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CARE4TRAUMA

MEJORA DE LOS SERVICIOS DE APOYO Y ACCESO A LA JUSTICIA DE SUPERVIVIENTES DE VIOLENCIAS MACHISTAS A TRAVÉS DE LA ATENCIÓN INFORMADA SOBRE EL TRAUMA

Estado de la cuestión en España

INFORME NACIONAL DE DATOS

MONDO DONNA ONLUS

GROUP ABD

Union of Women Members' Associations of Heraklion Prefecture

Women's Support and Information Center

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National data report
Spain

Contents

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1. Overall report on the outcomes of surveys and interviews

Considering the ultimate objective of the Care4Trauma project, i.e. to favor the access to justice for women victims of gender-based violence and the improvement of the services dedicated to them through the innovative application of a trauma-informed approach, the objective of the second phase of the project, from which this report derives, is:

- to explore what are the perceptions of the institutional figures that contribute to the definition of gender policies in the field of counteracting violence and access to justice from a trauma-informed perspective,
- to examine what are their perceptions regarding the adoption of the trauma-informed approach in their agencies, services, institutions.

The trauma-informed care, as extensively described in the first national report, recognizes the role that trauma can play in the lives of people who have experienced violence and is adopted by programs, organizations or systems that are intentionally designed to support traumatized people who have experienced or are experiencing adverse events. It consists of seven principles summarized below:

1. **Recognition:** recognizing the pervasiveness of the trauma and its consequences, e.g. on the ability to coherently tell one's own story. The objective of the help pathway is the recognition of the trauma and violence suffered in its different dimensions (relational, physical, psychological, sexual, social, cultural and economic);
2. **Establishing emotional safety:** recognizing the importance of putting the woman victim of violence at ease when she decides to ask for help. Adopt an empathetic, welcoming, understanding attitude and ensure confidentiality;
3. **Restoring decision-making capacity and control over one's life:** ensuring personalized, structured and defined paths with the woman victim of violence, respecting her time and self-determination. Respect the woman's choices, work with her, not for her, so that she can be the protagonist of her own life again;
4. **Facilitating relational connections:** rebuilding the relational connections of the woman victim of violence, supporting her parental and friendship relationships, facilitating the inclusion of the woman victim of violence in the social context;
5. **Cultural competence:** consider the social and cultural background of the woman victim of violence, facilitate her access to support services and, in the case of asylum seekers and refugee women, recognize the complexity of their trauma resulting from multiple, repeated and migration-specific violence;
6. **Avoiding re-traumatization:** avoiding in any way re-traumatization, typical above all in the court context, which results in psychological aggravation with important consequences on the trauma experienced by the woman victim of violence;
7. **Secondary trauma:** ensure staff training to protect against the risk of stress, burn-out and secondary traumatization.

This report presents the results of:

I. an online survey in two different versions (one for the health and social system and one for the judicial system), sent to the staff of organizations and professionals who support and provide care to women victims of violence and their children;

II. a series of semi-structured interviews addressed to managers and professionals of anti-violence centers and to political decision makers/policy makers.

Regarding the **online surveys** the main result that stands out is the lack of formalization and recognition of the trauma-informed care principles in the policies, procedures and protocols in the surveyed professionals' services and organizations. This is a trend detected both in the health and social care system, and in the judicial system. Nevertheless, the practitioners surveyed clearly incorporate and deploy TIC approaches in their daily work practices, especially when it comes to considering the voices, experiences and needs raised by survivors and their children, and treating them from a respectful, victim-centered point of view.

Health and social care professionals agree that providing training, ensuring staff supervision from a TIC perspective, and reviewing internal and external organizational procedures so that these are in line with the principles of trauma-informed care are key actions to take for ensuring a proper implementation of this approach. Judicial system professionals also detect a lack of training among judicial services and institutions, especially in terms of gender perspective and understanding gender-based violence, which hinders the survivors' access to justice. This, added to the complexity of judicial processes, results in a high exposure of women to re-traumatization and revictimization, to which the professionals refer.

The detailed results of the online surveys can be seen on chapter 2.

Concerning the **qualitative interviews**, the results seem to indicate conclusions along the same lines as the desk research regarding Spain: there is a moderate concern on the topic of the effects of GBV on the victim/survivor but TIC is still not a methodology being used in full terms, especially in the judicial field, although there is some awareness regarding its relevance.

It became evident that some of its principles are present in most services interventions, especially recognition and establishing emotional safety. Nevertheless, restoring decision making capacity and facilitating connections still seems to be out of reach for some services, which professionals attribute to time shortage, insufficient resources given the number of victims/survivors and the work load and also a constant focus on the emergency and less on the long run. The fact that GBV does not seem to be reducing in Spain, in any of its forms, seems to keep professionals and public services fully occupied with urgent intervention which leaves little room for long term improvements. The public administration understands that these principles are somehow present in a non—systematized manner and that they are developing measures in the sense of increasing the level of systematization. This also seems to be one of the reasons why the development of policies which contemplate the service users' perspective seems to constitute a challenge, associated with the fact that most public services are designed from a top-down perspective which hinders a more horizontal approach. The public administrations agrees that this is so and that they still haven't found a way to integrate survivors in the design of public policy.

Cultural competence is also a principle that is just starting to appear in some methodologies and trainings and constitutes a concern for professionals who, in many cases, understand they need more training and tools to interact with women from diverse backgrounds. Nevertheless, there seems to be a conceptual confusion between Cultural Competence (a concept unknown by many) and Intersectionality, more in use in Spain, although with a different meaning and approach.

There is also a relevant focus on secondary trauma, mainly addressed through team supervision but, according to interviewees, still lacking in the judicial system and only

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slightly more common in the psychosocial system. The public administration recognizes that some steps are being done in order to protect the teams from secondary trauma, but this is still not integrated in a concrete strategic plan.

The detailed results of the interviews can be seen on chapter 3.

2. Analysis of the survey data

In this section we present the results of the online survey addressed to professionals. The survey was launched on 1st February and it was disseminated through ABD's social networks (IG, FB), through the newsletter and through personal and individual mailing and messages.

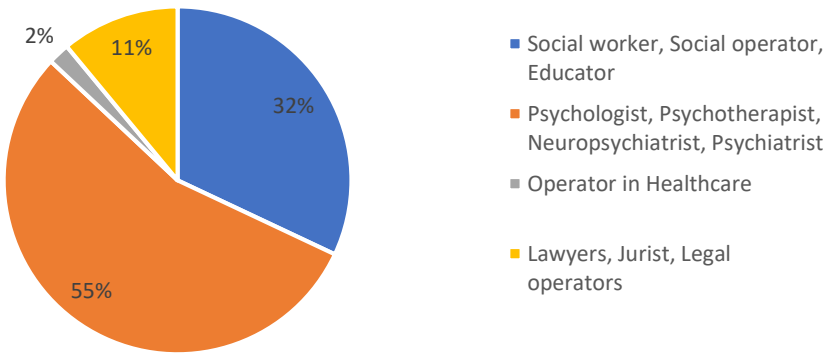
2.1 Sociodemographic profile of professionals

The final sample of respondents in Spain is composed of 64 professionals. According to their sociodemographic profile, the majority of them, 94%, are women and the remaining 6% are men (see annex 2 for full tables).

In regard to **age**, these professionals are mostly adults between 36 and 55 years old (64%), but also young people between 18 and 35 years old (24%) and, in a small percentage, they are between 56 and 65 years old (10%). Only 2% of respondents are over 65 years of age.

In relation to the **level of education**, all respondents have completed higher education and are hold a degree. With to respect to their **professional profile**, more than half of the sample are psychologists, psychotherapists, neuropsychiatrists or psychiatrists (55%); 32% of them are social workers, social operators or educators; an 11% are lawyers, jurists or legal operators. Only 2% of them are operators in healthcare. It should also be noted that none of the respondent are judges or magistrates.

Graph 1. Professional profile

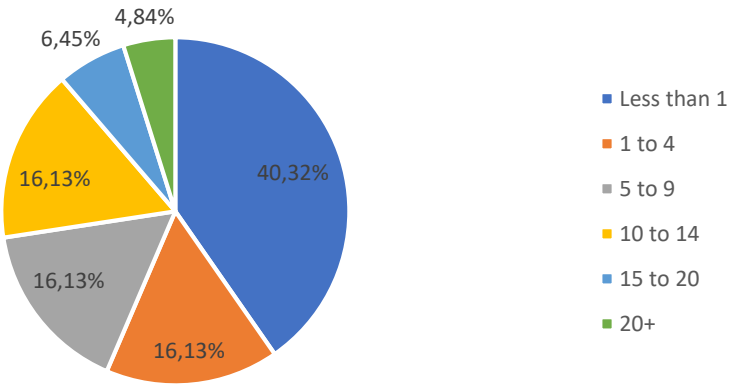


The professionals surveyed **work mainly** in **Catalonia** (51.6%) and the **Community of Madrid** (41.9%), while the rest did not specify the region of the country and only one respondent reported working in Galicia.

If we aggregate the responses in relation to the type of service or institution where they work, it is possible to identify a majority of the sample that work in **public services aimed at providing assistance to survivors of gender-based violence** (53.23%), followed by almost one third (29%) of the professionals who work in **NGO or third social sector organizations** (some of them specifying that they work in a GBV care service, but also others who work in GBV prevention or sociolabour inclusion programs). 9.68% of the respondents work in **public health services**, followed by 6.45% that work in **social services** and 1.61% of them who work in a **private service that provide GBV care**.

In relation to the **years of work in their current position**, the majority (40.32%) of the surveyed professionals have 1 to 4 years of experience. 16.13% have 5 to 9 years, another 16.13% have 10 to 14, and another 16.13% have 15 to 20 years of experience. 6.45% of them have more than 20 years of experience, and only 4.84% declare to have less than 1 year of work experience. The mean number of years in the respondent's current position is 8,3 years (with a standard deviation of 7,6).

Graph 2. Years of work experience



The main results of the survey are presented below, divided into the two main fields of work to which the professionals belong.

2.2 Professionals of Health and Social Care system

The vast majority of the professionals that answered the survey belong to this professional field: in total, 55 professionals, which represent **87% of the sample**.

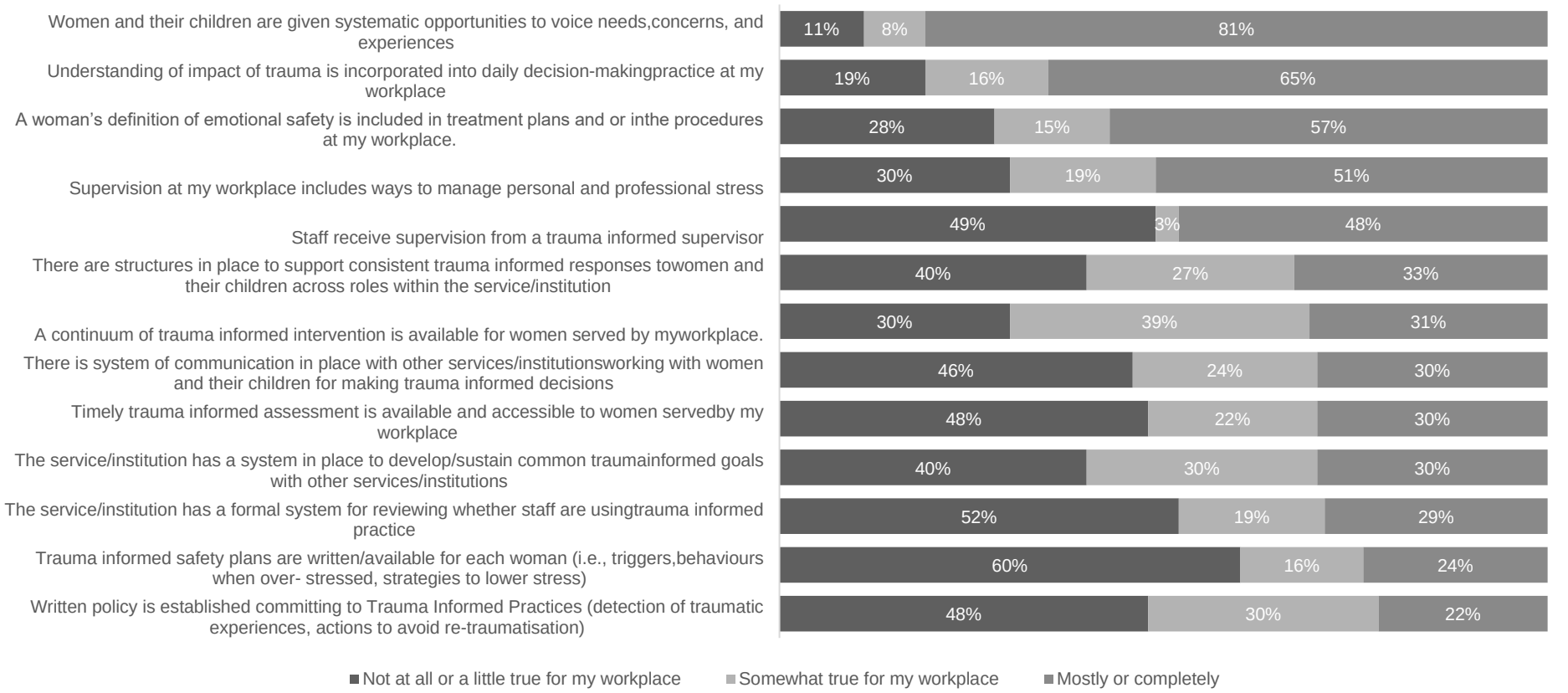
Implementation of TIC principles

Professionals were asked to indicate to which extent different principles of TIC approach were implemented in their work places. The response options were 5 (see annex 1 Methodology). For purposes of the analysis and presentation of the results, the 5 response options have been aggregated into 3 main options:

- Not at all true or a little true for my workplace.
- Somewhat true for my workplace.
- Mostly or completely true for my workplace.

The results are shown in the graph below:

Graph 3. Assessment of professionals in relation to the implementation of TIC principles in their workplaces - Social and Health System



According to the data, **8 out of 10 professionals** state that in their workplaces women and children have **systematic opportunities to point out their concerns, experiences and voices**, with this being the most prevalent principle among all workplaces surveyed (mostly or completely true for the 81% of respondents).

Also, the majority of professionals surveyed state that an **understanding of impact of trauma is incorporated in their daily decision-making practice**, this being mostly or completely applicable in 65% of the cases, and that **the definition of women's emotional safety is included in treatment plans and/or in the procedures at their workplace** (57% of the sample state that this is mostly or completely true in their workplaces).

Regarding the **supervision of professionals to manage personal and professional stress**, it is also a widespread principle that applies mostly or completely in the case of 51% of the workplaces in the health and social care system. However, when practitioners are asked about **supervision by a trauma-informed supervisor**, responses are more divided and while almost half of the sample state that this is applicable to their cases (49%), almost half state the opposite (48%).

On the other side of the spectrum, there are some principles that are clearly not so general in the workplaces of the professionals surveyed. In this regard, 60% of the respondents state that, in their professional settings, it is not true at all or it is just a little true that **trauma informed safety plans are written or available for each women**. Also, it is the case of the principles of having a **formal system for reviewing whether staff are using trauma informed practice** and **having a written policy committed to TIC practices**: half or almost half of the sample (52% in one principle, and 48% in the other) state that it is not true for their workplaces.

It is possible to observe that, in contrast with the daily practices carried out by professionals, which demonstrate that women and children are listened and considered in health and social services, and that decision making on cases is done with an understanding of the impact of trauma, there seems to be a lack of formalization of these approaches in the internal procedures and policies that guide organizations.

The availability and accessibility of timely trauma-informed assessment for women served in professionals' workplaces is also not a widespread principle (48% declare that it is not true in their cases), nor is it the **existence of a system of communication with other services working with the survivors for trauma-informed decision making**.

Finally, professionals are divided when it comes to the implementation of certain principles. This is the case, for example, of the **existence of a system to develop/sustain common trauma informed goals with other services**: 4 out of 10 professionals state that this is almost true in their workplaces, while 3 out of 10 state that it is hardly or not at all true, and another 3 out of 10 say that it is mostly or totally true.

Contributions of professionals for a better implementation of a trauma-informed approach at their workplaces

The surveyed professionals have identified 3 main areas to focus on in order to improve the application of TIC in their organizations:

- **Training.** Respondents have emphasized the need to provide specialized training about the Trauma Informed Care approach according to the different professional profiles involved in all the process of attention, both to reinforce the

available knowledge on the subject and to directly introduce the approach in cases where it is completely unknown.
Also, some respondents indicate that this training should be extensive to the professionals of the external services and to the whole network of attention, including the judicial system.

- **Supervision.** This applies to three different levels:
  - **External supervision of cases:** professionals point out that being able to rely on external case supervision is a key factor for implementing TIC practices.
  - **External supervision of professionals to prevent personal and professional stress**. Respondents have pointed out that team supervision in this line is crucial to avoid burnout, and that this involves monitoring roles, task distribution and networking.
  - **Supervision to ensure that a trauma-informed care approach** is being implemented in the organizations.
- **Organization procedures**:
  - **Formal and written protocols**. Respondents have emphasized the need of common written protocols and procedures among services that work coordinated in GBV care provision, but also within the same services and organizations, with the aim to:
    - Improve the identification and detection of cases;
    - Improve the support provided, define and establish the same methodology for intervention, and ensure the application of TIC practices within the services;
    - Improve the application of TIC practices in the coordination with external services.
  - **Use of specific trauma intervention techniques** such as biofeedback and brainspoting.

2.3 Professionals of Judicial system

Regarding the professionals surveyed included in this professional field, they represent the 11% of the sample (8 respondents in total).

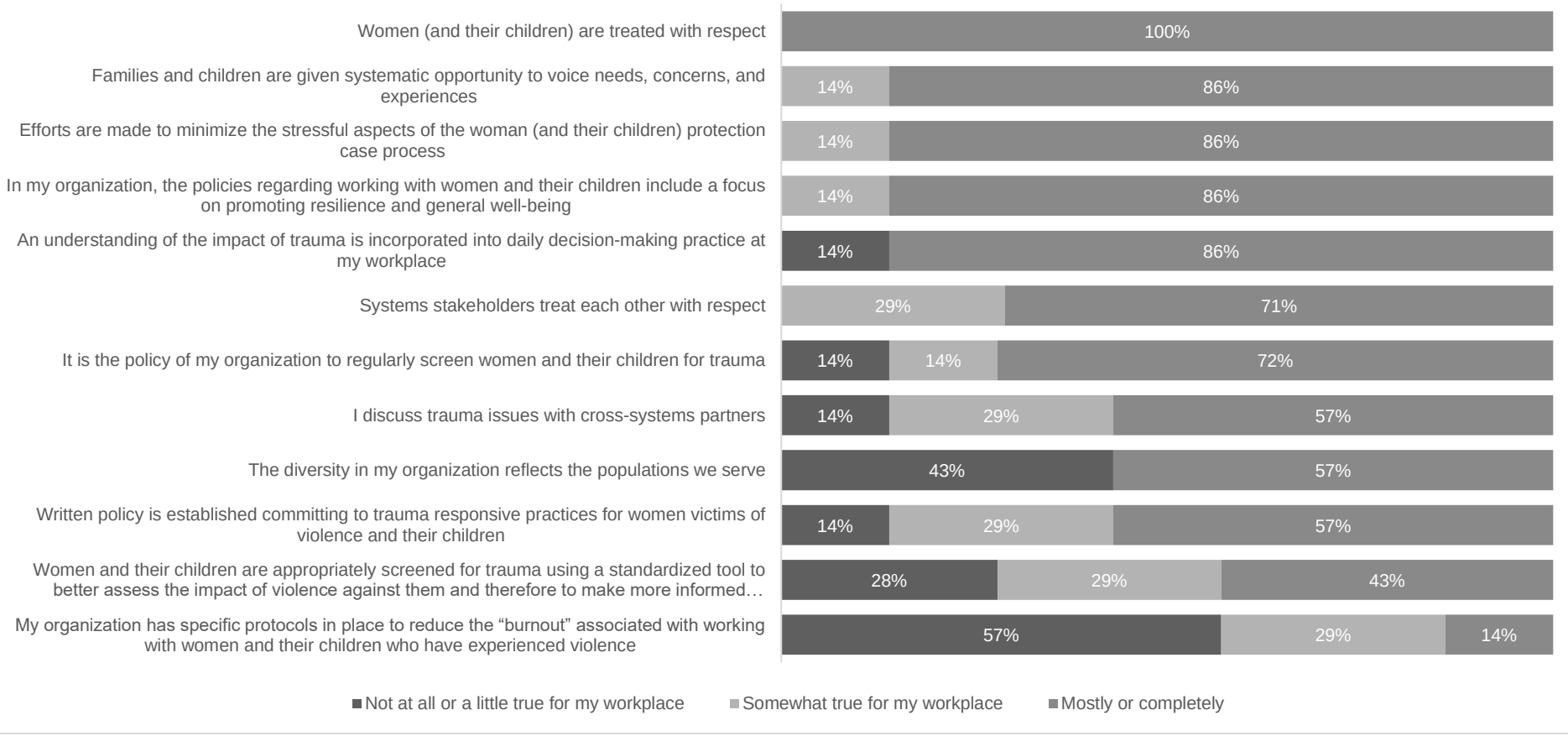
Implementation of TIC principles

Professionals were asked to indicate to which extent different principles of TIC approach were implemented in their work places. The response options were 5 (see annex 1 Methodology). For purposes of the analysis and presentation of the results, the 5 response options have been aggregated into 3 main options:

- Not at all true or a little true for my workplace.
- Somewhat true for my workplace.
- Mostly or completely true for my workplace.

The results are shown in the graph below:

Graph 4. Assessment of professionals in relation to the implementation of TIC principles in their workplaces - Judicial system



Taking a first glance to the data, in the case of the judicial system it is clear that the majority of the TIC indicators assessed are highly present in workplaces of the professionals surveyed.

For instance, all of the respondents (100% of the sample) state that, in their workplaces, **women and their children are treated with respect**. Following this, and in the same high percentage (86%), professionals surveyed say that in their workplaces **families and children are given systematic opportunities to voice needs, concerns and experiences**, that **efforts are made to minimize the stressful impact of the procedures for survivors**, that the **policies in their organizations include a focus in the promotion of survivors' resilience and wellbeing**, and that **an understanding of the impact of trauma is incorporated into daily decision-making practice**.

It must be highlighted that, according to their professional profiles, the majority of these professionals work as lawyers in services that provide social, psychosocial and legal comprehensive care and support to survivors of GBV and their children. Therefore, taking this into account it is not surprising that these principles are guaranteed in their work environments and this may not be extensible to other work environments such as, for example, a courtroom.

Following this, for 71% and 72% of the respondents it is mostly or completely true that **systems stakeholders treat each other with respect** and that **their organizations have as a policy to regularly screen women and their children for trauma**.

The principles with the highest percentage of professionals stating that they are not applied at all, or only slightly, in their work environment are the existence of **specific protocols to reduce the burn out associated with working with women and their children who have experienced violence** (57%) and the **appropriate screening for trauma using a standardized tool to better assess the impact of violence against women and their children and therefore make more informed judicial decisions** (28%). Again, and as in the case of the health and social care system, it is possible to note that the formalization of the TIC principles is low in the policies and procedures of the organizations, including the use of proper tools to identify, detect and intervene appropriately in cases of trauma.

In the case of **diversity within organizations according to populations served**, professionals are quite divided, with 57% of them stating that it is mostly or completely true in their workplaces and 43% stating that it is not at all, or only a little, in their case.

Finally, about the existence of a **written policy among respondents' workplaces committing to trauma responsive practices for women victims of violence and their children**, while 57% of the professionals recognized that it is mostly or completely true in their cases, 20% of them state that it is somewhat true and 14% that it does not apply at all or just little.

Barriers of access to justice for women victims of violence detected by professionals

When asked to point the barriers of access to justice that survivors face, professionals refer to:

- The lack of gender perspective among these services and, in this line, the lack of knowledge of GBV from legal aid lawyers;
- the lack of information on the part of women about the procedures and difficulty in understanding the procedural aspects;

- the re-victimization, the lack of protection faced by survivors and the secondary victimization;
- the high legal costs;
- the delay in the procedures;
- the difficulty in terms of probative evidence;
- the barriers and emotional blocks, on the part of women, related to fear and distrust of the system.

Needs and goals to address the barriers indicated

The following are the main ideas pointed out by respondents to address the previous barriers and obstacles:

- Humanizing the judicial process, making the judicial services more accessible and user-friendly;
- fostering active listening, empathy and support to survivors;
- offering specialized training and training in gender perspective for judicial operators;
- increasing the human and economic resources in the judicial system;
- improving public resources invested in legal aid, among others, to combat the precariousness of legal aid lawyers which results in a poor provision of support.

Obstacles detected for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence

Professionals detect the following obstacles:

- the lack of training of professionals in general, and gender perspective training in particular;
- the lack of physical spaces where to work from respect;
- the lack of real political will to understand gender-based violence;
- the organization of the courts and lack of understanding of the gender-based violence phenomenon;
- the lack of greater and better implementation of the legislation.

3. Interviews

3.1 Introduction

Along the interviewing phase, the team contacted several institutions and organizations who were able to provide relevant information regarding the objectives of the project. The selection followed the criteria established in the project's methodology, aiming at a broad spectrum of professionals from several areas, having in common the direct or indirect support to women victims/survivors of gender based-violence.
In total, 8 professionals were interviewed, as listed in annex 3.

3.2 Internal policy

Regarding internal policy of the organizations and public services in incorporating a TIC approach, there is a homogeneous consensus by both the public administration, the NGO's and entities and external professionals that, although most understand the effects of trauma on the victim and how it shapes the recovery process, there are no clear procedures addressing this issue nor a particular focus on the matter, especially from the part of juridical services. Also in health services, although the interviewee worked for a public hospital, there were no identifiable procedures regarding the direct care of victims of GBV beyond the contact with the police and with the gynecologist department.

It is worth distinguishing between public services and NGO services: whereas the first are understood to have a tendency for a top-down approach with tighter regulations and timings and less space to adapt to the victim's needs, NGO's are understood to being more flexible and having the capacity to tailor the intervention to the victim's needs, placing her at the center of the intervention. This is particularly relevant in the sense that a TIC approach demands not only a set of established protocols and practices but also the aptitude to be flexible and adapt the intervention to the effects of trauma on the victim. In the psychosocial field it was more common to find references to the relevance of including a TIC perspective but still this is not, in general, explicitly included in internal procedures or policies. The public administration services understand to have less flexibility to ask for training but especially for methodological changes. Other professionals, on the other hand, in the psychosocial realm, understand that there have been other priorities such as gender mainstreaming and changes in legislation, services, circuits and rights.

Nevertheless, in most cases, this approach is not systematized or included in the internal methodology or procedures of the institution but rather is either implicit or depends on each professional's training, experience and approach. In some of the interviews, the respondents answered that some professionals specialize on trauma on their own time, independently of their affiliation to a GBV service, and use that knowledge in their daily work, whereas other professionals do not fully apply this approach as they have no training on the matter. This is reinforced by the public administration's discourses which recognize that this is still an issue to be developed over the next years with more concrete measures.

One of the interviewees (interview 2) explains that all the focus of organizations and public administration has been on gender mainstreaming on public and third sector services, guaranteeing that this approach is understood and applied with concrete tools

by all professionals. Therefore, only lately have other aspects and approaches like transcultural perspectives or TIC started entering both the public discourse as well as practices, recommendations and internal policies. Even so, in what regards the health care of victims of GBV, gender perspective or trauma trainings were not identified to be available for professionals. It is worth noticing that the public administration is much less aware of the principles of cultural competence than they are of intersectionality, a concept that has a much wider use in Spain, although with different meanings and methodologies.

Even so, there is also the sense that the general focus is shifting to a more intersectional one, combining the multiple oppressions between gender and other axis such as drug use or disability, focusing more on these social aspects than on the internal aspects such as trauma (interview 1).

In the legal area (court, prosecution and legal advice) the general opinion is that the whole structure is particularly rigid, focusing only on the legal aspects, and not contemplating victim-centered approach, especially regarding trauma. There is practically no training available for judges in this area and the one that exists is not mandatory, according to interviewee 7.

It is paramount to explain that in Spain there are certain Courts specialized in gender-based violence that have received basic and superficial training in trauma (Interview 7). Nevertheless, in Spain the legislation only understands GBV as that which takes place within the partner or ex-partner sphere, meaning that all those forms of GBV which take place out of the intimate partner sphere are judged by common courts where prosecutors, lawyers and judges did not have this mandatory basic training on GBV or any type of approach to TIC.

It was also expressed that, from the legal perspective, training in trauma is seen as more relevant to the psychological field of intervention and that the juridical field focuses their training in law and updates to the law, rather than in the relational aspects between the victim and the professional.

Regarding self-care for professionals, they understand to be exposed to burnout and secondary trauma but, in general, do not feel that there is enough concern regarding this matter in the written procedures, both from the part of the NGO' and from the part of the public administration. These public entities recognise that there is work to be done at such level, although some initiatives have been developed at micro levels and mainly proactively. In some cases, there are mindfulness and art therapy sessions which help alleviate some symptoms but professionals seemed to indicate a need for a more structured approach to self-care from a TIC perspective. All respondents understand that this is essential in order to avoid secondary trauma and to support professionals who are daily exposed to GBV stories and victims. In psychosocial teams it is common to have an external supervision space which entails this perspective and aims at addressing self-care, although not always from a TIC perspective: in most cases, trauma itself is not explicitly addressed.

Most teams also have an average of 40 hours a year dedicated to training and /or self-care but the topics are selected by the whole team and TIC is not mandatory or often addressed. The offer of training in TIC also doesn't seem to be common, except at an academic level through a Master's program which some professionals enrolled in their own free time and not supported (in hours or payment) by the organizations.

Culture and a transcultural perspective are even more absent in most services and organizations as being addressed specifically and from a TIC perspective. Although most professionals understand this to be a paramount focus, they recognize that there has not

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been enough training on these matters and especially no training which intersects with a trauma approach.

In general professionals do not have a clear understanding regarding how relevant it would be to have an organizational policy on how screening should be completed and/or how service users should be asked about trauma. They understand that each service has their own methods with a specialized methodology and that, given the specialization of each service, it would be very challenging to unify these approaches across all fields of intervention.

3.3 Participation of survivors

As mentioned throughout the interviews and in the different sections of this report, there is a noticeable difference between public administration services and NGO managed services also regarding the space for the participation of survivors. Still, except in one case, no organization contemplates a survivor involvement policy. In most cases and especially in public administration services, survivors have little space for taking control of their own processes or engaging beyond the pre-established models of intervention. This is both not specified in internal policy nor does it happen spontaneously, in most cases. Actually, one of the consultants interviewed expressed that:

"The services are not designed from this point of view, they are very unidirectional in their design. Many entities represent women but, in practice, they do not really participate; rather, the entities echo their reality. But they themselves are not involved, much less from an intersectional perspective." (Interview 1)

This opinion is reinforced by the interviews to the public administration representatives which acknowledge that there has not been found a clear way to effectively bring to public policy the specific experiences of survivors, although this is done at a micro-level in some NGOs.
This seemed particularly visible in judicial and health services and less so in psychosocial services and especially NGOs. Given this, most respondents understand that intervention models are rigid and have a tendency to be unilateral top-bottom due to several factors such as lack of timing or professionals, overlapping between several services, availability, etc. In the case of the judicial services, the participation of survivors is only contemplated from the point of view of their choices regarding the rights guaranteed to victims that they can chose to activate or renounce and in the case of other services and professionals their participation is contemplated in the sense that services adapt to the survivor's needs and answer their specific demands, as long as these fit the service's scope.

The exception to this norm would be on interview 5 in which the professional expressed to use a very different approach from that of the public Administration, focused mainly on a horizontal process built with the victim/survivor and not previously defined, except for some of the techniques used. Under this perspective, women victims/survivors are given a space where to rewrite their stories which do not include only the victimization that they suffered but many other aspects of their lives and personalities which they can put forward as part of the healing process. In this sense, each process is not only tailored with the woman but also led by her to a certain extent.

3.4 Cross sector collaboration

In a nutshell, participants understand that there is a dispersion of understandings regarding trauma and GBV from a cross sector perspective and depending on the types of sectors, organizations and professionals they deal with. The social fabric in Spain is

diverse and cross sector collaboration is common, but the existence of very specialized services and teams seems to lead to different visions on addressing GBV.

In general, TIC is not clearly present in such collaborations and some professionals feel that there is a mismatch between the knowledge and focus of specialized professionals and the focus of generic services such as Social Services or judicial services.

One of the interviewees (Interview 2) understands that there is a lot of fear from the part of professionals not specialized in GBV to address this topic, especially related to handling risk, fearing not being able to provide answers which protect the victims, etc. Therefore, there is a sense of avoidance from the part of generic services and the weight of the interventions relies mostly on specialized ones. In the health services, it does not seem to be present a focus on the victim beyond the identification of the health problem and the adequate referral to other services.
It is also relevant to reflect on the territorial aspects involved, as some professionals mention a heterogeneous understanding of GBV and Trauma depending on the territories being urban or rural and having more or less social problems and resources to handle such issues (Interviewees 6). In this sense, it seems that the collaboration between different sectors is also shaped by the real possibilities available, being more concerned about practical survival matters (housing, risk of suffering GBV, socioeconomic challenges, etc.) than about methodological perspectives such as TIC.

Another of the interviewees (Interview 3) adds that services specialized in childhood are particularly less focused on trauma regarding GBV and don't usually address it in depth, which she understands to be surprising giving the consequences of GBV in child behavior and development. She also understands that judicial services are oblivious to trauma and its effects on the victim, with a focus on procedures and a less humane relation.

The public administration reveals that progress is being made in coordination spaces with various actors: The National Commission, the territorial, regional and local circuits, with different departments. In some areas it is particularly difficult to do so, mainly in the field of justice, where it is very challenging to generate spaces for horizontal coordination.

In the case of interviewee 5, which develops her work in an NGO focused on migrant women, she understands that the perspective of the NGO is completely different from the perspective of public services, therefore making cross sector collaboration very complex. The focus on trauma from a holistic perspective and with a focus on the woman contrasts with what she understands to be a very schematic and generic approach from these services. "We are always open to entities and institutions, public policy is not bad but the problem is that it does not become a reality. Entities get used to some vices to justify words and concepts but they become blurred." she says.

There is, though, according to interviewees 1 and 6, an attempt to generate a homogeneous discourse from the part of the public Administration, which has followed different steps: generate a common discourse on GBV and introducing gender perspective in public and private services were the priorities, from which the administration is now moving towards an intersectional approach and also some attempts to focus on trauma, still not implemented.

3.5 Finance

The questions regarding the allocation of a specific budget of the organization/public service/cross sector to training on trauma and trauma-informed approaches were not

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easy to answer from the standpoint of the interviewees since they have no direct knowledge regarding this aspect, especially those working for the public administration.

In general, except for the health services, each organization or public service defines, for each year, the type of training they need to prioritize depending on the most pungent issues happening at the time, with a feeling of urgency more than with a feeling of creating a sustainable body of knowledge. The public administration agrees that training does not follow a structured mandatory plan and is defined "by demand" within the teams.

Most teams have a specific number of hours a year for training, usually around 20 to 40, and these trainings are defined both by the coordination of the team or organization and by the professionals according to their needs. Some of the topics have to do with changes in legislation regarding GBV and protocols, supervision, self-care, intersectional aspects, etc. Nevertheless, trauma training is not mainstream and most professionals who have this training acquired it outside of the workplace through Masters Degrees or other types of specializations in their own free time.

There seems to be, in general, a focus on mental health in most of the teams, especially from NGOs', and an awareness regarding the importance of addressing it and improving strategies of psychosocial intervention both for professionals exposed to secondary violence and for the victims/survivors.

Especially regarding the judicial system, the focus of the trainings is on the law itself and there is no mandatory training on matters regarding a victim center approach or trauma, although judges and prosecutors can participate in any training available. Nevertheless, when having to prioritize training and due to time restrictions, the priority is given to changes in legislation and jurisprudence rather than issues such as TIC.

3.6 Progress Monitoring and Quality Assurance

Regarding mechanisms for monitoring and quality assurance, once again it is paramount to distinguish between the public administration procedures and the NGO perspective. On the first case, the general understanding is that there is no concrete and clearly defined focus on improvement departing from the contribution of the service users since these programs are not designed from that perspective.

According to interviewee 1, "Improvements are not incorporated frequently, the people responsible make reports and collect data and methodologies but focus more on the process than on the results. We are in the picture of capturing reality and not incorporating changes." Professionals working for the public administration also understand that there are no clear indicators of improvement, the one that exist have more of a quantitative focus and often professionals are not trained in this type of topics.

"There are no indicators, the processes are not established as protocols, which is one of the difficulties of this service. There is an assessment of team supervision based on satisfaction and to see if it has served as a personal criterion for intervention, but it is based here. It is not incorporated into the procedures of the service, they are more standardized interventions (...) in which there is a quantitative collection. Tests are not done and there is no pre and post service test and the professionals have not been trained for it, the disposition of the professionals is not positive for it." (Interviewee 2)

Another of the interviewees understands that some indicators are established but these are quantitative, do not have a focus on trauma and serve mainly for the accountability of the project and not necessarily to suggest changes and improve the quality of the service provided.

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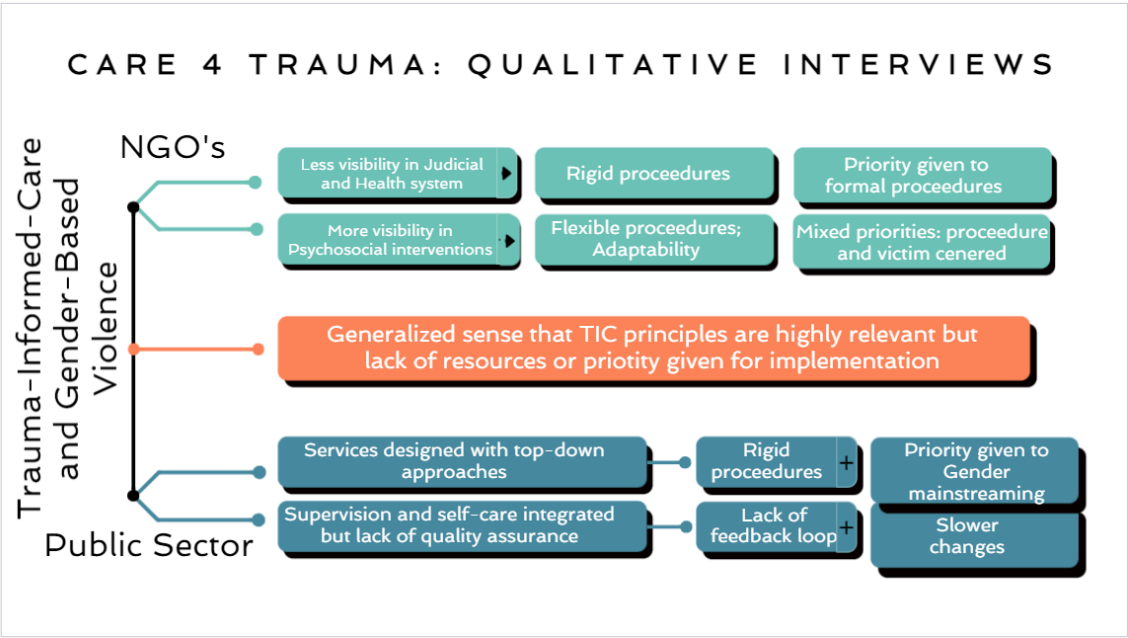
Another interviewee (interview 6) understand that there is a legal responsibility to provide a quality service that is completely regulated in all its forms and designed to ensure quality. The team receives an external evaluation to their work from the Department of Justice which confirms that it is being developed according to what is planned. Nevertheless, this is still a vertical system of quality assurance and "There is not much flexibility for change, the functions are set by law." Women are not involved in quality assurance except through formal methods of complaint and there is no trauma perspective present in any of the evaluation and quality assurance procedures.

On the other hand, from the part of the NGO's this aspect seems to be more flexible and incorporating qualitative methods and a victim-centered approach which contributes to this self-assessment of the quality of the service provided. Interviewee 5 mentions how there is always a focus on how women feel regarding the service provided and what they suggest to adapt the activities and procedures to their needs, with a clear focus on women taking control of their own process. She understands that, from a feminist standpoint, procedures need to be flexible and qualitative, guided by the tailored processes that women go through.

Interviewee 3, also on an NGO funded by the public administration, states that indicators of quality are set by the coordination that include space for improvement of the service but that, in general, these are collected and do not necessarily impact in direct changes in the service, changes have more to do with individual support and tailoring the intervention to each women's needs than with structural changes or in procedures.

3.7 Synthesis of interview outcomes

In the chart below, we present a general overview of the main results that emerged from the interviews:



3.8 Conclusions

The results concerning the three sources of data: online surveys, interviews and desk-research carried out in the first national report of the Care 4

Trauma project in Spain all seem to go along the same lines. Although all results come from a small sample of 62 professionals in the case of online surveys and 8 professionals in the case of interviews, and therefore cannot be taken as fully representative, they serve to provide an approximate and valuable insight into the subject.
As general conclusions, it is possible to affirm that the trauma informed care principles are not formally present in the policies, procedures and protocols in the services and organizations in the **health and social care system** that provide support to survivors and their children. Actually, it was clear the existence of a generalized lack of knowledge regarding the expression *Trauma informed care* and the novelty that this frame represented to most interviewees in particular. In most of the interviews, before it began it was necessary to explain what TIC is and enunciate the indicators or aspects of TIC that were defined in the first part of the current research, the desk-research, in order to facilitate the understanding of the questions.

This, however, does not mean that the daily work practice of these professionals is not driven by intervention approaches that can be considered in line with TIC practices. In fact, the responses to the questionnaires show that women's decision-making capacity and control over their own lives is assured and guaranteed by the professionals working in these services, who develop personalized, structured, and defined itineraries with them, respecting their time and needs. Also, along the interviews it was possible to point out some good practices and concerns which address issues that are aligned with the main principle of TIC, even if not yet fully systematized.

Staff supervision is widespread in these services, and professionals feel that they are given tools and spaces to manage personal and professional stress, although it cannot be assured that this is done from a trauma-informed approach. The communication and coordination with other services to ensure trauma-informed common goals and decision making is an area to be improved, probably due to the difference in specialization regarding GBV of the services of the network and the confluence of different approaches, as highlighted in the interviews. It seemed clear that there is still room to develop a common discourse and practices which can be transversal to all services assisting victims of GBV from a Trauma-informed approach.

Finally, in summary, providing specialized trauma training to professionals, ensuring internal and external supervision of personnel from a TIC approach, and promoting changes in organizational procedures to ensure the implementation of TIC principles are the three main areas identified by respondents to encourage the application of this approach in their workplaces, both regarding interviews and the survey.

Regarding the **judicial system**, it must be highlighted that the majority of respondents to the survey work in services that provide comprehensive psychosocial and legal support to women and, therefore, are not representative of other areas of work such as the courts. Regarding the interviews, it was possible to identify that there is room for improvement regarding mandatory trainings focused on the victim with a focus on gender perspective and TIC, since these aspects are not generalized throughout the judicial system at its highest level.

In an opposite line to the above, these professionals affirm that, in their organizations, there are written policies stablished committing to trauma responsive practices for women and their children. On the contrary, they point out to the lack of an appropriate screening for trauma of survivors using standardized tools to give better responses to their needs. However, the well-being of women and their children appears to be at the core of the intervention, which focuses on promoting their resilience and is based on an understanding of the impact of trauma, demonstrating the partial implementation of TIC principles in these work settings.

In terms of staff supervision and well-being, a high percentage of these professionals have stated that there are no specific protocols in place in their organizations to prevent or reduce burnout associated with working with survivors.

As for the barriers to access to justice detected, these are mainly related to the lack of training in gender perspective of judicial operators, to the lack of information on the part of women about the procedures and difficulty in understanding the procedural aspects, and to the complexity, delays and economic costs associated to these. Professionals realize that most of the women they serve are afraid to go through a judicial process because of the high social and emotional cost, and re-traumatization is a common outcome.

To overcome these barriers of access there is an explicit need detected to provide training in gender perspective, but not only, to operators across all the judicial system. Fostering empathy and active listening of the operators and, at the end, humanizing the judicial process, are key elements highlighted. As stated by the professionals, this must be accompanied by an improvement in public resources and an increase in economic and human resources.

Annex 1. Methodology

State-of-the-art Assessment

Methodology*

Professional Surveys
Semi-structured Interviews

The term Trauma-Informed-Practice, Trauma-Informed-Care, Trauma-Informed-Approach and Trauma-Informed-Systems are used widely and interchangeably to refer, as we discussed already for the National report, to the broad notion of a programme, organisation or system that is **intentionally designed** to support traumatised individuals who experienced or are experiencing adverse events.

Such terms, policies are, often, not clearly operationalised. Care4Trauma explores what the perceptions of target groups are with respect of the existence of a potential trauma-informed- vision in their agencies, services, institutions. We would consider this, altogether with the outcomes of the country report to make decisions about how to design the curriculum according to local culture, organisations and stakeholder perceptions. In other words, we are seeking to assess key actors' readiness to implement the approach.

Aim of the State-of-the-Art Assessment

The goal of this phase is to better identify and to address trauma-informed-care (in its intersection with the justice system also) gaps within the target groups' workplaces. The outcome of this phase is the description of the degree of implementation of TIC principles across the system (health, social care and judicial). According to the aim, this phase involves data collection which engages professionals and key informants.

Participants are going to be engaged in a mixed method data collection:

a. an online survey divided into two different versions (one for the Health and Social Care system and the other for the Justice System); a standardized questionnaire will be submitted to the personnel of victims' support organizations and other professionals involved in the process of providing support to women and their children.
b. a semi-structured interview targeting managers of shelters and anti-violence centres and policy makers

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Online Survey

The Survey (in different languages) has been designed on the European platform 1KA.

All the Partners have access to the full survey results, including the data collected in the other partnership countries.

Depending on the Professional profile, the respondent will be addressed to Survey Version A or Survey Version B (see below).

The minimum number of respondents has been set at 40 per Country (in total 200).

a. The sample should represent the following indicators that we collect in the demographics part:
   .1. Geographical areas
   .2. Type of service and institution (health and social care);
      - Hospitals: emergency room where there is a specific pathway of care for women victims of violence
      - Social services
      - Shelters
      - Anti-violence centres

b. Type of service and institution (Justice System)

c. Professional profiles:
   - Social worker, Social care professionals, Educator (Version A)
   - Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist (Version A)
   - Healthcare professional (Version A)
   - Lawyer, Jurist, Legal operator, Legal expert (Version B)
   - Judge, Magistrate (Version B)

d. Time of Service

Demographics

Gender		Age	
Country of Residence			
Education			
Professional profile			
Region of the Country where you work			
Type of service/institution			
Current role:			
Years in the role:			

Version A -Health and Social Care System

Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the care system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Health and Social Care System is trauma-informed and what you think the changes should be to shift towards an approach which is more trauma-informed.

Questions

Rate the following statements regarding your workplace as it currently operates.

Item N	Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
1.	Written policy is established committing to Trauma Informed Practices (detection of traumatic experiences, actions to avoid re-traumatisation)					
2.	The service/institution has a formal system for reviewing whether staff are using trauma informed practice					
3.	There is system of communication in place with other services/institutions working with women and their children for making trauma informed decisions					
4.	There are structures in place to support consistent trauma informed responses to women and their children across roles within the service/institution					

Item N	Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
5.	Women and their children are given systematic opportunities to voice needs, concerns, and experiences					
6.	The service/institution has a system in place to develop/sustain common trauma informed goals with other services/institutions					
7.	Understanding of impact of trauma is incorporated into daily decision-making practice at my workplace					
8.	Supervision at my workplace includes ways to manage personal and professional stress					
9.	Trauma informed safety plans are written/available for each woman (i.e., triggers, behaviours when over- stressed, strategies to lower stress)					
10.	Staff receive supervision from a trauma informed supervisor					
11.	Timely trauma informed assessment is available and accessible to women served by my workplace					
12.	A continuum of trauma informed intervention is available for women served by my workplace.					
13.	A woman's definition of emotional safety is included in treatment plans and or in the procedures at my workplace.					

Based on your replies, please provide from one to three ideas to better implement a trauma-informed approach at your workplace:

1. _____
2. _____
3. _____

Survey Version B -Justice System

Introduction

Trauma-Informed Care promotes the use of universal precautions approach that assumes women victims of violence and their children involved in the justice system have experienced some form of trauma that may be mitigated through appropriate practices. Trauma-Informed-Practices, therefore, refer to a paradigm and to an organisational vision that understand, consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The survey aims to explore whether and how the Justice System could benefit by advancing the emerging field of trauma-informed-justice to better serve women victims of violence and their children.

Questions

Rate the following statements regarding your workplace as it currently operates (Perceptions of Justice System policy measures)

Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
.1. Written policy is established committing to trauma responsive practices for women victims of violence and their children.					
.2. It is the policy of my organization to regularly screen women and their children for trauma.					
.3. In my organization, the policies regarding working with women and their children include a focus on promoting resilience and general well-being.					
.4. My organization has specific protocols in place to reduce the “burnout” associated with working with women and their children who have experienced violence.					
.5. The diversity in my organization reflects the populations we serve.					

Questions	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP
.6. Women and their children are appropriately screened for trauma using a standardized tool to better assess the impact of violence against them and therefore to make more informed judicial decisions.					
.7. Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.					
.8. An understanding of the impact of trauma is incorporated into daily decision-making practice at my workplace.					
.9. Families and children are given systematic opportunity to voice needs, concerns, and experiences.					
.10. Women (and their children) are treated with respect.					
.11. Systems stakeholders treat each other with respect.					
.12. I discuss trauma issues with cross-systems partners.					

.1. Please point three barriers of access to justice for women victims of violence: _____
.2. What are the needs and goals to address the barriers you indicated: _____
.3. Determine obstacles for implementing trauma-informed-practices in the Justice System to better address the needs of women victims of violence_____

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Semi-structured interviews with policy makers and service leaders

Structured interviews are to be conducted with professionals at decision making levels who have direct experience of GBV. We could aim to recruit up to 12 professionals from national and local governments and justice, health and social care systems.

The topic guide explores participant experiences of developing and implementing Access to Justice approaches and TIC approaches and their views on how and why TIC approaches could improve policy and implementation.

Potential interviewees:

1. A Policy maker (appropriate to provide a system view of health and social care system)
2. A Head of a shelter
3. An Emergency Room director
4. A Prosecutor
5. A Judge
6. A Lawyer
7. The President of the National Psychological Association
8. The President of the National Social Worker Association
9. An Advisor/member of Advisory committees for Local Authorities, central Government (etc)

10 to 12 The remaining three professionals are to be selected by the Partners to better represent their country

The instructions for the interview could be: *Please think in terms of the current policies (practices) of your organisation. We are going to ask you a few questions to explore how the organisation envision, address the impact of trauma on the target population*.

Policy	Have the organisation's written policies and procedures yet included a focus on trauma, its pervasiveness for women victims of violence and yet expressed a commitment to the reducing re-traumatization? Has the organisation a specific health and wellbeing plan in place for staff, which recognises the pervasiveness of trauma and helps supervisors and workers support staff who have experienced trauma? If not, why not? How do the organisation's staffing policies demonstrate a commitment to staff training on providing services and supports that are culturally relevant and trauma-informed? How beneficial would it be to have an organisational policy on how screening should be completed and/or how service users should be asked about trauma?

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Engagement and involvement of survivors	Does your organisation have a survivor involvement policy, outlining your mission and what you want to achieve by involving survivors? Have staff been involved in discussions on how this will work/ barriers to implementation? What can be done to improve trust and transparency in staff, for survivors who do become involved in-service planning and delivery? How has their role been collaboratively identified and clearly outlined to avoid any confusion?
Cross Sector Collaboration	Have suitable collaborations been identified? How? Is this process sufficient? Is there a system of communication in place with other partner institutions, services, agencies working with the women receiving services for making trauma-informed decisions? Are collaborative partners trauma-informed? What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
Finance	How does the organisation's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development? What funding exists for cross-sector training on trauma and trauma-informed approaches?
Progress Monitoring and Quality Assurance	What mechanisms are in place for information collected to be incorporated into the organisation's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports? What measures or indicators are used to assess the organisation's progress in becoming trauma-informed?

Annex 2. Survey tables

Gender

	Frequency	Percent
Male	4	6%
Female	58	94%
I don't declare	0	0%
Valid	62	100%

Age

	Frequency	Percent
Between 18 and 25 years old	2	3%
Between 26 and 35 years old	13	21%
Between 36 and 45 years old	20	32%
Between 46 and 55 years old	20	32%
Between 56 and 65 years old	6	10%
Over 65 years old	1	2%
Valid	62	100%

Education

	Frequency	Percent
Degree	62	100%
High school	0	0%
Secondary school	0	0%
Valid	62	100%

Professional profile

	Frequency	Percent
Social worker, Social operator, Educator	20	32%
Psychologist, Psychotherapist, Neuropsychiatrist, Psychiatrist	34	55%
Operator in Healthcare	1	2%
Lawyers, Jurist, Legal operators	7	11%
Judges, magistrates	0	0%
Valid	62	100%

Region of the country (aggregated responses)

	Frequency	Percent
Catalunya	32	51,61%
Madrid	26	41,94%
Galicia	1	1,61%
Not specified	3	4,84%
Valid	62	100%

Type of service/institution (aggregated responses)

	Frequency	Percent
NGO, Third social sector	18	29,03%
Public service GBV attention	33	53,23%
Social Services	4	6,45%
Public Health services	6	9,68%
Private service GBV attention	1	1,61%
Valid	62	100%

Years of experience (aggregated responses)

	Frequency	Percent
Less than 1	3	4,84%
1 to 4 years	25	40,32%
5 to 9 years	10	16,13%
10 to 14	10	16,13%
15 to 20	10	16,13%
More than 20	4	6,45%
Valid	62	100%

Table Version A – Health and Social Care System

Rate the following statements regarding your workplace as it currently operates						
	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly Truefor My WP	Completely True for My WP	Valid
Written policy is established committing to Trauma Informed Practices (detectionof traumatic experiences, actions to avoid re-traumatisation)	18	9	16	6	6	55
	32%	16%	30%	11%	11%	100%
The service/institution has a formal system for reviewing whether staff are usingtrauma informed practice	19	9	10	13	3	54
	35%	16%	19%	24%	5%	100%
There is system of communication in place with other services/institutionsworking with women and their children for making trauma informed decisions	12	13	13	12	4	54
	22%	24%	24%	22%	8%	100%
There are structures in place to support consistent trauma informed responses towomen and their children across roles within the service/institution	9	13	15	12	6	55
	16%	24%	27%	22%	11%	100%
Women and their children are given systematic opportunities to voice needs,concerns, and experiences	0	6	4	21	24	55
	0%	11%	8%	38%	43%	100%
The service/institution has a system in place to develop/sustain common traumainformed goals with other services/institutions	9	13	16	13	3	54
	16%	24%	30%	24%	5%	100%
Understanding of impact of trauma is incorporated into daily decision-makingpractice at my workplace	4	6	9	19	16	54
	8%	11%	16%	35%	30%	100%
Supervision at my workplace includes ways to manage personal and professionalstress	9	7	10	19	9	54
	16%	14%	19%	35%	16%	100%
Trauma informed safety plans are written/available for each woman (i.e., triggers,behaviours when over-stressed, strategies to lower stress)	13	19	9	10	3	54
	24%	35%	16%	19%	5%	100%
	19	7	1	18	9	54

Staff receive supervision from a trauma informed supervisor	35%	14%	3%	32%	16%	100%
Timely trauma informed assessment is available and accessible to women servedby my workplace	17	9	12	12	5	55
	31%	17%	22%	22%	8%	100%
A continuum of trauma informed intervention is available for women served by myworkplace.	11	6	21	8	9	55
	19%	11%	39%	14%	17%	100%
A woman's definition of emotional safety is included in treatment plans and or inthe procedures at my workplace.	8	8	8	19	13	55
	14%	14%	14%	34%	23%	100%

Table Version B – Justice system

Rate the following statements regarding your workplace as it currently operates						
	Not at All True for My WP	A Little True for My WP	Somewhat True for My WP	Mostly True for My WP	Completely True for My WP	Valid
Written policy is established committing to trauma responsive practices for women victims of violence and theirchildren.	0	2	2	3	1	7
	0%	14%	29%	43%	14%	100%
It is the policy of my organization to regularly screen women and their children for trauma.	0	1	1	4	1	7
	0%	14%	14%	57%	14%	100%
In my organization, the policies regarding working with women and their children include a focus on promotingresilience and general well-being.	0	0	1	3	3	7
	0%	0%	14%	43%	43%	100%
My organization has specific protocols in place to reduce the "burnout" associated with working with womenand their children who have experienced violence.	1	3	2	0	1	7
	14%	43%	29%	0%	14%	100%
The diversity in my organization reflects the populations we serve.	1	2	0	3	1	7
	14%	29%	0%	43%	14%	100%
	1	1	2	1	2	7

Women and their children are appropriately screened for trauma using a standardized tool to better assess theimpact of violence against them and therefore to make more informed judicial decisions.	14%	14%	29%	14%	29%	100%
Efforts are made to minimize the stressful aspects of the woman (and their children) protection case process.	0	0	1	3	3	7
	0%	0%	14%	43%	43%	100%
An understanding of the impact of trauma is incorporated into daily decision-making practice at myworkplace.	1	0	0	4	2	7
	14%	0%	0%	57%	29%	100%
Families and children are given systematic opportunity to voice needs, concerns, and experiences.	0	0	1	3	3	7
	0%	0%	14%	43%	43%	100%
Women (and their children) are treated with respect.	0	0	0	2	5	7
	0%	0%	0%	29%	71%	100%
Systems stakeholders treat each other with respect.	0	0	2	4	1	7
	0%	0%	29%	57%	14%	100%
I discuss trauma issues with cross-systems partners.	1	0	2	1	3	7
	14%	0%	29%	14%	43%	100%

Annex 3. List of persons interviewed

1) **Gemma Altell:** Gender Consultant for the Public Administration, especially the Catalan government, in issues concerning Gender Based Violence;

2) **Elisa Micciola:** Psychologist from the Association of Psychologists of Catalonia

3) **Virginia Mora**: Coordinator of Psychosocial-educational center for women and their children victims of gender-based violence in Madrid

4) **Ana Pagán Mena:** Lawyer working in Specialised Intervention Service of Garraf-Penedès, Catalonia, with victims of gender-based violence.

5) **Maria Eugenia Blandón,** Member of the Gender Commission of the Association of Social Workers of Catalonia and founder of the Association Mujer diáspora

6) **Mònica Pujadas** and **Cristina Gomez**: Social worker and Coordinator of the Office for the Attention to the Victims of Crime from the Department of Justice, Rights and Memory of the Catalan Government;

7) **Carmen Martínez:** Judge from Common Court in Andalucía

8) **Alba Caballer**: Emergency Doctor from Hospital Parc Taulí

Annex 4. Summary of individual interviews

Interview 1: Consultant on GBV for the public administration

Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept

a. Internal policy

In the public administration there is no particular focus on trauma and trauma informed care is not mentioned in methodology. Nevertheless, it is underlying in some of the best practices and legislation. Lately, the focus on the responsibility of the public administration and the recognition of institutional violence have been shifting the focus to a more sensitive to trauma approach.

In general, there are self-care and supervision spaced to support professionals and prevent secondary trauma but in practical terms there are other priorities to attend to and there isn't necessarily a focus on trauma itself but on satellite subjects. Also, regarding training to professionals which is not focused on trauma specifically, although it may be underlying.

b. Engagement and involvement of Survivors

Women survivors are not particularly consulted regarding possible changes in the support process and very often there is a stereotypical and prejudiced approach to their comments. It would be very important to include their opinions but there is often no time for structural changes due to constant emergencies.

At the same time, women survivors are not welcome to engage in the improvement of the services and they are not politically represented in groups or associations, so they have little political power to improve the system. Women also have other personal priorities and improving the system is something very far out for them.

Finally, services are very unidirectional and built in a top-bottom model. It would take time, resources, a more fluid and honest communication and a totally different logic of service to allow stronger engagement from the part of women.

c. Cross Sector Collaboration

There are some attempts to make procedures more homogeneous regarding the sharing of similar principles, although trauma itself is not usually represented in this attempt. A major difficulty is the wide range of professionals engaged in the support for victims of GVB, from social workers to police officers, to psychologists, to lawyers, to health, etc. Since everyone sees the case form a different perspective it is very difficult to find a common discourse.

Although there isn't a focus on trauma, the new Protocol to address GBV includes a strong focus on the responsibility of the administration so this should allow the focus on trauma to be expanded.

d. Finance

It is impossible to know how the public administration distributes funding to address trauma since the services and programs and not designed from the perspective of this logic or focus.

e. Progress Monitoring and Quality Assurance

Improvements are not frequently incorporated, the professionals in charge report and collect data and methodologies but focus more on process than on results and changes. Many concepts are not even clear in the same manner to all professionals and indicators are heterogeneous, services are not yet in this phase.

Interview 2: Psychologist working for the public administration in a GBV service and part of the Catalan Association of Psychologists

a. Internal policy
In the violence services, this perspective is not incorporated in the written material and protocols. In recent years, priority has been given to the incorporation of the gender perspective, but this perspective has not yet been agreed upon, so the approach to trauma has not yet been installed. At a personal level, some team members get training on such matters but these are individual initiatives and not from the part of the organizations.
Professionals understand they are exposed to burnout and secondary trauma and try to prevent it but there isn't a clear plan on the organization focused on trauma. Also in terms of training professionals identify that there isn't a clear focus on trauma and initiatives are mainly individual ones.

b. Engagement and involvement of Survivors
The engagement of women survivors is not prioritized or particularly taken into account and this would be a great improvement. Women are exposed to a lot of social and psychological vulnerability and it would be paramount to include their perspectives. Being part of the public administration, there are no mechanisms to ensure survivors participation on project design, it is a unilateral methodology. Nevertheless women feel comfortable approaching trauma issues with professionals and feel they are in a safe space.
Also the number of group intervention is increasing.
There is an attempt to include a transcultural perspective but not very systematized.

c. Cross Sector Collaboration
Although there is cross sector collaboration, this is poor and the understandings around trauma as well. Many professionals are afraid to address violence and avoid it and also training is scarce and not focused on trauma.

d. Finance
The NGO finances up to 20 hours of training but the topics are decided either by the professionals or by the NGO and usually they are not trauma.

e. Progress Monitoring and Quality Assurance
Professionals have access to supervision specialized on trauma because they demanded it to be so. Besides that, the monitoring of the quality of the service, there are very few indicators and many processes do not follow a clear protocol or standard indications and very often everything that has to do with monitoring is understood as a type of audit or control and not well received by professionals.

Interview 3: Lawyer from a GBV centre from the Catalan government

Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept

a. Internal policy
The NGO takes into account the impact of GBV on women from a Gender perspective and emotional safety from a transversal perspective with all professionals. Also women are empowered through the recognition of their rights and agency is relevant for the intervention. There is also a concern about cultural aspects although this is not a systematic written protocol.
The team has access to supervision spaces but the trauma perspective is not necessarily present and this is not a priority from the part of the Organization, reason why some professionals search for training and support outside of the Organization. Professionals have access to training hours and can choose training topics from a catalog but trauma

informed care is not included. The lawyer gets training in legal aspects and changes on the law but not on issues regarding the communication and establishment of a relationship with the survivor, it is more focused on practical matters.

b. Engagement and involvement of Survivors
The engagement of women survivors in evaluation of the service is not present due to time constraints that lead the team to working in a state of answering requests more than being able to plan their intervention. Some surveys are sent to women survivors but these do not necessarily have a repercussion on the improvement of the support.
Women participate proactively in group intervention and feel confident to express what they need but do not participate in the intervention design.

c. Cross Sector Collaboration
Many public and private services that are not specialized in GBV do not have a trauma focus and the NGO feels they have to have a pedagogic approach to other services. There is no cross-sector training on issues of trauma, each professional gets practical training on the matters that are more relevant to them.

d. Finance
The lawyer does not know as she is not in charge of this aspect but knows that the training received is not focused on trauma in particular.

e. Progress Monitoring and Quality Assurance
Improvement indicators are not contemplated, and improvements are not necessarily incorporated in the methodology. Some activity information is collected but does not necessarily reflect on the methodology and interventions.

Interview 4: Director of a Gender Based Violence Centre from Town hall in Madrid

Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept.

a. Internal policy
There is a focus on the impact of GBV on both the woman and her children, and an effort to avoid re-traumatizing them. Internal procedures mention the traumatic experience. Professionals have around 60 hours of training, most of them at their choice and depending on their needs, although this is not usually focused on trauma or cultural competence. As a self-care measure, they also have supervision and follow-up, which can include trauma but could not be considered trauma-informed. Also some professionals search for training on their own regarding issues of trauma.
There are internal procedures to collect women's suggestions and evaluation of the support received and this information gets collected in the annual report but there are no concrete indicators and processes to include these suggestions in the service provision. Some actions may change and adapt to the women's needs but not necessarily the internal procedures, just tailored support.

b. Engagement and involvement of Survivors
It is important to provide more confidence and structure for women to participate more and also for their children. Women actively participate in some concrete celebration days but usually they don't interfere or suggest regarding the type of service provision they need, although the action plan is tailored to her needs.

c. Cross Sector Collaboration
The trauma focus is present mainly on the GBV services and NGOs, other services, mainly childhood protection ones and judicial ones lack this perspective. This is particularly clear on the demand made by judges and lawyers regarding survivors'

experiences and often leads to retraumatizing women. Town Hall offers training for all professionals of the social services but not on trauma informed care so there is no cross sector training.

d. Finance
Although professionals have access to training hours, there is no concrete financial item dedicated to trauma informed training or inclusion on work practices.

e. Progress Monitoring and Quality Assurance
There are some indicators of process that are both quantitative and qualitative, although they are not trauma-informed.

Interview 5: Social worker from the Gender commission of the Catalan Association of Social Work and leader at a migrant women's' association

a. Internal policy
The view between the public administration resources and the NGO and women led resources is considered to consist of totally different focuses. On the one hand, public Administration services are understood as rigid, unidirectional and using a one-fit-all model of intervention where women are not the protagonists on their own process; whereas the understanding of NGOs and women led organizations put women in the center of the intervention from a fluid perspective and understanding of the strategies to heal trauma.
From this angle, the internal policy of this women led organization addresses trauma from a holistic perspective and going beyond the trauma-label to focus on the person in a broad sense. Timing, expectations, communication strategies and proactive group empowerment are some of the characteristics of this paradigm of intervention.

b. Engagement and involvement of Survivors
Women survivors are always at the center of the action as they develop the intervention together, according to their needs. They mobilize themselves, gather in smaller groups for several activities, in a group healing process.

c. Cross Sector Collaboration
There is cross sector collaboration but the views on intervention are very different. Other organizations or the public administration have, in many cases, some notions about trauma but the way to approach varies greatly. They still count on public services for more complex cases, when the woman survivor expresses this need and for coverage of basic needs.

d. Finance
There isn't a fixed part of the budget dedicated to training as it changes according to the professional's needs and priorities. Still, mental health and preventing secondary trauma are part of training choices.

e. Progress Monitoring and Quality Assurance
The high engagement of women survivors in the process guarantees that the quality of the actions is always being scrutinized and tailored to the women's needs, according to professional criteria. Indicators are not quantitative or numerical, they are mainly flexible to the different activities taking place and rely a lot on women's comments and improvement.

Interview 6: Coordinator of the Office for the Attention to the Victims of Crime - Department of Justice and Social worker from the same office

a. Internal policy
Trauma is taken into account, especially in the understanding of the impact of GBV and the expectations of intervention, which goes beyond trauma to focus also on other social aspects. Still the timing and the control of her own process are not something that can be flexible since the connection with the judicial process leads to having to adapt to the judicial timing. Group sessions are also not developed but there is interest in doing so. Self-care and avoiding secondary trauma relies on training, team-work spaces but for now there is no external supervision. A need is detected regarding the training in cultural competence.

b. Engagement and involvement of Survivors
Officially, women's participation in their own process is not necessarily taken into account, but women have specific demands in the available service catalogue from where to choose from. Being connected to the judicial system, the work developed relies a lot on the specific judicial timings and related activities like accompanying women to court, support in judicial questions, etc. There is an underlying understanding of the impact of trauma.

c. Cross Sector Collaboration
There is cross sector collaboration although the understandings around violence and trauma vary according to the service or institution. The approach is based on network intervention and there is more focus on trauma in terms of training and approach than before.

d. Finance
Instead of finance allocation, it is the number of hours dedicated to training and self-care that defines these actions. Professionals have around 40 hours a year for these activities plus other external sessions they can join. Professionals define priorities in training that can be related to trauma or not, depending on the most urgent issues to be addressed.

e. Progress Monitoring and Quality Assurance
The quality of the service is very regulated and determined by law, there are no clear indicators besides an external evaluation done to the functioning of the process. It is not trauma-based.

Interview 7: Judge, Andalucía

a) Internal policy
The legal field puts the focus on procedures and regulations with a detached perspective regarding the human aspects of the whole procedure. Although specialized courts on GBV have basic training on the effects of violence on the victim, these constitute a small percentage of professionals and the training on these matters is not deep enough and not specifically focused on trauma.
There is absolutely no focus on the care of professionals exposed to secondary GBV and who have a great responsibility over the victims.

b) Engagement and involvement of Survivors
Victims are involved in their process in the sense that the law guarantees certain rights and choices that they can claim or refuse. Victims are supported by public services and professionals who can explain in depth the different steps of the judicial process. Other than that, the whole procedure is defined by legislation and here is no more room for involvement of the survivors.

c) Cross Sector Collaboration
Courts have direct connections with lawyers, prosecutors, police forces and at a certain degree to civil society organizations. There is a lot to be done regarding the awareness and trauma focus of the legal system as there is no focus on trauma or on the emotional sphere of the victim and the whole system follows rigid procedures.

d) Finance
It is not possible to quantify the amount spent on training and activities focused on trauma but there is no mandatory training on this matter for judges, although they can take part in voluntary trainings. A focus on trauma is not very common.

e) Progress Monitoring and Quality Assurance
Courts are not subjected to any sort of evaluation and the success is only measured in number of cases solved, regardless of how it was solved. There is no focus on trauma at all in any of the legal procedures, on transcultural aspects or any other victim focus.

Interview 8: Emergency Doctor from a public Hospital

Obs: Before conducting the interview, it was needed to explain what Trauma informed care means as the professionals was not aware of the concept.

a) Internal policy
In the area of health, and specifically generic medicine and emergencies, the interviewee understands that there are no specific written policies with a trauma approach regarding the assistance to victims of GBV. The usual procedure is to contact the police and the gynaecology department to explore if there was sexual violence. There are no emergency psychologists, so the medical emergency does not go any further than these activities which, if systematized, were not socialized or an object of training.
Also, there is no self-care plan focusing on professionals' support and being so, no TIC focus. There is no training on cultural competence or any other dimensions of TIC.

b) Engagement and involvement of Survivors
This aspect is not included in the medical methodology defined; the victim is merely informed about each step of the intervention but with no room for participation beyond accepting or not the suggested interventions.

c) Cross Sector Collaboration
The interviewee identifies that more professionals, especially women, are more sensitive and aware to GBV from a cross sector perspective. Nevertheless, there are no systematized trainings or spaces for debate and TIC is not present at any level.

d) Finance
Given that there is no available training in this area, the questions do not apply.

e) Progress Monitoring and Quality Assurance
There is no room for quality assurance practices, except for the customer support service where women can deposit complaints or suggestions regarding the service that was provided. Nevertheless, the interviewee expresses that there is no procedure to include these suggestions or complaints in the methodologies of the service, therefore not contributing to the improvement of the service.

Interview 9: President of the Catalan Institute of Women

a) Internal policy
The public administration, in terms of approach to Gender Based Violence, is developing important changes in their model to make it more unified under the same criteria, which include more funding, better evaluation practices, a more intersectional approach, more

services and professionals. TIC and other approaches constitute a second level of intervention, regarding content and not so much form, which is the focus of this concrete organism.

b) Engagement and involvement of Survivors
The design and structure of the existing services does not leave room for a survivor focus on the design of projects or public policy. The structure of each type of available service has different characteristics which are more or less flexible, depending on the service itself. Nonetheless, this model is still not present in public services and it is difficult to implement for now.

c) Cross Sector Collaboration
The Institute supervises all services and aims at finding unified models which allow cross sector collaboration, even recognizing that a large variety of actors focus on survivors of GBV and finding a common language constitutes a challenge. The local circuits of approach have different levels, from the local and autonomous administration, different social considerations in relation to these professionals, different workloads, etc. They do not start from the same standpoints.

d) Finance
There is a considerable investment in GBV public services at a macro level. The way this budget is distributed into specific trainings and approaches is a micro-level that does not correspond directly to the Institute to define.

e) Progress Monitoring and Quality Assurance
The ways of monitoring and assuring quality are still precarious due to the diverse quantity of actors from different standpoints. Each service conducts their own internal evaluation, which often stays in the realm of each team and does not extrapolate to the remaining services nor does it directly reach the public administration. Some quantitative evaluation and research is done but there is a lot more needed, hindered by human resources limited time and expertise to develop such tasks.

Interview 10: Deputy Director of Management of Services and Resources for Attention to Gender-Based Violence for the Catalan Government

a) Internal policy
The interviewee understands that the main principles are present although not fully integrated with each other. For example, we talk about intersectionality and not about cultural competence, putting women at the center. However, there are no official regulations and documents, although work is being done in this regard. The interviewee says that there is no specific health and wellness plan for staff that recognizes the pervasiveness of trauma and focuses on secondary trauma. However, she takes some specific actions and others to accompany the professionals, although she understands that they are not enough.

b) Engagement and involvement of Survivors
In this sense, not much progress has been made in the participation of survivors in public policy regarding them. Something has only been developed in some specific projects, but the participation of women hardly reaches public policies, rather at the micro level in some specific entities or NGOs

c) Cross Sector Collaboration
Progress is being made in coordination spaces with various actors. The National Commission, the territorial, regional, local circuits, with different departments. In some,

it costs more, mainly in the field of justice, where it is very difficult to generate spaces for horizontal coordination.

d) Finance
Not a specific budget, more training is being defined according to demand, it is not a mandatory criterion to have training in this area or to dedicate resources to this specific area.

e) Progress Monitoring and Quality Assurance
There are workspaces with the specific entities and NGOs and services to assess how the services are working. After each year, a report with specific indicators is requested to evaluate how they are working, and periodic meetings are held to evaluate. Indicator design work had been done and we found a very dismantled service network that has grown in a very disorderly manner, which corresponds to a moment in the past. The interviewee understands that services are at another point of developing a system to ensure quality-

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