

## Article

# Integrated Psycho-Socio-Educational Programmes for Women Victims of Gender-Based Violence

María Cristina Lopes-Dos-Santos \*  and Sagrario Anaut-Bravo

Department of Sociology and Social Work, Public University of Navarra, 31006 Pamplona, Spain; sanaut@unavarra.es

\* Correspondence: cristina.lopes@unavarra.es; Tel.: +34-619556222

**Abstract:** Although women victims of gender-based violence suffer health and self-care issues, there is still a lack of coordinated integrated support programmes aimed at mitigating the socio-health impact of gender-based violence on women that are suitably adapted to new social contexts. Given the importance of analysing the effectiveness of integrated psycho-socio-educational interventions and self-care programmes, this study reviews the interventions and programmes implemented in Spain, focusing specifically on their implementation and impact in the autonomous region of Navarra. The data reviewed were extracted from official publications and websites pertaining to the 17 Spanish autonomous regions and the corresponding Spanish government ministries. Additionally, 18 reports on psycho-socio-educational interventions ( $n = 63$ ) for the whole of Spain centring on integrated support for self-care were analysed. In the case of the autonomous region of Navarra, four psycho-socio-educational intervention programmes ( $n = 4$ ) involving self-care were analysed. The analysis found that there are a number of diverse integrated psycho-socio-educational programmes focusing on self-care that provide support and interventions. The results indicate that the women who benefit from the services, especially those relating to self-care (self-esteem, healthcare, personal image, and health), report improvements in their general wellbeing.

**Keywords:** self-care; gender-based violence; integrated support; psycho-socio-educational intervention; empowerment



**Citation:** Lopes-Dos-Santos, M.C.; Anaut-Bravo, S. Integrated Psycho-Socio-Educational Programmes for Women Victims of Gender-Based Violence. *Healthcare* **2024**, *12*, 1795. <https://doi.org/10.3390/healthcare12171795>

Academic Editors: Victor R. Prybutok and Walter R. Schumm

Received: 21 May 2024

Revised: 2 September 2024

Accepted: 6 September 2024

Published: 8 September 2024



**Copyright:** © 2024 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

There is a wealth of historical scientific literature focusing on the violence suffered by women in their domestic environments, primarily at the hands of their partners or ex-partners [1–4]. Similarly, there are also many studies on the interventions implemented to support women victims of gender-based violence (GBV), their results, and their effectiveness [5–7].

Although progress has been made in identifying different forms of abusive behaviour in order to delimit [8–11] and develop a variety of theoretical approaches [12–17] towards GBV, it has become clear that the issue is both multivariate and complex. This reality is framed within a renewed social [18,19] and eco-economic [20,21] perspective and interest [22–25], as well as the exponential prevalence of GBV [26].

Research in Spain highlights an increase in GBV and a myriad of regional intervention approaches [27]. The impact of GBV on women's quality of life is often identified during healthcare appointments [28] and social settings, in which early detection is key to prevention [29,30]. A victim's self-perception often leads to the normalisation of their experiences [30] and the consequent lack of actions aimed at changing their situations [31]. Some of the most important consequences of GBV on women are trauma and injuries, depression and anxiety, and substance use, with three times more women victims of GBV attending healthcare appointments than other women [26]. A total of 28.7% of women living in Spain aged 16 to 74 who have had a male partner have suffered some form of

violence. More specifically, 50.3% have suffered physical injuries and 78.4% psychological distress [18]. As a consequence, legislative changes and social advances have given rise to the implementation of various resources and actions in Spain's 17 autonomous regions (excluding the autonomous cities of Ceuta and Melilla) [32–38].

One of the results of targeting resources at preventing, mediating, and ending GBV is the implementation of efficient close-contact interventions to reduce its impact and provide tools to empower women [39–44]. A number of relatively recent studies have highlighted the effectiveness of group activities [45–47] as key factors in improving mental health, self-care, and personal growth.

In turn, studies in Spain have highlighted a series of practises for their effectiveness [48–50] in supporting women, including cognitive contextual therapies, contextual therapies, and various other programmes [51]. For example, cognitive behavioural therapies are particularly effective in reducing anxiety and stress. Contextual therapies focus on individual clients' needs and are primarily effective in reducing mental anguish and the risk of suicide, as well as improving problematic behaviours, but have not led to improvements in quality of life [52]. However, at the time of writing, it seems that there are no comparable evidence-based studies on the impact of integrated psycho-socio-educational support programmes, which comprise the coordinated intervention of psychological, educational and social aspects, on the mental health and wellbeing of women victims of GBV. Neither are there any studies on the promotion of self-care aimed at coping and dealing with GBV.

Within this context, this study aims to address the following objectives: (1) identify the integrated psycho-socio-educational intervention programmes for women victims of GBV in the Spanish autonomous regions; (2) identify the programmes that have demonstrated effectiveness in mitigating the psycho-socio-educational factors perceived by women victims of GBV, and (3) identify the promotion of self-care in the programmes analysed. Hypothetically, the results of the analysis should provide evidence on integrated psycho-socio-educational interventions focusing on promoting self-care and mental health through programmes implemented by multidisciplinary teams.

## 2. Materials and Methods

In order to respond to the general objective of determining the effectiveness of comprehensive psycho-socio-educational support programmes aimed at women victims of GBV in Spain, a systematised review (SR) of the scientific literature on the subject was performed using the intervention programmes identified. In addition to focusing on analysing and exploring areas of knowledge and research fields, the SR was aimed at identifying current trends in the subject, as well as determining research gaps and opportunities. This provided a "state-of-the-art" review [53,54]. A search, evaluation, analysis, and synthesis of the programmes under study was performed using the SALSA framework [53].

Searches were performed in Scopus and Dialnet. However, searches in the former did not produce any results when applying the territorial criteria—Spain and the names of the 17 autonomous regions into which Spain is administratively subdivided (Figure 1). Google Scholar was also used in the search. The searches in Google Scholar and Dialnet were performed using a combination of terms and text words to establish the inclusion criteria: programmes, integrated, psychological, mental health, social, educational, support, multidisciplinary teams, women, victims, gender-based violence, and self-care.

To complete the process, official publications and websites pertaining to the competent bodies in healthcare and social services in each of the Spanish autonomous regions were consulted. The Spanish Ministry of Health and the Ministry of Equality websites were also consulted. The latter incorporate the Institute of Women and the Government Office against Gender-based Violence.



**Figure 1.** Map of the Spanish autonomous regions. Source: Google Maps.

The SR included the revision of 45 documents (procedure manuals, reports, resources, and services) from the 17 autonomous regions into which Spain is administratively subdivided (Figure 1). In addition, 18 official reports on the integrated support available to women victims of GBV were also included. None of the documents reviewed came from the Ministry of Health or the Ministry of Equality, which highlights the fact that the management and implementation of intervention programmes aimed at GBV is the responsibility of the autonomous regions.

In view of the limited data obtained, emails were sent to the aforementioned organisations requesting specific data on their programmes. Only five autonomous regions responded: Castilla y León, Madrid, Aragón, Catalonia, and the region of Valencia. However, they replied that they had no additional data other than those which appeared on their respective websites and had no results on the effectiveness of their programmes. Navarra was the only region to respond with additional data, which are presented below.

In the first instance, the selection criteria used for the public documents analysed contemplated programmes that included the following: psychological intervention, social intervention and/or educational intervention, or a combination of them all (psycho-socio-educational intervention). In reference to Spain as a whole or its autonomous regions, the programmes under study all had to be in force in 2024. The review did not assess or consider the methodological quality of the programmes analysed.

The content of the psycho-socio-educational GBV intervention programmes was then analysed to determine their impact, and, lastly, a quantitative and qualitative synthesis of the results was obtained to determine whether they contained evidence of the impact of the programmes implemented.

The SR revealed that all of the psycho-socio-educational GBV intervention programmes are aimed exclusively at women, as established in Spanish law (Organic Law 1/2004, of 28 December, on Comprehensive Protection Measures against Gender-based Violence). In turn, the programmes are designed and implemented by the autonomous regions themselves, either directly or through private entities. Although they follow their own criteria, there are similarities between them that enable a comparative analysis of their strategic lines. It was only possible to determine the effectiveness of the intervention programmes in 4 of the 63 cases, all corresponding to the autonomous region of Navarra.

### 3. Results

The autonomous regions have included their policies on equality and support for women victims of GBV in their healthcare systems as part of their social services, given that both areas fall under their responsibility. As a result, they consider integrated psycho-socio-educational support as an intervention methodology. However, owing to the fact that access to the official websites of the competent bodies was restricted ( $n = 15$ ) and/or because the programmes were implemented by private entities ( $n = 1$ ) whose references could not be obtained, it was not possible to confirm the existence and development of multidisciplinary intervention programmes in detail. Consequently, it was largely impossible to determine the composition of the programmes or the results of their impacts. In effect, detailed information was only available in the case of the autonomous region of Navarra ( $n = 1$ ) after requesting a more comprehensive breakdown from the regional government of Navarra itself. Subsequently, data were extracted on the professionals who comprise the teams, the procedures implemented, and the evaluation of the results.

#### *3.1. Programmes and Resources Targeted at Supporting Women Victims of GBV in the Spanish Autonomous Regions*

Every Autonomous Region has a public body responsible for supporting women victims of GBV ( $n = 17$ ) as part of social services, which usually fall under the healthcare system. The wide variety of programmes and resources available is due to the autonomy of each individual region, as detailed below.

In Andalusia, the Andalusian Institute of Women has an integrated support and refuge service for women victims of GBV and their dependents, comprising emergency centres, refuges, and supervised housing. It provides specific programmes for psychological support and legal advice as well as support services, in addition to accompaniment and social support. The refuges provide information, counselling, and integrated support through a multidisciplinary professional team. This takes the form of 180 municipal Women's Information Centres and 8 provincial Women's Centres [55–57].

In Aragón, the Institute of Women (IAM) provides information, counselling, and psychological, educational, social, and legal services to women victims of GBV. There is a psychological support service, a family education service, and psychological as well as social counselling services with offices in the three provincial capitals, Huesca, Zaragoza, and Teruel. Zaragoza City Council also provides a social support service for information and advice on GBV issues to women living in the locality. The IAM also provides a family educator service that has a coordinator, three educators (one in each province), and a reinforcement educator. In addition, legal advice is provided by the corresponding Bar Association at the IAM headquarters and regional centres, as well as other dedicated services [58,59].

Integrated support for victims of GBV in Cantabria provides information and emergency telephone helplines, a legal advice for GBV telephone helpline (number 016), a Support and Protection of Victims of Gender-Based Violence (ATENPRO) telephone helpline, the Integrated Forensic Assessment Unit for Gender-Based Violence at the Cantabria Institute of Forensic Medicine (UVIVG), and information and support centres in town councils and municipal associations [60–62].

There are support centres for women victims of gender-based violence in the Canary Islands on each of the islands. They provide emergency services and immediate assistance, housing, and specialised intervention (social, legal, employment and educational) [63,64].

In the autonomous region of Castilla-La Mancha, the services and programmes specialising in GBV at the Institute of Women consist of telephone helplines, refuge resources, tele-translation services, and Women's Centres. Individual interventions involve counselling, advice, and mediation services in all of the region's municipalities. Moreover, the region advocates a community intervention programme with the whole population in order to raise awareness about equal opportunities. Interventions includes services in the areas of rights, psychology, employment, and social orientation [65–69].

The integrated support programme for victims of GBV in the autonomous region of Castilla y León comprises the figure of a case coordinator (an expert from the public administration) who is part of the Primary Care Social Action Team. Their role is to detect, manage, coordinate, and design a plan together with experts in GBV from second-level multidisciplinary teams from the local area (detection, emergency attention, assessment and integrated support plan, provision of benefits, and follow-up). They provide expert legal and psychological support through a helpline for women victims of GBV (number 012), free in-person legal advice, and an accompaniment service staffed by volunteers who have had similar experiences [70].

The autonomous region of Catalonia has introduced a nuance in the terminology of its services and programmes. Instead of using the term “gender-based violence”, the Professional Intervention Service (SIE) focuses on women victims of “sexist violence” to highlight the origin of the violence that impacts women (i.e., male roles). The SIE provides information, integrated support, and resources to women, as well as their children, who have suffered or are suffering from violence, or are in the process of recovery and adjustment. The service is staffed by multidisciplinary teams comprising experts in psychology, law, social work, social education, and cultural mediation [71–75].

As in the case of Catalonia, in the Balearic Islands there is a social support and accompaniment service for victims of male/sexist violence. This is a dedicated service and provides the following avenues of support: social telephone helpline for cases of male violence, information, advice, specific counselling and professional support, referrals to appropriate dedicated resources, face-to-face accompaniment, and emotional support [76–79].

Although the autonomous region of Madrid is ultimately responsible for its intervention programmes, it does not manage them directly but outsources them to private entities via specific contracts (agreements and temporary subsidies). The composition of the teams varies depending on the entities’ resources. There are residential support centres for women victims of GBV, non-residential psychosocial support centres (MIRA Programme), and several dedicated support centres. In addition, a Regional Observatory on Gender-based Violence is located in 55 municipal sites, and there is also a legal advice service [80,81].

The Institute of Women in the autonomous region of Valencia provides resources in 24 h centres, dedicated residential centres, and crisis centres. It has a programme (Alba) with nine professionals in social work, social education, psychology, and law that, on an itinerant basis, provides emergency accommodation to women in situations of sexual exploitation [82–84].

The Institute of Women in Extremadura provides a support network for women victims of GBV. It has Women’s Centres in its two provincial capitals, Cáceres and Badajoz, staffed by interdisciplinary teams who provide integrated recovery programmes for women victims of GBV and emergency psychological support (Pilar Project), as well as emergency legal support [85,86].

The autonomous region of Galicia has Women’s Information Centres in many municipalities, as well as online legal advice and women’s helplines. It has also implemented various programmes for improving equal opportunities and ending GBV, in addition to a psychological support programme [87–89].

The support and protection measures for victims of GBV in the autonomous region of La Rioja focus on information and counselling services, economic benefits, and legal, psychological, and social support. The region has a Women’s Advice Centre, an emergency social support programme, and an accommodation network, among other services [90].

The autonomous region of Murcia has implemented emergency support resources in centres staffed by interdisciplinary teams. It has developed a regional network of 29 dedicated support centres for victims of GBV, 4 refuges, and supervised housing [91–93].

The autonomous region of the Basque Country provides a wide range of services and programmes adapted to its complex administrative reality. Thus, the resources and services targeted at supporting women victims of GBV are structured on three levels: the Basque Regional Government, 3 Provincial Capital City Councils (Victoria-Gasteiz, Bilbao



and Donostia-San Sebastián), and 251 Town Councils. The Basque Department of Equality, Justice, and Social Policies provides a victim support service staffed by professionals in law, social work, and psychology; a co-ordination centre for violence against women with three unspecified professionals; integrated accompaniment in legal proceedings with five unspecified professionals; an information and telephone helpline staffed by eight unspecified female professionals; and economic benefits advice staffed by three unspecified female professionals.

The Provincial Councils provide emergency reception services (62 unspecified female professionals), residential centres (51 unspecified female professionals), legal advice services (12 professionals), psychological support services (141 professionals), and specialised programmes. In the province of Alava, the services provided are psycho-socio-educational intervention and social accompaniment; in Bizkaia, a specialised family intervention programme; and in Guipuzcoa, residential centres for women at serious risk from a lack of protection and social exclusion, as well as victims of male violence, and a regional social emergency service. In total, 53 professionals, without always specifying their area of expertise.

Lastly, municipalities provide an information, assessment, and specialised diagnosis service with 239 professionals (to be determined). There are accommodation services (sheltered housing) in which 59 unspecified professionals work, as well as a legal counselling and psychological support service [94–96].

The Institute of Women in Asturias has 18 Women's Advisory Centres providing legal advice. There is also a Centre for Integrated Attention for Women Victims of Gender-based Violence (Casa Malva), which provides multidisciplinary interventions in addition to a psychosocial support service [97,98].

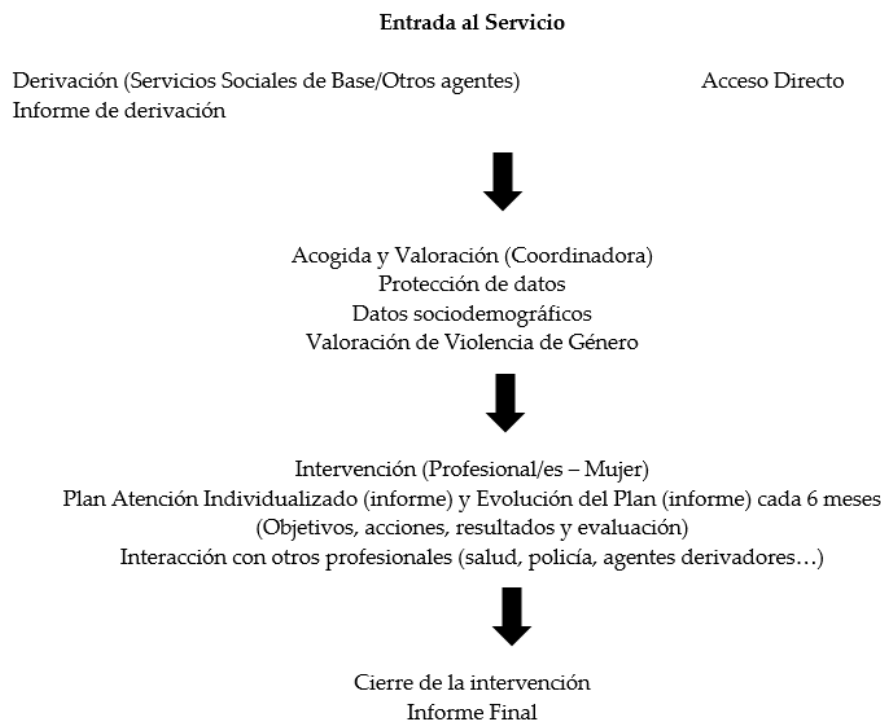
Lastly, in the autonomous region of Navarra there is a wide range of services focusing on GBV in both residential and non-residential situations. In the area of psycho-socio-educational support, the Integrated Support for Victims of Gender-based Violence Teams (EAIIV) are multidisciplinary and work with women in residential and non-residential environments [99–102].

### *3.2. Integrated Psycho-Socio-Educational Intervention Programmes for Women Victims of GBV in the Autonomous Region of Navarra*

In the autonomous region of Navarra, the integrated psycho-social-educational intervention programmes developed by multidisciplinary teams are implemented by the EAIIV in residential centres (emergency, refuge, sexual violence, and housing) and/or in women's places of residence. The EAIIV perform ongoing work in relation to women victims of GBV [103–106].

The multidisciplinary teams are staffed by three professional figures (social educator, clinical psychologist, and social worker) who work together in geographical areas structured by zones. As a result, their actions converge in individualised support programmes in which all three intervene depending on the moment and needs of a client. Thus, the teams implement integrated intervention models in which the different disciplines provide individualised intervention programmes.

The programmes studied ( $n = 4$ ) follow a standardised/consensual process designed in 2021 (procedure manual), which is summarised in Figure 2. In some cases, the process is direct because women victims of GBV get in touch with EAIIV, proactively seeking help, as they have prior knowledge about the programme (verbal, posters, media, or professionals). In other cases, the process is indirect or referred from other services such as primary healthcare, local social services, local police, etc. The intervention process begins from the point of contact with the three professionals indicated.



**Figure 2.** Support procedure for women victims of GBV by the EAIV in Navarra. Source: the authors.

In addition to their role as team coordinators, social workers also implement social interventions. Together with the other team members, they participate in the reception of victims and assess the level of GBV suffered by each individual (structured interviews) in order to subsequently determine the psychological and/or educational as well as social support required. Moreover, social workers deal with contextual aspects, assess the situation of abuse, the gravity, and risks, diagnose deficiencies and social difficulties, inform about existing resources, provide counselling, determine personal, family, and contextual competences, and promote personal education in self-care.

Psychologists (clinical psychology) assess a victim's mental health and deal with the experience of GBV via therapy. They focus on the traumatic and psycho-emotional aspects, accompanying and supporting the victim throughout the process to improve their wellbeing and self-care.

Social educators accompany victims in their training and development through socio-educational skill programmes, which promote self-care and personal development towards greater autonomy and control over their own lives. The aim is to promote stable and sustainable changes in the process of overcoming their situation. They also accompany clients to community resources and legal proceedings.

The team works together to decide the intervention needs of each individual victim during meetings. An intervention plan is designed and developed together with the victim (personalised support), so that the objectives and the subsequent process are agreed directly and are implemented as well as assessed during the support process. This gives rise to an individualised report.

The intervention plan is assessed on the basis of the agreed objectives and their scope throughout the process, taking into account the support provided by the different professionals and specifying the actions implemented by each discipline. The intervention is implemented using scientific methodologies, intervention models, and measures adapted to each case, such as AF-5 [107], BDI-II [108], EGEP-5 [109], and STAI [110]. Various therapeutic techniques are used, including life history [111], lifeline [112], projective techniques [113], storytelling [114], and personal diaries [115], which are designed in relation to each individual process and need [116].

The intervention process is governed and assessed using follow-up reports every six months, which are designed according to the agreed objectives in line with the circumstances of each individual victim, focusing on aspects of wellbeing, mental health, and self-care. The intervention process ends after a maximum period of 18 months, with a final report that highlights the main aspects, the goals achieved, any unresolved issues, and those that require new interventions with other professionals.

According to the sources consulted [90,100–102], 80% of the women who benefitted from the services provided—therapy, psycho-educational and educational groups focusing on exclusive thematic and/or self-care approaches managed by dedicated experts—stated that they had experienced subjective improvement in their emotional state and daily lives (evaluation survey). Moreover, in the year 2023, the data show that 46.94% of the 556 women who entered the programme ended the intervention process because the objectives were met [117]. Taking into account the fact that 5.58% ended the process due to referrals to other resources and 4.32% because they moved to another autonomous region, the percentage of women (who remained in Navarra and were not referred to other resources) who ended the programme because the objectives were met is even higher: 52.09% of 501. The women who remain in the service either leave voluntarily and/or need to return to it at another moment in time due to their internalisation process or unexpected circumstances.

#### 4. Discussion

The 17 Spanish autonomous regions provide diverse resources and services aimed at supporting women victims of GBV. However, centralised coordination in specialised institutes or bodies is only provided in five autonomous regions: Andalusia, Aragón, Asturias, Valencia, and Extremadura. The development of preventive and basic support programmes in towns and districts is more limited and is only contemplated in the autonomous regions of Castilla-La Mancha, Castilla y León, and Galicia. In contrast, there are specialised services and centres in every one of the autonomous regions. Moreover, although the autonomous regions may have regional governments with differentiated political views, and dispersed or concentrated populations, there are no differences in the administrative organisation of services.

Most are residential resources (emergency centres, residential centres, and housing) and/or information and support resources (legal and psychological support). Current Spanish legislation [118] envisages the creation of sexual violence centres in each of the 50 Spanish provinces by 2024, which implies the operation of at least 50 centres. Notwithstanding, Navarra already has such a centre in operation [119].

In summary, the Spanish autonomous regions provide integrated support and multi-disciplinary teams for women victims of GBV, although the services specified are generally provided separately, i.e., legal resources on the one hand and psychological resources on the other. Telephone helplines, emergency support, and legal as well as psychological services are provided in every region, but how they are implemented in society varies in intensity (for example, the Basque Country has more dedicated and greater resources) and extension (autonomous regions with a greater number of provinces such as Andalusia, Castilla-La Mancha, and Castilla y León).

Although the data lead to the conclusion that the importance of intervention processes focusing on women victims of GBV is acknowledged and that the autonomous regions undertake and promote their implementation, their diversity and the fact that there is currently no publicly available description of the processes (there are no official publications) imply that it cannot be determined whether or not integrated intervention programmes are actually based on unified psycho-socio-educational programmes. Consequently, neither is it possible to determine the effectiveness of their results. The methodological limitations highlight the need for further research and the publication of results in order to determine the suitability of the processes currently in place.



Moreover, the outsourcing of services and resources from the public to the private sector entails agreements with entities/companies that have their own processes and methodologies that lead to diverse forms of intervention. Furthermore, their internal processes and assessments are subject to the “privacy” clauses of each entity; therefore, how the results are reported depends on the requirements of the corresponding public administration, who might or might not request detailed evidence from the private companies to support the results based on their own internal parameters of efficiency and efficacy. These issues have given rise to limitations in this study due to the lack of access to projects, methodologies, and evaluations, which legally belong to the private managing bodies.

However, there is evidence that several international programmes for women victims of GBV have shown favourable results in psychological and therapeutic interventions, indicating that women who remain in the programme tend to follow the advice and recommendations provided and are satisfied with the results [120]. Therapeutic approaches give rise to improvements in emotional wellbeing, especially cognitive behavioural therapies that reduce victims’ symptomatology of GBV [121] and increase levels of social support by implementing intervention programmes in stages [122]. Integrated, professional counselling improves victims’ wellbeing, mental health, and coping strategies [123]. Personal empowerment programmes and relaxation practises reduce stress and depressive symptoms [124], and the relationship between an expert and a victim reduces symptoms of depression and PTSD through the mechanism of empowerment in a safe space [125].

Similar evidence in other contexts has also been detected in the case of Navarra, which leads to the conclusion that intervention programmes targeted at supporting women victims of GBV in a psychological–therapeutic setting, together with social support, counselling, and empowerment through professional interaction, reduce mental health problems and promote greater security, empowerment, wellbeing and self-care. It would be beneficial to have more data on the programmes implemented and their results from all the Spanish autonomous regions in order to investigate the practical applications of different multidisciplinary intervention programmes and determine their impact on women victims of GBV, which might lead to more large-scale, efficient implementation.

## 5. Conclusions

The only intervention programmes available for analysis in this study were provided by the autonomous region of Navarra. The results seem to indicate that psycho-socio-educational programmes provide efficient and competent integrated support to women victims of GBV, which implies that integrated multidisciplinary methodologies are effective. However, the lack of data on the procedures and results from other autonomous regions made it impossible to compare data and processes. As such, the results of this study cannot be generalised; therefore, other processes and methodologies, as well as their results, need to be analysed in order to design suitable intervention models.

The results obtained bring into question whether it is really possible to refer to public policies aimed at supporting women victims of GBV in line with the directive established by current Spanish legislation, given that there is limited access to the data generated by the autonomous regions and the state. Assuming that data are either non-existent or very limited, it would seem pertinent to instigate a systematised collection of the processes, methodologies, and results obtained in the programmes implemented across the board. In short, it seems evident that there is ample room for improvement in the Spanish autonomous regions’ social services in the area of support for women victims of GBV.

**Author Contributions:** Conceptualization: M.C.L.-D.-S.; Methodology: M.C.L.-D.-S.; Writing—original draft: M.C.L.-D.-S. and S.A.-B.; Writing—review & editing: M.C.L.-D.-S. and S.A.-B. All authors have read and agreed to the published version of the manuscript.

**Funding:** This study is part of the INVESSOC Project “The response of social services to new risks from the paradigm of Social Investment”, funded by the Spanish Research Agency (reference: PID2020-116345RB-I00). Funding has been received from the Institute for Advanced Social Research I- COMMUNITAS at the Public University of Navarra, Spain.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** Data are contained within the article.

**Conflicts of Interest:** The authors declare no conflicts of interest.

## References

1. Ramírez, F.A. *Violencia Masculina en el Hogar*; Editorial Pax México: Mexico City, Mexico, 2000.
2. Hines, D.A.; Malley-Morrison, K. *Family Violence in the United States: Defining, Understanding, and Combating Abuse*; SAGE Publications: Thousand Oaks, CA, USA, 2005.
3. Soler, H.; Vinayak, P.; Quadango, D. Biosocial aspects of domestic violence. *Psychoneuroendocrinology* **2000**, *25*, 721–739. [[CrossRef](#)]
4. Gordon, J. Community services for abused women: A review of perceived usefulness and efficacy. *J. Fam. Violence* **1996**, *11*, 315–329. [[CrossRef](#)]
5. Cox, J.W.; de Stoltenberg, C.D. Evaluation of a treatment program for battered wives. *J. Fam. Violence* **1991**, *6*, 395–403. [[CrossRef](#)]
6. Brière, J.; Jordan, C. Violence against women. Outcome complexity and implications for assessment and treatment. *J. Interpers. Violence* **2004**, *19*, 1252–1276. [[CrossRef](#)] [[PubMed](#)]
7. Cunningham, M.A.; Jaffe, P.G.; Baker, L.; Dick, T.; Malla, S.; Mazaheri, N.; Poisson, S. *Theory-Derived Explanations of Male Violence Against Female Partners: Literature Update and Related Implications for Treatment and Evaluation*; London Family Court Clinic: London, UK, 1998.
8. Fernández, E. *La Violencia Desde la Perspectiva de Género*; Centro Psicoanalítico de Madrid: Madrid, Spain, 2006.
9. Walker, L.E. El perfil de la mujer víctima de violencia. In *El Laberinto de la Violencia: Causas, Tipos y Efectos (205–2018)*; Sanmartín, J., Ed.; Editorial Ariel: Barcelona, Spain, 2004.
10. Lloret, I. La violencia contra las mujeres en la pareja. In *La Violencia de Género (39–53)*; Gil, E., Lloret, I., Eds.; Editorial UOC: Barcelona, Spain, 2007.
11. Jaramillo-Bolívar, C.D.; Canaval-Eraza, G.E. Violencia de género: Un análisis evolutivo del concepto. *Univ. Salud* **2020**, *22*, 178–185. [[CrossRef](#)]
12. Cantera, L.K. *Casasis e Violência: Um Enfoque Além Do Gênero*; Dom Quixote: Porto Alegre, Brazil, 2007.
13. Heise, L.L. Violence against women: An integrated ecological framework. *Violence Women* **1998**, *4*, 262–290. [[CrossRef](#)]
14. Carvalho-Barreto, A.; Bucher-Mluschkea, J.S.N.F.; Almeida, P.C.; De Souza, E. Desenvolvimento humano e violência de gênero: Uma integração bioecológica. *Psicol. Reflexão Críti.* **2009**, *22*, 86–92. [[CrossRef](#)]
15. Benson, M.L.; Fox, G.L.; DeMaris, A.; Van Wyk, J. Neighborhood disadvantage, individual economic distress and violence against women in intimate relationships. *J. Quant. Criminol.* **2003**, *19*, 207–235. [[CrossRef](#)]
16. Douglas, Y.; Bathrick, D.; Perry, P.A. Deconstructing male violence against women: The men stopping violence community-accountability model. *Violence Women* **2008**, *14*, 247–261. [[CrossRef](#)]
17. Guruge, S.; Khanlou, N.; Gastaldo, D. Intimate male partner violence in the migration process: Intersections of gender, race and class. *J. Adv. Nurs.* **2010**, *66*, 103–113. [[CrossRef](#)]
18. Oliver, E.; Valls, R. Violencia de género. In *Investigaciones Sobre Quiénes, Por Qué y Cómo Superarla*; El Roure: Barcelona, Spain, 2004.
19. Straus, M. Prevalence of violence against Dating Partners by Male and Female University Students Worldwide. *Violence Women* **2004**, *10*, 790–811. [[CrossRef](#)]
20. Ministerio de Igualdad. *Macroencuesta Europea de Violencia de Género de 2022*; Ministerio de Igualdad: Madrid, Spain, 2023. Available online: [https://violenciagenero.igualdad.gob.es/violenciaEnCifras/Encuesta\\_Europea/home.htm](https://violenciagenero.igualdad.gob.es/violenciaEnCifras/Encuesta_Europea/home.htm) (accessed on 3 March 2024).
21. Ministerio de la Presidencia, relaciones con las Cortes e Igualdad. *El Impacto de la Violencia de Género en España: Una Valoración de sus Costes en 2016*; Ministerio de la Presidencia, relaciones con las Cortes e Igualdad: Madrid, Spain, 2019. Available online: [https://violenciagenero.igualdad.gob.es/violenciaEnCifras/estudios/investigaciones/2019/pdfs/El\\_impacto\\_de\\_la\\_VG\\_ES.pdf](https://violenciagenero.igualdad.gob.es/violenciaEnCifras/estudios/investigaciones/2019/pdfs/El_impacto_de_la_VG_ES.pdf) (accessed on 3 March 2024).
22. Turinetti, A.Q.; Vicente, P.C. *Hombres Maltratadores: Tratamiento Psicológico de Agresores*; Grupo 5 Acción y Gestión Social: Madrid, Spain, 2008.
23. Han, A.D.; Kim, E.J.; Tyson, S.Y. Partner violence against Korean immigrant women. *J. Transcult. Nurs.* **2010**, *21*, 370–376. [[CrossRef](#)] [[PubMed](#)]
24. Bosch-Fiol, E.; Ferrer-Pérez, V.A. La violencia de género: De cuestión privada a problema social. *Interv. Psicosoc.* **2000**, *9*, 7–19.
25. Bolaños, C. Currículum universitario género sensitivo e inclusivo. *Rev. Cienc.* **2003**, *4*, 71–78.
26. Organización Mundial de la Salud-OMS. Estimaciones Mundiales y Regionales de la Violencia Contra la Mujer: Prevalencia y Efectos de la Violencia Conyugal y de la Violencia Sexual no Conyugal en la Salud. 2013. Available online: [http://apps.who.int/iris/bitstream/10665/85243/1/WHO\\_RHR\\_HRP\\_13.06\\_spa.pdf](http://apps.who.int/iris/bitstream/10665/85243/1/WHO_RHR_HRP_13.06_spa.pdf). Consultado (accessed on 3 February 2024).

27. Observatorio Estatal de Violencia sobre la Mujer del Ministerio de Igualdad. *XV Informe Anual del Observatorio Estatal de Violencia sobre la Mujer 2021*; Ministerio de Igualdad: Madrid, Spain, 2022; Available online: <https://violenciagenero.igualdad.gob.es/informacion/informacionutil/> (accessed on 12 March 2024).
28. Taft, A.; O'Doherty, L.; Hegarty, K.; Ramsay, J.; Davidson, L.; Feder, G. Screening women for intimate partner violence in healthcare settings. *Cochrane Database Syst. Rev.* **2013**, *4*. [CrossRef]
29. Campbell, J. Health consequences of intimate partner violence. *Lancet* **2002**, *359*, 1331–1336. [CrossRef]
30. Shearer, H.M.; Forte, M.L.; Dosanjh, S.; Mathews, D.J.; Bandhari, M. Chiropractors' perceptions about intimate partner violence: A cross-sectional survey. *J. Manip. Physiol. Ther.* **2006**, *29*, 386–392. [CrossRef] [PubMed]
31. Fanslow, J.L.; Robinson, E. Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *J. Interpers. Violence* **2010**, *25*, 929–951. [CrossRef] [PubMed]
32. La Ley Orgánica 1/2004 de Medidas de Protección Integral contra la Violencia de Género, el Real Decreto 1030/2006, de 15 de septiembre por el que se establece la cartera de servicios comunes del Sistema Nacional de Salud presentan un Plan Nacional de Sensibilización y Prevención de la Violencia de Género. Available online: <https://www.boe.es/buscar/act.php?id=BOE-A-2004-21760> (accessed on 11 March 2024).
33. Gobierno de España. Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva entre mujeres y hombres. *Bol. Estado* **2007**, *71*, 12611–12645.
34. Sonia Cano Fernández. Ley 4/2015, de 27 de abril, del Estatuto de la Víctima de delito. *Ars Iuris Salmant.* **2015**, *3*, 286–288.
35. M<sup>a</sup> Inmaculada Sánchez Barrios. Real Decreto-ley 9/2018, de 3 de agosto de 2018, de medidas urgentes para el desarrollo del Pacto de Estado contra la Violencia de Género. *Ars Iuris Salmant.* **2019**, *71*, 336–343.
36. Ley Orgánica 8/2021, de 4 de junio, de protección integral a la infancia y la adolescencia frente a la violencia. Available online: <https://www.boe.es/buscar/act.php?id=BOE-A-2021-9347> (accessed on 11 March 2024).
37. Cristina Ruiz López. Ley Orgánica 10/2022, de 6 de septiembre, de garantía integral de libertad sexual. *Ars Iuris Salmant.* **2023**, *11*, 263–266.
38. Ley Foral 14/2015, de 10 de abril, para actuar contra la violencia hacia las mujeres y diversos Protocolos locales de coordinación de actuación ante la violencia contra las mujeres. Available online: <https://www.boe.es/buscar/act.php?id=BOE-A-2015-4950> (accessed on 9 March 2024).
39. Diputación Foral de Bizkaia Propuesta para un nuevo modelo de atención social a las supervivientes de violencia machista en Bizkaia. *Cuad. Dep. Empl. Inclusión Soc. Igual. Colección Inclusión Soc.* **2021**, *7*, 1–228.
40. Diputación Foral de Gipuzkoa. Claves del Modelo de Intervención en Materia de Violencia Machista Contra Las Mujeres y Recomendaciones Prácticas Para la Intervención. Procesos de Mejora de la Atención en los Recursos Dirigidos a Víctimas de Violencia Machista. 2022. Available online: <https://www.gipuzkoa.eus/documents/1932270/1e3e7786-035c-9550-bd60-c03b2b56d1c0> (accessed on 10 March 2024).
41. Iverson, K.M.; Shenk, C.; Fruzzetti, A.E. Dialectical Behavior Therapy for Women Victims of Domestic Abuse: A Pilot Study. *Prof. Psychol. Res. Pract.* **2009**, *40*, 242–248. [CrossRef]
42. Keynejad, R.C.; Hanlon, C.; Howard, L.M. Psychological interventions for common mental disorders in women experiencing intimate partner violence in low-income and middle-income countries: A systematic review and meta-analysis. *Lancet Psychiatry* **2020**, *7*, 173–190. [CrossRef] [PubMed]
43. Labrador, F.I.; Alonso, E. Evaluación de la eficacia a corto plazo de un programa de intervención para el trastorno de estrés postraumático en mujeres mexicanas víctimas de violencia doméstica. *Rev. Psicopatol. Psicol. Clíni.* **2007**, *12*, 117–130. [CrossRef]
44. Miller-Graff, L.E.; Howell, K.H.; Graham-Bermann, S.A. The Effect of an Evidence-Based Intervention on Women's Exposure to Intimate Partner Violence. *Am. J. Orthopsychiatry* **2014**, *84*, 321–328. [CrossRef]
45. Naismith, I.; Ripoll-Nuñez, K.; Pardo, V.M. Group Compassion-Based Therapy for Female Survivors of Intimate-Partner Violence and Gender-Based Violence: A Pilot Study. *J. Fam. Violence* **2021**, *36*, 175–182. [CrossRef]
46. Vaca-Ferrer, R.; Ferro, R.; Valero, L. Una revisión de los programas de intervención grupal con víctimas de violencia de género. *Apunt. Psicol.* **2021**, *39*, 111–123. [CrossRef]
47. Ayats, M.; Cirici, R.; Soldevilla, J. Grupos de terapia para mujeres víctimas de violencia de género. *Psiquiatr. Biológica* **2008**, *15*, 29–34. [CrossRef]
48. Alonso, E. Mujeres Víctimas de Violencia Doméstica con Trastorno de Estrés Postraumático: Validación Empírica de un Programa de Tratamiento. Doctoral Thesis, Universidad Complutense, Madrid, Spain, 2007. Available online: <http://webs.ucm.es/BUCM/tesis/psi/ucm-t29877.pdf> (accessed on 14 March 2024).
49. Maud, M.P.; Padilla, V.; Medina, L.; Fortes, D. Eficacia de un programa de intervención para mujeres maltratadas por su pareja. *Ter. Psicológi.* **2016**, *34*, 199–208. [CrossRef]
50. Santos, A.; Matos, M.; Machado, A. Effectiveness of a group intervention program for female victims of intimate partner violence. *Small Group Res.* **2017**, *48*, 34–61. [CrossRef]
51. Pérez-Álvarez, M. *Las Terapias de Tercera Generación Como Terapias Contextuales*; Síntesis: Madrid, Spain, 2014.
52. Vaca-Ferrer, R.; Ferro-García, F.; Valero-Aguayo, L. Eficacia de un programa de intervención grupal con mujeres víctimas de violencia de género en el marco de las Terapias Contextuales. *Ann. Psychol.* **2020**, *36*, 189–199. [CrossRef]
53. Grant, M.J.; Booth, A. A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Inf. Libr. J.* **2009**, *26*, 91–108. [CrossRef]

54. Booth, A.; Sutton, A.; Papaioannou, D. *Systematic Approaches to a Successful Literature Review*; SAGE: London, UK, 2016.
55. Andalucía. Available online: <https://www.juntadeandalucia.es/institutodelamujer/index.php/areas-tematicas/violencia-de-genero> (accessed on 20 March 2024).
56. Available online: [https://www.juntadeandalucia.es/organismos/iam/buscar.html?busquedageneral=Memoria&organismo=igualdadpoliticassocialesyconciliacion\\_adscritos\\_iam](https://www.juntadeandalucia.es/organismos/iam/buscar.html?busquedageneral=Memoria&organismo=igualdadpoliticassocialesyconciliacion_adscritos_iam) (accessed on 22 March 2024).
57. Available online: <https://www.juntadeandalucia.es/institutodelamujer/files/NOTICIAS/MemoriaIAM2022WEB.pdf> (accessed on 22 March 2024).
58. Aragón. Available online: <https://www.aragon.es/organismos/departamento-de-presidencia-economia-y-justicia/instituto-aragones-de-la-mujer-iam-> (accessed on 24 March 2024).
59. Available online: <https://www.aragon.es/-/memorias#anchor1> (accessed on 24 March 2024).
60. Cantabria. Violencia—Dirección General de Inclusión Social, Familias e Igualdad. Available online: <https://mujerdecantabria.com/violencia-de-genero> (accessed on 24 March 2024).
61. Atención y Ayuda:—Dirección General de Inclusión Social, Familias e Igualdad. Available online: <https://www.mujerdecantabria.com/vg-necesitas-ayuda> (accessed on 24 March 2024).
62. Informe Anual en Materia de Violencia de Género en la Comunidad Autónoma de Cantabria. Available online: <https://violenciagenero.igualdad.gob.es/wp-content/uploads/Cantabria.pdf> (accessed on 24 March 2024).
63. Canarias. Centros de Atención a Mujeres Víctimas de Violencia de Género. Available online: [https://www.gobiernodecanarias.org/igualdad/violencia\\_genero/centros/](https://www.gobiernodecanarias.org/igualdad/violencia_genero/centros/) (accessed on 26 March 2024).
64. Violencia de Género. Available online: [https://www.gobiernodecanarias.org/igualdad/violencia\\_genero/](https://www.gobiernodecanarias.org/igualdad/violencia_genero/) (accessed on 26 March 2024).
65. Instituto de la Mujer de Castilla-La Mancha. Castilla y La Mancha; Instituto de la Mujer de Castilla-La Mancha. Available online: <https://institutomujer.castillalamancha.es/> (accessed on 29 March 2024).
66. Instituto de la Mujer de Castilla-La Mancha. Violencia de Género; Instituto de la Mujer de Castilla-La Mancha. Available online: <https://institutomujer.castillalamancha.es/violencia-de-genero> (accessed on 29 March 2024).
67. Instituto de la Mujer de Castilla-La Mancha. Servicios y Programas; Instituto de la Mujer de Castilla-La Mancha. Available online: <https://institutomujer.castillalamancha.es/violencia-de-genero/servicios-y-programas> (accessed on 29 March 2024).
68. Instituto de la Mujer de Castilla-La Mancha. Centros de la Mujer; Instituto de la Mujer de Castilla-La Mancha. Available online: <https://institutomujer.castillalamancha.es/recursos-y-servicios/centros-de-la-mujer> (accessed on 29 March 2024).
69. Memoria de Actividades. Available online: <https://institutomujer.castillalamancha.es/search/content/Memoria%20de%20actividades> (accessed on 29 March 2024).
70. Castilla y León. Recursos Para Víctimas | Familia, Mujer, adicciones | Junta de Castilla y León. Available online: <https://familia.jcyl.es/web/es/mujer/recursos-para-victimas.html> (accessed on 2 April 2024).
71. Instituto Catalán de las Mujeres. Cataluña. *Inicio; Instituto Catalán de las Mujeres*. Available online: <https://dones.gencat.cat/ca/inici> (accessed on 2 April 2024).
72. Institut Català de les Dones. Àmbits D'actuació; Institut Català de les Dones. Available online: <https://dones.gencat.cat/ca/ambits/> (accessed on 2 April 2024).
73. Instituto Catalán de las Mujeres. Servicios de Información y Atención a las Mujeres (SIAD); Instituto Catalán de las Mujeres. Available online: [https://dones.gencat.cat/ca/ambits/violencia\\_masclista/recursos\\_atencio/mapa\\_siad/](https://dones.gencat.cat/ca/ambits/violencia_masclista/recursos_atencio/mapa_siad/) (accessed on 2 April 2024).
74. Instituto Catalán de las Mujeres. Servicios y Oficinas de Información y Atención a Las Mujeres; Instituto Catalán de las Mujeres. Available online: <https://dones.gencat.cat/ca/ambits/atencio-a-les-dones/> (accessed on 2 April 2024).
75. Servicio de Intervención Especializada. SIE—Dae. Available online: <https://dae.cat/es/serveis/servicios-de-intervencion-especializada-sie/> (accessed on 2 April 2024).
76. Islas Baleares. Available online: <https://www.caib.es/webgoib/es/instituto-balear-de-la-mujer> (accessed on 4 April 2024).
77. Available online: <https://www.caib.es/webgoib/es/-/servicio-de-atenci%C3%B3n-social-y-acompa%C3%B1amiento-a-v%C3%ADctimas-de-violencias-machistas> (accessed on 4 April 2024).
78. Available online: [https://www.caib.es/webgoib/documents/20121/662191/mapa\\_proces.pdf/1fa61857-40f3-d79b-a79a-c3f232cb4a0b?t=1710432517943](https://www.caib.es/webgoib/documents/20121/662191/mapa_proces.pdf/1fa61857-40f3-d79b-a79a-c3f232cb4a0b?t=1710432517943) (accessed on 4 April 2024).
79. Available online: <https://www.caib.es/govern/sac/fitxa.do?lang=es&codi=134175> (accessed on 4 April 2024).
80. Comunidad de Madrid. Available online: <https://www.comunidad.madrid/servicios> (accessed on 5 April 2024).
81. Available online: <https://www.comunidad.madrid/servicios/servicios-sociales/igualdad-violencia-genero> (accessed on 5 April 2024).
82. Valencia. Institut Valencià de les Dones—Institut de les dones—Generalitat Valenciana. Available online: <https://inclusio.gva.es/va/web/mujer> (accessed on 8 April 2024).
83. Violencia de Género y Otras Violencias Contra Las Mujeres—Institut de Les Dones—Generalitat Valenciana. Available online: <https://rendiciocomptes.gva.es/es/centres-ambulatoris-per-a-les-dones-victimes-de-violencia-de-genero-i-masclista> (accessed on 8 April 2024).
84. Atención Víctimas de Violencia—Institut de Les Dones—Generalitat Valenciana. Available online: [https://violenciagenero.igualdad.gob.es/wp-content/uploads/R\\_2017\\_CValenciana.pdf](https://violenciagenero.igualdad.gob.es/wp-content/uploads/R_2017_CValenciana.pdf) (accessed on 8 April 2024).



85. Extremadura. Violencia de Género. Available online: <https://www.juntaex.es/temas/accion-social-e-igualdad/violencia-de-genero> (accessed on 9 April 2024).
86. Memoria de Actuaciones del IMEX 2022. Available online: <https://www.juntaex.es/w/memoria-de-actuaciones-del-imex-2023> (accessed on 9 April 2024).
87. Galicia. Mujeres en Galicia. Available online: <https://igualdade.xunta.gal/es> (accessed on 11 April 2024).
88. Contra la Violencia de Género | Mujeres en Galicia. Available online: <https://igualdade.xunta.gal/es/area-de-violencia-de-xenero> (accessed on 11 April 2024).
89. Vixentes | Mujeres en Galicia. Available online: <https://igualdade.xunta.gal/es/programas> (accessed on 11 April 2024).
90. La Rioja. Observatorio sobre Violencia de Género—Justicia—Portal del Gobierno de La Rioja Images. Available online: <https://larioja.org/justicia/es/observatorio-violencia-genero> (accessed on 13 April 2024).
91. Murcia. Available online: [https://www.carm.es/web/pagina?IDCONTENIDO=478&IDTIPO=140&RASTRO=c2689\\$m](https://www.carm.es/web/pagina?IDCONTENIDO=478&IDTIPO=140&RASTRO=c2689$m) (accessed on 13 April 2024).
92. Available online: <https://igualdadyviolenciadegenero.carm.es/> (accessed on 13 April 2024).
93. Available online: [https://www.carm.es/web/pagina?IDCONTENIDO=117299&IDTIPO=10&RASTRO=c\\$m59491,70](https://www.carm.es/web/pagina?IDCONTENIDO=117299&IDTIPO=10&RASTRO=c$m59491,70) (accessed on 13 April 2024).
94. País Vasco. Available online: <https://www.emakunde.euskadi.eus/violencia/webema01-contentemas/es/> (accessed on 14 April 2024).
95. Available online: <https://www.emakunde.euskadi.eus/informacion/evaluacion/webema01-contentemas/es/> (accessed on 14 April 2024).
96. Available online: [https://www.emakunde.euskadi.eus/contenidos/informacion/violencia\\_evaluacion\\_informes/es\\_def/adjuntos/2022.informe\\_recursos\\_atencion.pdf](https://www.emakunde.euskadi.eus/contenidos/informacion/violencia_evaluacion_informes/es_def/adjuntos/2022.informe_recursos_atencion.pdf) (accessed on 16 April 2024).
97. Asturias. Available online: <https://iam.asturias.es/> (accessed on 16 April 2024).
98. Available online: <https://iam.asturias.es/violencia-de-genero> (accessed on 16 April 2024).
99. Navarra. Available online: <https://www.igualdadnavarra.es/> (accessed on 20 April 2024).
100. Available online: <https://www.igualdadnavarra.es/es/violencia-contra-las-mujeres#secc> (accessed on 20 April 2024).
101. Available online: <https://www.igualdadnavarra.es/es/documentos/memorias-inai> (accessed on 20 April 2024).
102. Available online: <https://www.igualdadnavarra.es/es/equipos-de-atencion-integral-a-victimas> (accessed on 20 April 2024).
103. Gobierno de Navarra. Atención Integral a Víctimas de Violencia Contra las Mujeres. Available online: <https://www.navarra.es/es/tramites/on/-/line/Equipo-de-atencion-integral-a-victimas-de-violencia-de-genero> (accessed on 21 April 2024).
104. EAIV. Available online: <https://fundaciongizain.es/es/actualidad/122-eaiv-servicio-de-acompanamiento-integral-a-victimas-de-violencia-contra-las-mujeres.html> (accessed on 23 April 2024).
105. Decreto Foral 69/2008, 17 de Junio Por el Que se Aprueba la Cartera de Servicios Sociales de Ámbito General. Available online: <https://www.lexnavarra.navarra.es/detalle.asp?r=29663> (accessed on 22 April 2024).
106. Cartera de Servicios Sociales de Ámbito General de Navarra. Available online: <https://www.navarra.es/documents/48192/5162270/Cartera+de+Servicios+Sociales+de+%C3%81mbito+General.pdf/adbb730b-7772-1f42-ca9c-833212964f13?t=1619089821219> (accessed on 22 April 2024).
107. García, F.; Musitu, G. *AF-5. Autoconcepto Forma-5*; TEA Ediciones: Madrid, Spain, 2014.
108. Beck, A.T.; Steer, R.A.; Brown, G.K. *BDI-II. Beck Depression Inventory-Second Edition Manual*; The Psychological Corporation: San Antonio, TX, USA, 1996.
109. Crespo, M.; Gómez, M.M.; Soberón, C. *EGEP-5. Evaluación Global del Estrés Postraumático*; TEA Ediciones: Madrid, Spain, 2017.
110. Spielberg, C.D.; Gorsuch, R.L.; Lushene, R.E. *Manual STAI, Cuestionario de Ansiedad Estado Rasgo*; TEA Ediciones: Madrid, Spain, 1982.
111. González, C.J.; Mendoza, U.; Lozoya, L.A. La Historia de Vida como técnica de recolección de datos cualitativos para estudios en Ciencias Sociales. *Rev. DOXA Digit. Secci. Cienc. Soc.* **2021**, *2*, 35–51. [[CrossRef](#)]
112. Guerra, F. La línea de vida: Una técnica de recolección de datos cualitativa. *Ecos Acad. Rev. Fac. Educ. Cienc. Tecnol.* **2019**, *5*, 21–29.
113. Sneiderman, S. Las técnicas proyectivas como método de investigación y diagnóstico. Actualización en técnicas verbales: “El cuestionario desiderativo”. *Subj. Procesos Cognitivos* **2006**, *8*, 296–311.
114. Cornejo, M.; Mendoza, F.; Rojas, R. La investigación con Relatos de Vida: Pistas y Opciones del Diseño Metodológico. *Psykhé* **2008**, *17*, 29–30. [[CrossRef](#)]
115. Bados, A.; García, E. *La técnica de la Reestructuración Cognitiva*; Facultat de Psicologia, Departament de Personalitat, Avaluació y Tractament Psicològics, Universitat de Barcelona: Barcelona, Spain, 2010. Available online: <https://diposit.ub.edu/dspace/bitstream/2445/12302/1/Reestructuraci%C3%B3n.pdf> (accessed on 9 March 2024).
116. Giménez-Bertomeu, V.M. El Diagnóstico y la Planificación de la Intervención Individual y Familiar en Los Servicios Sociales de Atención Primaria. Fundamentos y Evidencias Empíricas. *Universidad de Alicante*. 2021. Available online: <https://sid-inico.usal.es/wp-content/uploads/2022/01/El-diagn-y-la-planif-interv-SSAP.pdf> (accessed on 8 March 2024).
117. Fundación Navarra Para la Gestión de Servicios Sociales Públicos/Gizain Fundazioa. 2023. Available online: <https://fundaciongizain.es/es/transparencia.html> (accessed on 23 April 2024).



118. Resolución de 16 de Marzo de 2023, de la Secretaría de Estado de Igualdad y Contra la Violencia de Género, Por la Que se Publica el Acuerdo de la Conferencia Sectorial de Igualdad, de 3 de Marzo de 2023, Por el Que se Aprueban los Criterios de Distribución Territorial y la Distribución Resultante Para la Ejecución de los Créditos Presupuestarios Destinados a la Creación de Centros de Atención Integral 24 Horas a Víctimas de Violencia Sexual, con Cargo al «Plan de Recuperación, Transformación y Resiliencia». BOE N° 67, 20 de Marzo de 2023. Available online: <https://www.boe.es/boe/dias/2023/03/20/pdfs/BOE-A-2023-7322.pdf> (accessed on 25 March 2024).
119. Centro de Atención Integral a Víctimas de Violencia de Género (CAIVS). Available online: <https://www.centrodeatencionintegralalaviolenciasexualesdenavarra.es/> (accessed on 8 May 2024).
120. Crespo, M.; Arinero, M. Assessment of the Efficacy of a Psychological Treatment for Women Victims of Violence by their Intimate Male Partner. *Span. J. Psychol.* **2010**, *13*, 849–863. [[CrossRef](#)]
121. Eckhardt, C.I.; Murphy, C.M.; Whitaker, D.J.; Sprunger, J.; Dykstra, R.; Woodard, K. The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence. *Partn. Abus.* **2013**, *4*, 196–231. [[CrossRef](#)]
122. Hansen, N.B.; Eriksen, S.B.; Elklit, A. Effects of an intervention program for female victims of intimate partner violence on psychological symptoms and perceived social support. *Eur. J. Psychotraumatol.* **2014**, *5*, 24797. [[CrossRef](#)] [[PubMed](#)]
123. Thabet, A.A.; Abu, A.; El Sarraj, E.; Vostanis, P. Evaluation of a community intervention for women victims of domestic violence in the Gaza strip. *Int. J. Peace Dev. Stud.* **2011**, *2*, 88–95.
124. García, E.; Stoeber, J.K.; Yim, I.S. Empowerment, Stress, and Depressive Symptoms Among Female Survivors of Intimate Partner Violence Attending Personal Empowerment Programs. *J. Interpers. Violence* **2019**, *36*, 9557–9579. [[CrossRef](#)]
125. Goodman, L.A.; Fauci, J.E.; Sullivan, C.M.; DiGiovanni, C.D.; Wilson, J.M. Domestic violence survivors' empowerment and mental health: Exploring the role of the alliance with advocates. *Am. J. Orthopsychiatry* **2016**, *86*, 286–296. [[CrossRef](#)] [[PubMed](#)]

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.