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Intervention with Women Victims of Gender-Based Violence: A Comparative Study on the Perception of Personal Well-Being in Burgos (Spain)

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Abstract: Choosing between the variety of existing intervention approaches in favor of victims of gender violence inhibits focusing on research concerning support for women to get out of violent situations, rebuild their lives, or minimize the consequences of violence. The aim of this paper is to collect information that allows the intervention to be adapted to the specific needs that women perceive they have, so that it has a positive impact on their lives and establishes through a response comparison whether the intervention has been really successful in terms of well-being parameters. The homeostatic theory of subjective well-being and the personal well-being index were used to evaluate the level of satisfaction that the participating women had with their lives at the beginning and end of the intervention, which results in an index of well-being in each person measured through the answer to questions that start from the generality. The main result of the intervention was the acquisition of skills by the women that allowed the valuation of what they have and the importance of not clinging to or idealizing certain things that can have a negative impact on other areas of well-being.

Keywords: woman; gender violence; intervention; personal well-being; quality of life

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1. Introduction

Violence against women continues to be the main cause of violent death for women today, and, therefore, is the maximum manifestation of inequality based on sex, representing an attack on their dignity and psychological, moral, and physical integrity. Regarding gender and mental health, women report more days mentally affected than men each month. Anxious and depressive disorders are more common in women, while disorders related to psychoactive substance abuse or antisocial personality are more common in men (Moyano and Ramos 2007). Current studies indicate that the global prevalence of mental disorders does not differ between men and women, but that men and women display different characteristics.

The magnitude of violent phenomena, evidenced fundamentally in one of its manifestations (violence in intimate partner relationships) calls into question the fundamental rights of many women (the right to life, to their physical and mental integrity, to their health, and to their dignity and freedom). In addition, it does not only affect women but has a direct impact as a social brake on the development of a system of peaceful and democratic values states and, ultimately, on the guarantee and effectiveness of the human rights system for the entire population.

According to the latest report published by the United Nations Development Programme based on the latest data from the World Values Survey (UNDP 2023), data from 2017–2022, an alarming 25% of the population believes that it is justified for a husband to beat his wife. At the same time, 26% of women over the age of 15 have suffered gender-based violence from their partner or ex-partner. This report reveals the lack of progress in overcoming prejudice against women in the last decade, as approximately 9 out of

10 men and women in the world continue to maintain a bias against women today. The result of this is that "gender biases are deeply rooted in society and prevalent in men and women". According to the report, these biases continue to fuel the obstacles faced by women, which are manifested in the dismantling of their rights in many parts of the world by the organized backlash against women's equality, in addition to the escalation of human rights violations in some countries. The report also focuses on the gap between women's progress in education and their economic empowerment. Today, women have more education and skills than ever before. However, in the 59 countries where women are more educated than men, the average income gap is still a staggering 39% in favor of men.

These data reflect those of the report on poverty and gender perspective presented in European Parliament (2022), which highlights that the most vulnerable women are women victims of gender violence, mothers of single-parent families, retirees, migrants, and women with disabilities. Furthermore, factors including the precariousness of working conditions and the responsibilities of care continue to fall exclusively on them. Discrimination against women is based on a system of values, beliefs, roles, mandates, and stereotypes that devalue and subordinate women and which does not give the same recognition to the work performed by men as by women. As Simone De Beauvoir (1949) pointed out in *The Second Sex*, while the social mandate to the female gender consists of a "being for others", which makes many women believe that personal well-being derives from the well-being of those around them, the masculine gender has as its imperative to "be for oneself", which can lead to not having any concern for the well-being or discomfort of others.

This is reflected in the models of family organization that are still traditional today. Although women have been in the labor market for decades, they continue to consider domestic organization and care as an exclusive issue or one that they are in charge of to a greater extent. This results in poorer physical and mental health in women, who have higher levels of stress and life dissatisfaction than their partners (Ceballos 2014; Mazarrasa and López-Doriga 2006), caused by their state of constant alertness, related to the permanent activation of cortisol levels, which favors the appearance of stress, depression, and premature mortality (Sephton et al. 2000). As a result, the perception of their own quality of life is worse in mothers than in fathers (Catalina et al. 2008).

The subjective perception of personal well-being mediated by time and the distribution of daily life mediated by gender has traditionally gone unnoticed; however, the pressures perceived by women as a result of social conditioning are intimately related to the feeling of dissatisfaction that women have with respect to men. In addition, the social advances of recent decades in terms of equality have made women aware of this situation, which without a real change in their lives causes a greater feeling of dissatisfaction with their lives (Roxburgh 2004; Sayer and Bianchi 2000; Gottman and Levenson 2000; Voydanoff and Donnelly 1999).

On a general level, the classic studies carried out on subjective perception of quality of life in the general population do not show significant differences between women and men (Leelakilthanit and Day 1992; Bryant and Veroff 1984), Haring, Stock and Okun (see Anguas 2000, vol. 27; Rojas 2004; Yasuko et al. 2005). These authors suggest that this may be due to the fact that women exhibited both positive and negative emotions more intensely and frequently, and this may explain the fact that, although there were no significant differences between men and women in terms of well-being, depression is more frequent in women than in men, as well as the expression of happiness, which highlights the mediation of differential socialization in the expression and perception of subjective well-being in each of the parameters of life. In 2003, the Cummins team (Cummins et al. 2003) prepared a preliminary study regarding the data obtained through the personal well-being index that they were developing at that time in which they showed the data disaggregated by sex. Their results showed that women were more satisfied with their own lives than men.

However, a subsequent study conducted with adolescents showed that there are some statistically significant differences by sex in quality of life and life satisfaction during adolescence. Men generally show greater well-being than women in certain areas, such

as health, physical condition, mood, family relationships, and autonomy, also indicating greater general satisfaction with their lives (Rodríguez et al. 2017).

Most of the studies carried out are related to the perception of quality of life with groups of women who have a health problem, such as fibromyalgia (Carbonell-Baeza et al. 2013; Segura-Jiménez et al. 2016), vascular problems, or being overweight, and/or focused on a specific period of women's lives, such as menopause (Hsu et al. 2014; Godoy-Izquierdo et al. 2017).

In terms of quality of life, the impact on the well-being of women who have suffered violence in their relationships is widely evidenced. It should be noted that the tolerance to violent situations presented by women victims of gender violence has a negative impact on their lives, but the situation ends up being normalized, so that the situation is perpetuated and it is more difficult to take the step out of that situation, which causes a progressive deterioration of their skills and self-esteem, and in the perception of subjective well-being (Davins et al. 2010). However, there is little solid scientific evidence on the effectiveness of interventions aimed at survivors of gender-based violence, since in many cases, it is not easy to measure the impact on their lives and, in addition, it generally does not come from research centers that allow the incorporation of scientific evaluation parameters (Fernández 2015).

Based on an extensive review of all the relevant studies published since 1990 using randomized or quasi-experimental designs (Eckhardt et al. 2013) and the experience accumulated from the intervention service, it is highlighted that the variety of intervention approaches together with the promotion of support in community contexts considerably reduces the impact of gender-based violence on victims and, therefore, improves their well-being and quality of life. This implies that there is a lack of knowledge about what support helps women to get out of the situation of violence, to rebuild their lives, or to minimize the consequences. Objective economic measures, such as GDP, do not faithfully reflect the well-being of society (Ortigosa 2024). Measurements of life satisfaction are being expanded through a fuzzy inference method whose numerical values show stable and positive behavior, illustrating the principle of homeostasis that governs said theory.

Gender-based conditioning factors position women in states of greater insecurity, precariousness, and, therefore, vulnerability (EAPN 2023), which can lead to a low level of perception of one's own well-being. In addition, the feminization of poverty also stands out for the perpetuation of these situations in the long term, since women encounter greater barriers to get out of them. While it is true that, for some decades now, in Western countries, mechanisms have been promoted aimed at the eradication of discrimination and violence based on sex, there is still a long way to go, since violence against women continues to be a social problem that is found in all parts of the world and affects all women regardless of their economic, academic, or work level. As Lorente (2019) points out, violence against women is a structural violence that is born from culture and that, therefore, has a whole series of arguments and motives to justify its use in certain contexts, which acts as a necessary instrument to build and maintain inequality.

There are several factors that affect violence against women. From birth and through learning, the idea of being, thinking, feeling, and behaving as a man or woman is transmitted based on a certain mode of social organization and cultural patterns, defined by androcentrism (where man is the measure of all things) that causes roles to be assumed and functions and areas of action to be distributed according to the biological condition of each person (Moltó 2022). Gender as a cultural construct and sex as a biological condition are confused in the social structure and are part of a hierarchy of values, beliefs, roles, mandates, and stereotypes that devalue and subordinate women and do not grant the same recognition to men and women.

The differential socialization model (Simón 1999) suggests that the continuous exposure to certain behavioral models (of the different social agents of influence) makes women and men assume as their own characteristics and roles assigned only according to sex (Murillo 2011). Patriarchal culture, the values derived from it, and this construction of

differences are what allow the establishment of relations of power and submission (Lorente 2007) that continue to make situations of discrimination and violence against women continue to exist and last over time (Gómez et al. 2019). The analysis of these circumstances shows that the origin and purpose of violent behaviour against women are the cultural values that have acted on each of the genders and that have made them an element of inequality on which to build a position of power, since the recognition of the roles assigned to each of the genders (male and female) is not only different because they are different, but, above all, is due to the fact that they have a different value (Walker 1979). Social resistance to changing these roles aggravates the difficulties for legally recognized fundamental rights to be exercised on equal terms by men and women. Furthermore, it is these sociocultural patterns of behaviour that, in turn, feed the ultimate root of gender-based violence (Moltó 2022). In this sense, although society has placed itself in a formally egalitarian position through the legal system that proclaims the principle of equal opportunities and non-discrimination on the basis of sex, it does not mean that, culturally, it has assimilated the idea (Mosteiro 2010).

Feminist genealogy includes this idea of equality between women and men to eradicate discrimination and oppression from its beginnings. Already in the period of the Enlightenment, Olympia de Gouges demanded equal rights for women in the new regime. Mary Wollstonecraft was committed to equal education for all, while Poulain de la Barre or Stuart Mill raised in their writings the idea of equity as something beneficial for all citizens.

According to the analysis carried out by the World Health Organization (WHO) in 2018, on behalf of the United Nations Inter-Agency Task Force on Violence against Women Worldwide, one in three women (i.e., 30%) of women in the world has experienced physical violence by an intimate partner or sexual violence by an intimate partner or another man with whom she did not have a relationship. These data give a dimension to the problem of gender violence and highlight the urgent need to articulate measures that act against it. In addition, it must be considered that this situation does not only affect women, but has a direct impact as a social brake on the development of a system of peaceful and democratic values for states and, ultimately, on the guarantee and effectiveness of the human rights system for the entire population. There are several factors that affect violence against women and must be addressed in a comprehensive way. It is not a question of isolated events or of exceptional criminal behavior, but of a structural problem of our society that responds to a social model that reflects the existing inequality between women and men and that affects women from birth to old age.

If a vision of violence against women is made at the normative level, we can observe that, for approximately 30 years, institutional bodies have tried to describe, define, and delimit violence against women or gender violence, and we are able to highlight the following efforts.

In 1993, the United Nations General Assembly adopted the Declaration on the Elimination of Violence against Women, which includes the following definition: "any act based on belonging to the female sex that has, or is likely to result, in physical, sexual or psychological harm or suffering to women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether they occur in public or private life". It was recognized that violence against women is a manifestation of historically unequal power relations between men and women, which have led to the domination of women and discrimination against women, which has had an impact on and prevented equal treatment and the pursuit of such equality. Violence against women is one of the fundamental social mechanisms by which women are forced to a situation of subordination to men, which constitutes a violation of human rights and fundamental freedoms and prevents women from enjoying these rights in whole or in part.

In 1996, the World Health Organization recognized violence against women as a public health problem and identified it as an essential factor in the deterioration of their health, since physical, psychological, and sexual aggressions, whether punctual or repetitive, of

low or high intensity, entail irreparable losses in the biological, psychological, and social spheres of women.

At the European level, the Council of Europe Convention on preventing and combating violence against women and domestic violence of 2011, known as the Istanbul Convention, stands out. It states that "violence against women" should be understood as a violation of human rights and a form of discrimination against women and designates all acts of gender-based violence that involve or may imply harm or suffering of a physical, sexual, psychological, or economic nature for women, including threats to carry out such acts, coercion, or arbitrary deprivation of liberty, in public or private life.

In Spain, Organic Law 1/2004 on Comprehensive Protection Measures against Gender-Based Violence included in the national regulatory system the approaches of the 1993 Declaration of the United Nations, incorporating the definition of violence against women in the Declaration in its articles. However, in its development, it limits the phenomenon of gender violence only to conjugal relationships or similar affective relationships even without cohabitation, leaving out other types of violence against women.

The State Pact against Gender Violence, approved by the plenary session of the Congress of Deputies, expands the provisions of Organic Law 1/2004, so as to include the necessary legislative amendments to include all forms of violence against women, as well as methods for addressing and eradicating this social damage in accordance with the recommendations of the Istanbul Convention, the Convention on the Elimination of All Forms of Discrimination against Women, and the United Nations Human Rights Council on the issue of discrimination against women.

At the regional level, more than 10 years ago, Castilla y León enacted Law 13/2010, of 9 December, against gender violence in Castilla y León with the aim of articulating a system of measures aimed at the eradication of violence against women in the territory, through the promotion of both preventive and care measures. In addition, it includes a broad definition of what violence against women is, in line with what was proposed by the United Nations in 1993, not restricting it to intimate partner relationships, but including other forms of violence, such as sexual exploitation.

The Zero Violence Objective Model of the Junta de Castilla y León, approved in 2015, configures the process of coordination and networking of all the systems involved, in such a way as to make it possible to move towards the eradication of gender violence in the territory of Castilla y León, with a specific impact on each of the moments of the process. Based on this regulation, various protocols, conventions, agreements, etc., have been articulated. These allow its implementation and, therefore, are aimed at the real implementation of the provisions of the Autonomous Law of 2010.

The impact of sexist violence on women's lives is imperative. A report by the ADECCO Foundation, carried out in 2022, highlights the role that employment plays in the recovery process of women survivors of gender violence. Thus, according to this report, all women state that employment is a very important requirement to start a new life, since it gives them the possibility of carving out economic independence, essential to achieving vital independence. However, they point to some barriers that prevent them from accessing or maintaining employment (see Figure 1).

Among these factors, the incompatibility of employment with the family situation stands out: the difficulties in reconciling the work–life balance and the lack of adaptation of working times and schedules to family dynamics become even more difficult in the case of women who are exclusively responsible for family responsibilities, such as women victims of gender violence. They also highlight their lack of experience, lack of training, or abandonment of the labor market, arguments that women indicate as difficulties in joining the labor market. If the mechanisms and characterization of gender-based violence are taken into account, it is easy to infer that the situation itself, in many cases, generates an abandonment of the labor market or studies, which subsequently translates into the appearance of these barriers. Finally, it highlights that almost 15% of women indicate as a barrier to access to employment the fear of communicating their status as a victim of

gender violence due to the social damage it causes. Although efforts have been made at the regulatory level to encourage companies to incorporate women victims of gender violence into their teams, social stigma continues to prevail and acts as a brake on women's access to jobs.



Figure 1. Main obstacles for women victims of gender violence to find employment. Source: ADECCO Foundation (2022).

2. Justification and Objectives

This study is carried out based on the daily practice of interventions with women victims of gender violence by the Association for the Defense of Women "La Rueda" (Burgos, Spain). From this entity, and related to the strategic approach of incorporating analysis parameters into the intervention that allow evidence of the impact that it has on the lives of the women who participate and are supported by the different programs and services, it is incorporated into the standard work procedure of the two areas specifically linked to support women victims of gender violence (psychological support and residential care) using an instrument aimed at collecting information on the subjective perception of well-being that women indicate at the time of joining the intervention.

From the "La Rueda" Association of Burgos (Spain), we know the protection factors, types of support that work, and professional attitudes that allow women to feel better and take steps to make their own decisions and move towards their well-being and vital independence away from violence (Díez-Cardona et al. 2023). Therefore, our current object of study is to collect information that allows this intervention to be adapted to the specific needs that women perceive they have, so that it has a positive impact on their lives (Ferrer-Pérez and Bosch-Fiol 2019).

To analyze whether there is a real impact through the intervention, once the support programs have been completed (end of stay in the residential care area or fulfilment of the objectives in the psychological support area), the same initial instrument is used again, so that it is determined to establish through a response comparison whether the intervention has been really successful in terms of well-being parameters.

In this sense, the concept of quality of life is considered to be very useful for assessing people's needs and their levels of satisfaction, which allows a baseline to be drawn to guide the intervention, as well as subsequently evaluating the impact of the results on the person's life (Salas and Garzón 2013).

3. Methodology

3.1. Study Design and Procedure

This study is based on the daily practice of the "La Rueda" Association (Burgos) and the incorporation, within the entity's processes, of a system that would allow us to assess the impact of specialized and individualized interventions on the needs of the women who attended the services of the entity. To this end, in 2022, the entity's outpatient psychological support area and shelter service were included within the specific areas of intervention aimed at women victims of gender violence, a scale that would allow for measuring subjective perception of the personal well-being of the women who joined the intervention. In both services, the procedure design was similar: initially, a first reception interview was held with the woman in which data relating to sociodemographic variables, the history of violence experienced, and the personal well-being index—adults (PWI) were self-completed. The initial results were that most women who began completing this scale showed a low perception of their well-being. Based on these data, in a second interview, each woman set out her personal goals in different areas of her life to achieve in the medium term. Once these goals were established, the necessary support was deployed throughout the intervention process to allow the woman to achieve her set goals, which became the intervention objectives at a professional level.

The intervention aimed at achieving these personal goals varied in each of the intervention services due to the characteristics of each of them, but are as follows:

- In outpatient care, we start from personal goals and respond to the needs that emerge to achieve them in individual and group sessions with a variable periodicity, initially more intense (once a week) and progressively more spaced as progress is made, without setting a minimum or maximum intervention time, if progress is made. In this case, what was worked on in the sessions is evaluated by the woman herself together with the professional successively. At the end of each session, the woman is presented with a series of small exercises or actions that the woman must try to put into practice in her context of reference. At the beginning of the next session, the results of these tasks are analyzed as an indicator of progress towards the objectives.
- In the case of the shelter, it is also based on the personal goals of each woman, and an intensive intervention is carried out since it is a residential environment for a maximum of 6 months, in which there is interaction at the level of intervention in a way that continues throughout the stay at the resort with the team of service professionals. Each woman has a reference professional within the service. On a monthly basis, the reference professional holds an individual interview with the woman in which the level of achievement of each of the personal goals set and the emerging needs and achievements achieved during the elapsed time are assessed.

Once the intervention was completed, either by achieving most of the personal goals initially set, in the case of outpatient care, or by completing their stay in the service, in the case of the shelter, it was necessary to be able to demonstrate the impact that this had had on the life and well-being of the women who were participating in the intervention. It was considered appropriate to use the PWI-A again through the women's own self-report to assess whether the intervention time had really had an impact on their perception of their quality of life. The results were initially analyzed individually with each woman, but it was decided to incorporate this issue into the entity's intervention procedure to reinforce the quality of the services and the intervention.

The study presents the results obtained in the responses of those women who began and finished their intervention in the period between 2022 and 2023. This represents 20% of the total number of women victims of gender violence served by the entity, since it is the percentage for whom the intervention began and ended during that period. Likewise, those women who abandoned the intervention for whatever reason and who, therefore, did not complete the final PWI-A, are not considered.

3.2. Instrument

The Personal Adult Well-Being Index (PWI-A; (International Wellbeing Group 2013)) was used to assess the level of satisfaction that the participating women had with their lives at the beginning and end of the intervention. It was based on the homeostatic theory of subjective well-being developed by (Cummins 2000; Cummins et al. 2001a, 2001b, 2002).

This model states that the process of adaptation or individual adjustment in each of the living conditions is what results in an index of well-being in each person that can be measured through the answer to questions that start from the generality, but reflect the general state of the person and their level of satisfaction with different issues in their life, such as health, achievements, relationships, safety, community involvement, future security, or spirituality (Cummins and Nistico 2002).

The PWI-A arose from the Comprehensive Quality of Life Scale (Cummins et al. 1994) with the aim of being a valid and simple cross-cultural instrument. The Spanish version has been adapted by Rodríguez-Blázquez et al. (2011) and Forjaz et al. (2011).

At the specific level of women, this scale was used in a comparative study on the self-perceived quality of life in Spanish-speaking women with ASD, in which the results obtained from the responses of women with ASD and adult women without ASD were compared (Morales et al. 2022). According to psychometric studies, this scale has a good internal reliability (Cronbach's alpha, $\alpha = 0.88$), so it was considered a valid and reliable instrument with the objective set out in this study.

The questionnaire is based on questions, such as "How important are the achievements you have achieved to you?" or "How satisfied are you with the achievements you have achieved?" (see Table 1). All items were answered on a response scale defined from 0 (not total satisfaction) to 10 (completely satisfied).

Table 1. Self-perceived quality of life questionnaire administered to women from the Association for the Defense of Women "La Rueda" (Burgos, Spain).

How IMPORTANT is each of the following areas to you in your life? (Rate from 1 to 10, 1 being not at all important and 10 being very important)
The things you have
Your health
What you have achieved in your life
Having a good relationship with your family and friends
Feeling safe
Participating in social activities with other people
Your own happiness
How SATISFIED are you with the following areas of your life? (Rate from 1 to 10, 1 being not at all important and 10 being very important)
The things you have
Your health
What you have achieved in your life
Having a good relationship with your family and friends
Feeling safe
Participating in social activities with other people
Your own happiness

Source: Authors.

As suggested by the authors, each domain was analyzed separately, and the means were also pooled to obtain an overall score of subjective well-being. It is estimated that a balance between importance and satisfaction provides a greater degree of stability and, therefore, greater well-being at the subjective level, without having more specific indicators.

4. Sample

In total, 51 scales of the elaborated adaptation of the PWI-A of women who began and ended the intervention in 2022 and 2023 in the entity's services have been analyzed in Burgos (Spain). The analysis has been carried out by grouping the women into two service groups: on the one hand, 42 received the intervention in the outpatient support modality, that is, interventions that are provided to women who live independently and come to the entity in the appointments marked for the intervention, while on the other hand, 9 women who received the intervention resided in the Shelter House for women victims of gender violence in Burgos. It is necessary to take into account that the intervention process with women victims of gender violence is long, so that, although the entity maintains an average of 100 women victims of gender violence attending per year, the average number of discharges for having completed and met all the intervention objectives in one year is around 50%, as this involves sustaining the intervention in most cases for more than one year.

Regarding the profile of the women who completed the questionnaire completely (pre-test and post-test), we found that they have an average age of around 45 years, with the most common age group being in the range of 46 to 55 years, followed by the range of 36 to 45 years. Therefore, we can talk about middle-aged women, in most cases (see Figure 2), with a stable partner or marriage who come to the entity in search of support after several years of suffering a situation of violence.

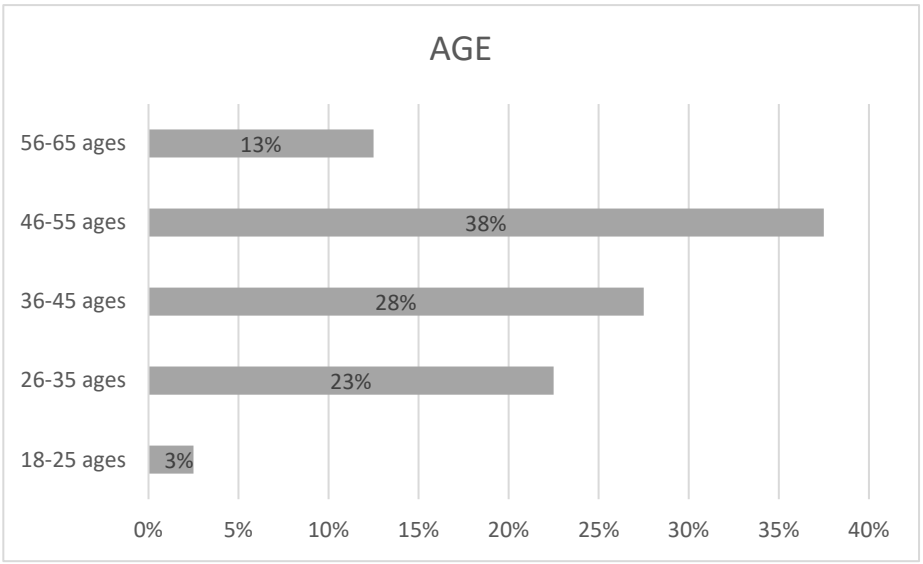


Figure 2. Age of the women in outpatient care. Source: Authors.

In terms of nationality, we found that 78% of the participants were of Spanish nationality, with 22% being of other nationalities (see Figure 3). Of these, women of Latin American nationality (mainly from Colombia, Ecuador, Paraguay and Peru) stand out, and we also found a case of a woman of African nationality (Senegal).

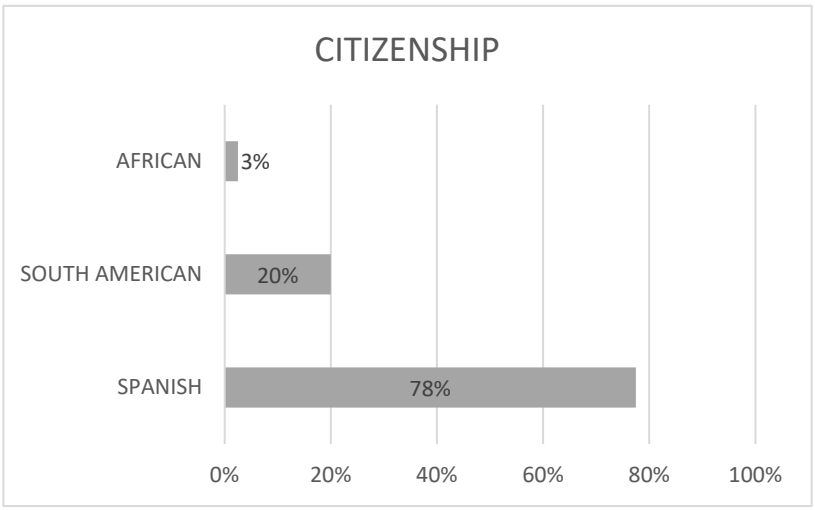


Figure 3. Nationality of the women in the intervention through outpatient care. Source: Authors.

The language barrier faced by women of non-Spanish-speaking nationalities means that, in many cases, they stop requesting help and initiate an intervention process aimed at improving their quality of life through personal autonomy and vital independence. Likewise, cultural factors, on many occasions, are an obstacle when it comes to going to a specific care service for gender violence.

On the other hand, nine scales of perception of quality of life by women who resided within the Burgos Shelter during the years 2022 and 2023 have been analyzed. In this case, they completed the stopover at the beginning of their stay at the resource and on the day of their departure from it.

Regarding the profile of these women, we focus on the average age being 37 years, with the most common age group being between 36 and 45 years (see Figure 4).

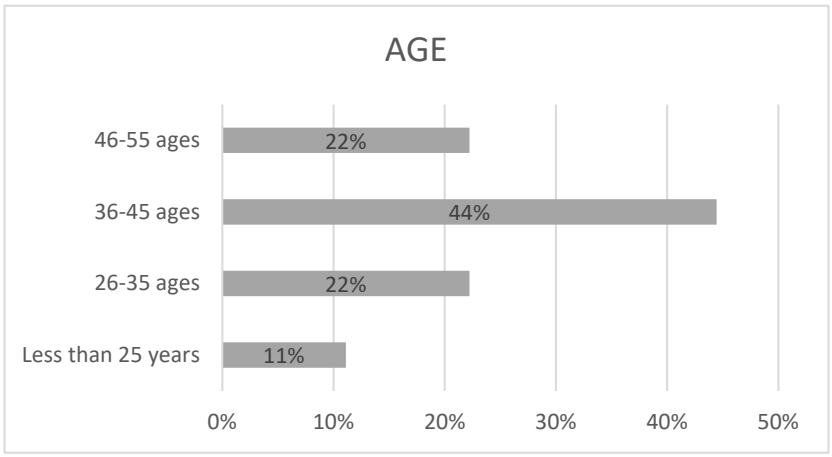


Figure 4. Age of women in intervention through a shelter. Source: Authors.

Regarding origin, in this case we find greater variability, with women from countries other than Spain being the most common (in 78% of cases). By nationality, the most common nationality is Moroccan (in 33% of cases), with women from Latin American countries (Venezuela, Paraguay), Eastern Europe (Romania), and Spain in the same proportion (see Figure 5).

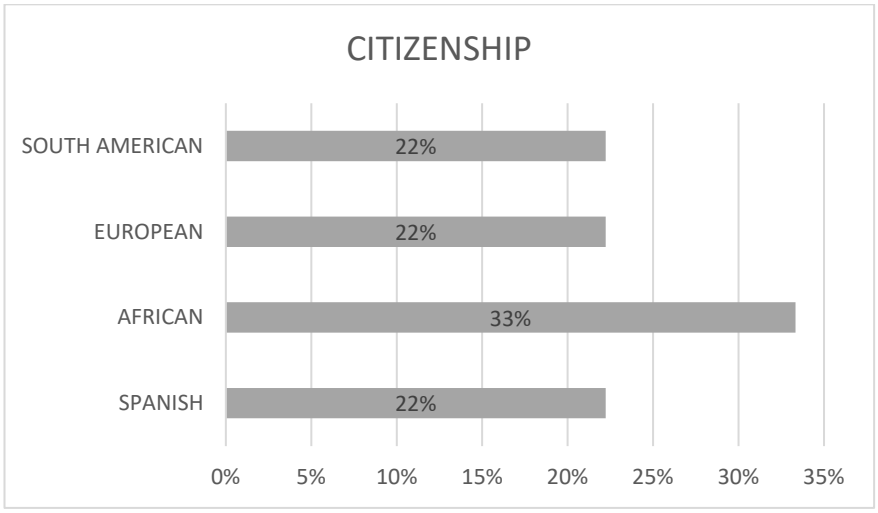


Figure 5. Nationality women in intervention through the Shelter. Source: Authors.

5. Results

The subjective perception of women's quality of life, which evidences the impact of the intervention on their level of well-being, was assessed through a comparative analysis of the impact of the intervention on the lives of the participating women using an adaptation of the personal well-being index (PWI-A; (International Wellbeing Group 2013)) based on Cummin's theory of well-being (Cummins and Nistico 2002), which raises the importance of analyzing subjective perception, in order to propose a complete idea of people's quality of life.

The results of the seven evaluation items referring to different aspects of quality of life are analyzed and structured in two response blocks. The first is aimed at knowing the importance that the person gives to each of the items included in the scale, and the second is aimed at knowing the person's satisfaction with the current situation with respect to each of the items. The response format consists of a scale defined by extremes from 0 (not at all important/no satisfaction) to 10 (very important/complete satisfaction). This scale was carried out at the beginning and end of the intervention, with the aim of knowing their priority scale and the satisfaction index with their life at that time. The results obtained in each of the subsamples analyzed are developed below.

From the comparative analysis of the means obtained in the questionnaires completed at their entry and exit from the intervention program by women attended by ambulatory care services who were discharged due to compliance with objectives in 2022 and 2023 (N = 42), the following results are extracted.

The women who initiate the intervention manifest a generally low level of satisfaction, with the general average of satisfaction standing at 5.72, which shows a general subjective discomfort regarding their lives. The intervention has a positive impact on this perception, since at the end of the intervention, the average satisfaction rises to 7.10 on average, which shows an improvement and greater subjective well-being after the end of the intervention.

In the analysis of items independently, a significant increase in their satisfaction in terms of health (+1.23), security (+1.97), and participation (+1.61) was observed, which had a direct impact on their happiness, an item that increased by more than 1.68 points compared to the initial average score.

Although the importance given at a subjective level by women to each of these items continues to exceed their satisfaction, through the intervention, the approximation of both analysis parameters is increased with respect to the initial one: at the beginning of the intervention, importance was almost 3 points above personal satisfaction (−2.73), while at the end of the intervention there are only 1.34 points between the two at a global level.

In this item-by-item comparison between importance and satisfaction, the item referring to the things you have is relevant, and increases in satisfaction even above importance

(+0.47). This is significant because, through the intervention, skills are acquired that allow the valuation of what one has and the importance of not clinging to or idealizing certain things that can have a negative impact on other areas of well-being. Therefore, it is inferred that the results obtained in this item refer precisely to that change in the scale of values and attitudes achieved by the participating women.

The table below is prepared based on the data obtained at the beginning of the woman's stay at the resource, with the aim of knowing her scale of priorities and the index of satisfaction with her life at that time. The instrument is used again at the end of the stay in order to evaluate the perception index of the woman's quality of life once she leaves the resource, as well as to be able to establish comparisons with respect to the initial and final time of her stay and whether there have been changes in some aspects of well-being as a result of the intervention. It is observed that, at a general level, there is a low point of satisfaction in all items, which is considerably different from the importance that each of the questions raised have for the participating women, while, as shown in the graph, at the end of the intervention, this satisfaction value is considerably close to that of importance, being even surpassed in the item referring to the things they currently have (see Figure 6). The degree of adjustment between the importance given to things and personal satisfaction marks the degree of subjective satisfaction with one's own life.

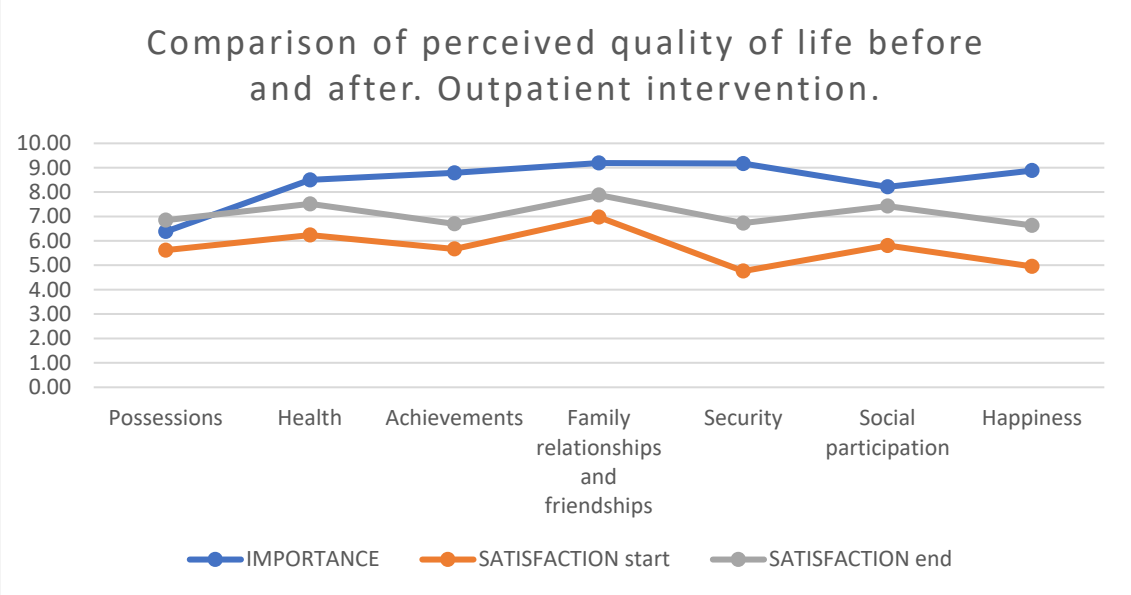


Figure 6. Impact of intervention on the quality of life of women who received outpatient care in Burgos (Spain). Source: Authors.

On the other hand, a comparative analysis of the means obtained in the questionnaires completed by the residents in 2022 and 2023 (N = 9) on their entry and exit (those who finished their stay) from the residential protection resource has been carried out. The analysis of the results shows the following.

An increase in their general average satisfaction was observed, as the average satisfaction at the entrance point was 6.35 points and, at the exit point, it increased to 8.65 points. In addition, there is a greater degree of adjustment between importance and satisfaction, since while at the beginning the mean difference between the two blocks was more than 2 points (−2.04), at the exit, it is reduced to −0.26. Therefore, higher satisfaction rates with current life are achieved.

By items, greater satisfaction was observed in those related to health (+3.12), personal achievements (+2.84), material possessions (+2.34), and security (+2.12). This is indicative of the change in perception regarding satisfaction with their own decisions, since at the

entrance point, the only item that achieved a score above 7 was that related to safety (derived from the decision to look for a safe space).

From these results, it can be deduced that through the intervention there has been a shift from focusing on the idealization of happiness and the need for security (derived from the violence experienced) to focusing more on individual issues that provide well-being, although this shift depends on each person and their indicators of independence and personal decision-making.

Regarding the degree of adjustment between importance and satisfaction by items, the item of achievements is especially noteworthy, as the women had a perception of greater satisfaction with what was achieved than the importance they gave to this aspect at the start of the intervention.

Finally, one of the most outstanding and relevant results is that of obtaining equal averages in terms of importance and satisfaction at the time of exit for each of the items (see Figure 7). This parameter is important because the fulfillment of expectations regarding the subjective importance given to each issue is balanced, so the perception of well-being increases. At the time of entry, importance and satisfaction were mismatched, with most of the items having higher expectations (importance) than the perception of reality (satisfaction). If you give a lot of importance to something you do not have, the feeling of dissatisfaction increases. Therefore, a balance of both blocks is essential to improve quality of life.

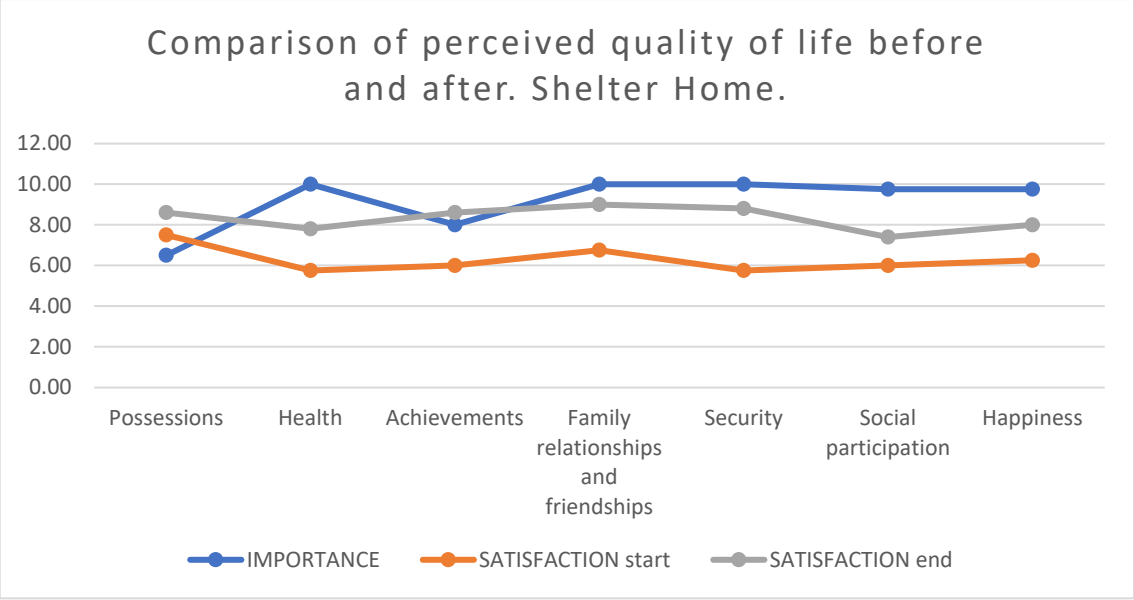


Figure 7. Comparative analysis of the means obtained in the women residents of the Shelter Home in Burgos (Spain). Source: Authors.

6. Discussion and Conclusions

Existing statistical data show that from 2003 to the present, more than 1205 women have been murdered at the hands of their partners or ex-partners (see Figure 1). Although these data show only the tip of the iceberg of violence against women (see Figure 8), they give an idea of the magnitude of this phenomenon which has attracted the attention of several international organizations, including the World Health Organization (WHO), which points out in its World Report on Violence and Health that, "no factor at the individual level can explain why some individuals act violently and others do not, or why violence is more present in some societies than in others, therefore, violence is the result of a complex interaction between individual, family, social, cultural and environmental factors".

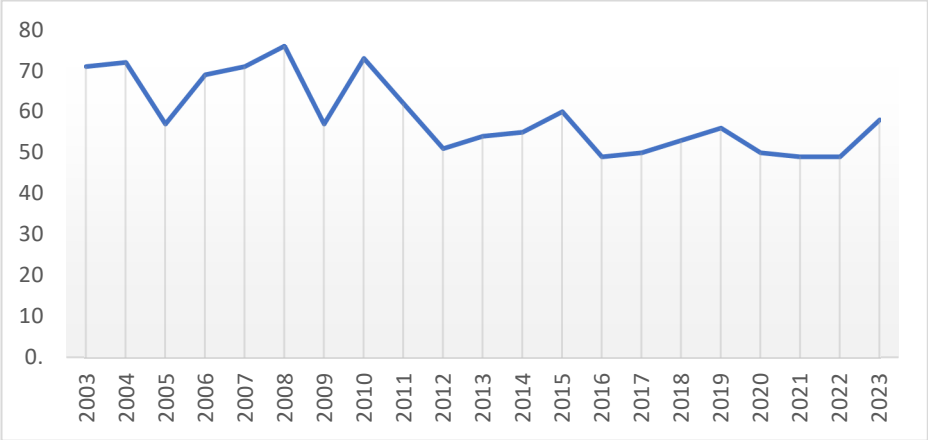


Figure 8. Women murdered by their partners or ex-partners between 2003 and 2022. Source: Statistics Portal of the Government Delegation against Gender Violence. Own elaboration.

When analyzing the problem of gender-based violence, there are aspects that make it difficult to identify the problem, including its invisibility, since it is a crime that tends to remain hidden and with a low incidence of reporting, together with the fact that it usually occurs in the private sphere, that is, within personal relationships and the normalization and habituation of violence. This is evidenced by the fact that there are few studies that analyze the impact that gender-based violence has on women's quality of life in general, without focusing on a specific problem related to health or its functional characteristics associated with a disability, for example Carbonell-Baeza et al. 2013; Hsu et al. 2014; Segura-Jiménez et al. 2016; Godoy-Izquierdo et al. 2017; Morales et al. 2022.

Issues related to quality of life have not traditionally been considered in policies and successive regulations on gender violence. Although in recent years there has been a tendency to introduce this term, the approach to protection and care devices for victims is proposed from a care and security perspective, without directly incorporating mechanisms aimed at improving the well-being of women from a comprehensive intervention perspective based on a model that promotes resilience and quality of life.

There are many women victims of violence who do not recognize themselves as such, especially in the face of psychological abuse, and at a social level many people still question those victims who do not suffer physical violence. In this regard, it is important to consider the results of the study on the time it takes for women victims of gender-based violence to verbalize their situation, prepared by the Government Delegation against Gender-Based Violence (Gómez et al. 2019). This study focuses on gender-based violence in intimate partner relationships, and although it does not consider the full extent of the phenomenon, it is usually the profile that is most frequently found in specialized interventions in response to violence against women and, therefore, the data and results of the report are very relevant when planning interventions aimed at women victims of gender-based violence and for evaluating the impact that it has on the well-being of these women.

In this sense, in recent years, a line of educational interventions has been developed in the pedagogical field that is aimed at breaking gender stereotypes, promoting critical thinking, and eliminating asymmetrical relationships, namely coeducational pedagogy (Rambla and Bonal Sarro 2001). From this perspective, coeducational pedagogy is aimed at further deepening educational intervention, transcending the transmission of knowledge, and incorporating contextual social critical analysis, the assessment of problems, and the role of social structures in our lives into the teaching–learning process (Cava et al. 2015). This pedagogical proposal is aimed at responding to the demand for equality made by feminist theory, which involves a reformulation of the model of the transmission of knowledge and ideas from a critical perspective in the spaces intended for training and learning (Instituto de la Mujer 2008). From this approach, coeducational interventions must be based on a dual strategy, incorporating, on the one hand, concrete actions aimed

at overcoming gender stereotypes and roles, and on the other, actions that do not have to be specifically aimed at working on stereotypes or the prevention of sexist violence, but that do integrate the feminist perspective as a central axis (Instituto de la Mujer 2008). That is, also in its most practical sense, it serves as a preventive strategy for sexist violence in any of its forms. Coeducation helps us to overcome sexism and attitudes that generate an established cultural asymmetry, works on the depth of these relationships, and, therefore, puts an end to those patriarchal mechanisms that restrict and generate inequalities, as is the case with violence (Barrera Linares 2019). All this, from the impulse of a dynamic and living process, feeds back into each of the phases, due to their interaction with equal opportunities between men and women, and in the interest of providing models of conduct and behavior based on tolerance and respect, away from violence, so that the social coexistence of people is strengthened, playing an active role in change and transformation (Díaz-Aguado and Carvajal 2011).

The implementation of educational actions from the perspective of coeducational pedagogy, which can be developed in both formal and non-formal education spaces, makes it necessary to incorporate diverse and innovative methodologies which allow the motivating element to be drawn from the people who participate as an intrinsic element for achieving the objective of social transformation. It is important to use all the resources of the closest context, but neither a dynamic nor an application can become an objective; thus, the incorporation of more playful aspects, teamwork, etc., will be essential to achieve this transgression of macho and sexist attitudes, stereotypes and behaviors, and at the same time, the androcentric realities that have been assumed and normalized are questioned (Andaluz and Galán 2021).

From this perspective, the incorporation of coeducation within educational and social policies will allow not only progress towards the eradication of violence against women, but also the creation of accessible and safe environments for those women who have suffered a situation of violence. On the other hand, and already focused on direct intervention aimed at victims of gender violence, it is necessary to start from the premise that for the intervention to be effective, it must be rapid, so that the time between becoming aware of the violent situation and the request for help is shortened; in addition, it must be comprehensive, with an itinerary that offers immediate solutions and help that allows women to get out of the violent relationship as soon as possible by giving them the necessary support to build a new life while extending this support for as long as necessary, adapting to the different needs and life circumstances that may arise, and involving all the contexts in which the victim participates.

These programs are necessary before the woman makes the decision to leave the environment of violence, since economic and labor factors are considered essential when making the decision to verbalize the situation and/or report it, especially in those cases in which there are family responsibilities, so it is essential to have the support to make the decision earlier, safely, and with guarantees (Díez-Cardona et al. 2023). Having the appropriate support adapted to the woman's needs, circumstances, and personal goals will have a positive impact on the quality of life for anyone, and much more so for those women victims of gender violence who, due to violent situations, will have in most cases a negative perception of their own well-being, according to the results obtained.

Based on these premises, the intervention aimed at women victims of gender-based violence must be approached from a global and personal development approach, based on the philosophy of person-centered planning and the ecological approach to intervention (Ferrer-Pérez and Bosch-Fiol 2019), which allows women to have the necessary support throughout the process and which is constantly adjusted and readjusted based on their changing needs and decisions. From this perspective, it is possible to achieve a greater adjustment between the importance that each person gives to the different issues that affect them in their life and their subjective satisfaction with them.

Hence, the results obtained are relevant, on the one hand, for the intervention, since the evidence obtained on the positive impact of the individualized approach, focused on

personal goals and aimed at improving the perception of the own well-being of women victims of gender violence, is aimed at generating a change in the traditional intervention model, focused solely on overcoming violence, towards a model that is directly aimed at impacting the person themselves, respecting their time and personal aspirations. On the other hand, at the research level, it introduces the need to continue advancing in the development of applied studies that emanate from practice itself, to delve into the implications that gender violence has on the lives of women. This study provides further evidence to reinforce the idea that intervention practices are truly positive for the lives of these women.

Although this methodological construct of quality of life has traditionally been used to refer to interventions aimed at people with disabilities, it is equally valid in interventions aimed at women victims of gender violence, since it is aimed at articulating intervention mechanisms that are based on the individuality, circumstances, and personal goals of the person. Based on this, intervention actions are proposed to promote their empowerment, self-determination, and development of competencies and skills, which have a direct impact on their well-being and social inclusion, and, therefore, on their quality of life.

This change in perception regarding the intervention, supported by the evidence of the results, also represents an argument regarding the need to reinforce public care policies that include the perspective of improving the quality of life of female survivors of gender violence as their central axis, crystallizing the development of proven good intervention practices.

Traditionally, the starting point has been standard interventions aimed at women victims of gender-based violence, in which a managerial professional role was exercised, and the different interventions were conceived as watertight compartments, in which each discipline marked what was most convenient for women, without making a specific assessment of their interests, personal concerns, or goals. However, the results obtained show that it is possible to change the focus towards a support model based on the subjective perception of well-being and in which each professional plays a supporting role towards those personal goals which the person considers will allow them to improve their life.

However, it is necessary to continue investigating the specific impact that gender-based violence has on the quality of life of women victims of gender-based violence, delving into the conditioning factors that may affect it and articulating applied research studies that incorporate measurements on the impact of the intervention on improving the quality of life of women victims of gender-based violence.

7. Limitations and Proposals for Improvement

The present study opens the way towards expanding the level of evidence regarding the impact of the intervention, establishing channels of interrelation between the fields of research and practice, both of which provide feedback together. The development of longitudinal studies that allow us to know the maintenance of greater long-term well-being achieved through intervention in the different intervention services is an incipient line of research. Having evidence on the generalization of the achievements achieved in the different contexts in which each woman participates throughout her life, and the maintenance of a level of well-being in line with that of the rest of the population, is an indicator of success in the intervention.

Analyzing the social factors that directly, positively, or negatively affect the well-being of women is of decisive interest in future research. This study focuses exclusively on specific intervention services; however, women participate in other contexts throughout the process, which will influence the impact of the intervention and their well-being. Specifically detecting the general factors that have a positive impact and the barriers that are encountered and that act as a brake on their progress towards their personal goals may be of interest to reinforce support programs that are specifically aimed at addressing such factors, as well as to demand the establishment of policies sensitive to them.

The restrictions of this type of study are the economic costs not only to the victims, but also of the people around them, including the aggressors, companies, the private sector, the different levels of public administration, civil society, and future generations. The Government Delegation for Gender Violence in Spain has promoted the implementation of this study in 2016, seeking to carry out pioneering research (Ministry of Equality 2016), Government of Spain). They also limit laws that define rape based on lack of consent. They draw a clear line between consensual sex and rape and contribute to important debates about sex and consent. Only 13 of 31 European countries analyzed by Amnesty International have enacted laws based on consent (International Amnesty 2021). Investment in education on gender, respect, and human rights is imminent, providing young activists with information and educating them about women's rights, which will help build a better future for everyone.

Future proposals range from ending impunity by advocating for the creation of laws and policies that hold criminals accountable, as well as policies which adopt, implement, and finance national action plans to end female violence and invest in the solutions proposed by women's rights movements to prevent violence against women and girls (United Nations 2023). Governments, companies, and people, in line with the motto of zero tolerance, should denounce violent behavior and acts in homes, schools, communities, and digital spaces.

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Informed Consent Statement: Written informed consent has been obtained from the patient(s) to publish this paper.

Data Availability Statement: Restrictions apply to the availability of these data. Data were obtained from "La Rueda" Association and are available at [https://laruedaburgos.org/]. The data is guarded by the "La Rueda" Association in the form and manner that the entity has implemented, without having more access than what is established in the legal obligations of the entity itself. The research team does not have personal data that needs to be retained or destroyed at any given time.

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