and eradicate violence against women.				

4.- In your opinion, please rate on a scale of 1 to 10 the relevance of the functions attributed to the Observatory to prevent and/or eradicate domestic violence, where 10 means the highest rating in terms of relevance and 1 means the lowest:

	1	2	3	4	5	6	7	8	9	10
Advisory functions.										
Evaluation functions.										
Institutional collaboration functions.										
Preparation of reports and studies.										
Proposals for action to prevent, punish and eradicate violence against women.										

5.- Do you consider that the measures and actions implemented by public administrations, as well as by private entities and other civil society organisations, to prevent, detect and eradicate different forms of domestic violence are sufficient?

Yes

No

If the answer is NO, briefly state why _____

QUESTIONNAIRE FOR VIOLENCE AGAINST WOMEN COORDINATION UNITS AND VIOLENCE AGAINST WOMEN UNITS

1.- You consider that the monitoring and coordination of the National Government's resources and services for dealing with situations of domestic violence in the territory are:

- Insufficient
 Sufficient
 Very Good

2.- In your opinion, please rate on a scale of 1 to 10 the degree of implementation of the following measures in the area of domestic violence, where 10 represents the highest degree of implementation and 1 the lowest:

	1	2	3	4	5	6	7	8	9	10
Collaboration with autonomous and local administrations in the area of domestic violence										
The personalised follow-up of each case of domestic violence										
Actions being carried out in relation to domestic violence fatalities										
Actions being carried out in relation to seriously injured victims of domestic violence										
Promotion and collaboration in the implementation of activities for the prevention and awareness of domestic violence										
Intervention within the framework of the master plan for cohabitation and improvement of safety in educational centres and their surroundings										
Collaboration in the training and specialisation of professionals										

3.- In your opinion, please rate on a scale of 1 to 10 the competences that, according to LO 1/2004 of 28 December 2004, correspond to these Units from the point of view of their relevance to prevent and/or eradicate gender-based violence.

10 is reserved for the most relevant competence(s) and 1 for the least relevant competence(s).

	1	2	3	4	5	6	7	8	9	10
Monitoring and coordination of the resources and services of the National Government to deal with situations of GBV in the territory.										
Collaboration with regional and local administrations in the field of GBV.										
Personalised follow-up of each case of GBV.										
Actions being taken in relation to GBV fatalities and victims seriously injured by GBV.										
Promotion and collaboration in the implementation of activities for the prevention and awareness of GBV.										
Intervention within the framework of the master plan for cohabitation and improvement of safety in educational centres and their surroundings.										
Promotion and collaboration in the training and specialisation of professionals.										

QUESTIONNAIRE FOR THE WOMEN'S HEALTH OBSERVATORY

(Inter-territorial Council Commission against Gender-based Violence and working groups)

1.- In your opinion, please rate on a scale of 1 to 10 the relevance of the following measures to prevent and/or eradicate domestic violence, with 10 being the most relevant and 1 the least:

	1	2	3	4	5	6	7	8	9	10
The preparation of annual reports on health action in response to domestic violence.										
The development of protocols, guidelines and common Spanish National Health System instruments for healthcare action in the face of domestic violence.										
The development of indicators and common quality criteria in the Spanish National Health System for healthcare action in the face of domestic violence.										
The development of good practices in the NHS on health action in the face of domestic violence.										

2.- In your opinion, please rate on a scale of 1 to 10 the degree of compliance with the following measures to prevent and/or eradicate domestic violence, where 10 is the highest and 1 the lowest.

	1	2	3	4	5	6	7	8	9	10
The preparation of annual reports on health action in response to domestic violence.										
The development of protocols, guidelines and common Spanish National Health System instruments for healthcare action in the face of domestic violence.										
The development of indicators and common quality criteria in the Spanish National Health System for healthcare action in the face of domestic violence.										
The development of good practices in the Spanish National Health System on health action in the face of domestic violence.										

QUESTIONNAIRE FOR EQUALITY UNITS, EUFEM PLATFORM, FEMINIST NETWORK FOR CONSTITUTIONAL LAW, RED GENET

1.- In your opinion, please rate on a scale of 1 to 10 the relevance of the following domestic violence measures for its prevention and/or eradication, with 10 being the most relevant and 1 the least relevant:

	1	2	3	4	5	6	7	8	9	10
The inclusion of gender equality education in relevant curricula.										
The creation of specific postgraduate courses.										
Conducting specialised studies and research in the field.										
The implementation of active policies to support the creation and intellectual production of female authorship, translated into economic incentives, with the aim of creating the conditions for effective equality of opportunities.										
Respect for and guarantee of balanced representation in the various scientific bodies.										
The adoption of affirmative action measures for women's intellectual creation and production, encouraging intellectual exchange, both nationally and internationally.										
The signing of agreements with the competent bodies.										
The adoption of all positive actions necessary to correct situations of inequality in women's intellectual production and creation.										
The autonomy of the equality unit in public universities as a guarantee of the rights of the university community.										

QUESTIONNAIRE FOR THEMIS ASSOCIATION, STATE FEDERATION OF PROGRESSIVE WOMEN, NATIONAL UNION OF FAMILY ASSOCIATIONS (UNAF), PLAZA MAYOR ASSOCIATION, BEATRIZ DE SUABIA AND ADAVAS ASSOCIATION

1.- Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures against Gender-based Violence sets out a set of guiding principles or aims that will inform the articulation of a comprehensive set of measures. Please assess their degree of achievement:

	Insufficient	Sufficient	Very Good	Outstanding
Strengthening preventive awareness among citizens, providing the public authorities with effective instruments to fulfil this goal in the educational, social services, health, advertising and media spheres.				
Establishing the rights of women suffering gender-based violence, which shall be enforceable through the public authorities, to ensure them rapid, transparent and effective access to the services provided.				
Improving the provision of information, care, crisis, support and integrated recovery services at least to the minimum standards required under the objectives of this law, and establishing a system to effectively coordinate existing services at regional and municipal levels.				
Guaranteeing rights in the workplace, in the private and public sectors, which reconcile contractual requirements with the circumstances of workers or civil servants suffering gender-based				

violence.				
Guaranteeing economic rights for women suffering gender-based violence in order to facilitate their social integration.				
Establishing a comprehensive system of institutional protection whereby the General State Administration, through the Special Government Delegation on Violence against Women in conjunction with the State Observatory on Violence against Women, promotes public policies designed to offer safeguards to the victims of gender-based violence in the aforementioned law.				
Reinforcing the criminal and procedural framework in place to ensure that gender-based violence victims are accorded full protection by the courts.				
Coordinating the range of resources and instruments deployed by different public authorities to maximise the prevention of gender-based violence incidents, and ensure that, when they occur, the authors receive appropriate penalties.				
Promoting the collaboration and involvement of civil entities, associations and organisations engaged in the fight against gender-based violence.				

Encouraging the specialisation of the professional groups providing information, care and protection to victims.				
Upholding the principle of across-the-board application, so the specific needs and demands of all women suffering gender-based violence are taken into account.				

2.- In your opinion, please assess the relevance of the following measures to prevent and/or eradicate domestic violence.

	Insufficient	Sufficient	Very Good	Outstanding
Strengthening preventive awareness among citizens, providing the public authorities with effective instruments to fulfil this goal in the educational, social services, health, advertising and media spheres.				
Establishing the rights of women suffering gender-based violence, which shall be enforceable through the public authorities, to ensure them rapid, transparent and effective access to the services provided.				
Improving the provision of information, care, crisis, support and integrated recovery services at least to the minimum standards required under the objectives of this law, and establishing a system to effectively coordinate existing services at regional and municipal levels.				

Guaranteeing rights in the workplace, in the private and public sectors, which reconcile contractual requirements with the circumstances of workers or civil servants suffering gender-based violence.				
Guaranteeing economic rights for women suffering gender-based violence in order to facilitate their social integration.				
Establishing a comprehensive system of institutional protection whereby the General State Administration, through the Special Government Delegation on Violence against Women in conjunction with the State Observatory on Violence against Women, promotes public policies designed to offer safeguards to the victims of gender-based violence in the aforementioned law.				
Reinforcing the criminal and procedural framework in place to ensure that gender-based violence victims are accorded full protection by the courts.				
Coordinating the range of resources and instruments deployed by different public authorities to maximise the prevention of gender-based violence incidents, and ensure that, when they occur, the authors receive appropriate penalties.				
Promoting the collaboration and involvement of civil entities, associations and organisations engaged in the fight against gender-based violence.				

Encouraging the specialisation of the professional groups providing information, care and protection to victims.				
Upholding the principle of across-the-board application, so the specific needs and demands of all women suffering gender-based violence are taken into account.				



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Study on domestic violence behaviours and the approach and intervention of the local administration in the matter