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VIVIEN - Victim Violence Educational Network

An educational project to improve the ability to assist women victims of violence

Questionnaires and video sessions (projective interviews) in Bulgaria, Croatia, Finland and Italy: report of the main results

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Introduction

Since the approval of the Istanbul Convention (2011), the European Union has developed substantial efforts in the implementation of programs aimed at both the prevention and support of victims of domestic/intimate violence. The purpose of these programmes concerned the application of the convention in all its aspects, but the general objective was, and is, to promote and encourage the victim's reporting of violence, in the best possible conditions of protection.

Concerning the support to the victims, it is now well known that the possibility of transforming any political intention and prescription into effective actions capable of improving the quality of life of the victims depends primarily on the possibility to rely on properly trained professionals, able to intercept the signs of violence and to "engage" the victim in order to support her on a path of denunciation and, above all, an exit from the violent relationship. This implies that these professionals must, first of all, to know the vulnerabilities and typical needs of victims of violence. Secondly, they have to know how to decline them in the construction of an effective professional relationship and, finally, be aware of the institutional paths and networks set up for these specific situations. In this perspective there are many professional figures potentially called upon to respond to these situations by the health personnel, general practitioners, nurses, obstetricians, paediatricians, teachers, police officers, lawyers and judges. Each of them can represent the first access, or in any case an important step, of the request for help. The outcome of the path and the quality of the future life of the victim will depend on the ability of these professionals to establish a sufficiently safe and supportive professional helping relationship.

The literature on domestic/intimate/gender-based violence is at present inestimable. We can find thousands of publications on all academic databases, reporting on research carried out in various disciplinary fields and in many countries around the world. Considering the number of researches published on the topics in the last decade, and in the previous one, professionals all over the world should have accumulated a considerable shared knowledge on the subject.

However, a slightly more detailed analysis of this literature reveals that, for example, the European

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literature on the outcomes of training courses is extremely limited and that the available literature concerns training courses aimed mainly at health care professions.

Thus, in the face of important theoretical and legal debates, and above all the considerable work done in the field, in terms of interventions and training, there seems to be a lack of common analysis and reflection on the outcomes of these commitments.

For the purposes of this report, we present some theoretical elements that will define the framework of meaning within which this work has been carried out.

Domestic or Intimate partner violence (IPV) is a general umbrella under which are categorized any behavior that, inside an intimate relationship, can cause psychological, physical or sexual harm (World Health Organization, 2012). This definition encompasses both genders as potential victims and perpetrators regardless the kind of relationship (e.g., homosexual or heterosexual, marital or not) existing between persons. This definition has the merit of doing justice to any victim of violence within an affective relationship that by definition should be a protective one. However, it implies that any member of an intimate or family relationship can be potentially, and equivalently, both aggressor and victim. Now, it is a matter of fact, and it is an historical and universal fact, that the most frequent - quite systematic - victims of domestic violence are women and children. It is also evident that these two subjects are united by the asymmetry of power that binds them to the other protagonists of the relationship: thus, the child is subject, also in this case by necessity, to the authority and power of the adult and the woman, for historical and social reasons that we cannot discuss in these pages, is subject to the authority and power of the man. This understanding of violence against women as a case of a more general phenomenon for which the violence is the prerogative of those who exercise power it is the one adopted by the UN General Assembly in 1993, in the context of the universal declaration on the Elimination of Violence against Women approval:

“Recognizing that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men”.

This perspective allows us to face the issue of violence in terms of psychosocial processes rather than in terms of individual or even biological or natural characteristics. Men are therefore not destined by some deep genetic reasons to be violent as women are not



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destined to be victims.

However, we must be very aware of the fact that this historical imbalance of power between men and women is likely to be aggravated by any circumstance that limits women's capacity for autonomy. In fact, the Declaration of the General Assembly (1993) states:

“Concerned that some groups of women, such as women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict, are especially vulnerable to violence.”

If we admit that an imbalance of resources and "degrees of freedom" between the parties leads to an imbalance of power, great attention must be paid to the fact that, from a psycho-social point of view, even helping relationships are profoundly asymmetrical: the helper is in possession of resources and/or skills that are necessary for those who need the help. It is specifically in these relationships that the form of violence known as "secondary or institutional violence" can occur (Campbell & Raja, 1999; Laing, 2017).

In addressing the issue of violence against women, it is important to distinguish, on the one hand, what are the psychological outcomes of violence itself, what happens to victims of repeated abuse, what suffering and fragility are induced by violence. On the other hand, it is necessary to take into account the specificity of the context in which this violence is carried out, the intimate relationship, sometimes necessary (due to family or social pressure or when the aggressor is also the caregiver), which links the victim to her aggressor.

The comparison between the outcomes induced by the exercise of violence in apparently very different relational contexts takes place starting from the work conducted by the psychologist Alfred D. Biderman on prisoners of war and the brainwashing tactics used by the Nazis in World War II and by the Chinese in the Korean conflict. The results of these works, first published by Amnesty International in 1973, attract the attention of some professionals who deal with domestic/IPV violence.

Around the same time, Lenore Walker began her research into the psychological consequences of domestic violence. Thanks to her work, published in the early 1980s, the consequences for IPV victims have become well known to professionals and this new understanding of the phenomenon has also helped to change the course of the legal defence of victims. In her book "The Battered Woman Syndrome", the author demonstrated that living in a domestic violence family can produce systematic and recognizable effects. The author spoke of learned impotence, learned optimism and cycle of violence. Since that



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first work and for all 40 years, the serious consequences for IPV victims such as post-traumatic stress disorder (PTSD) symptoms, depression, substance abuse, suicide and anxiety have been well documented (e.g., Devries, Mak, Bacchus, Child et al., 2013; Dutton, Green, Kaltman, Roesch, Zeffiro, & Krause, 2006; Golding, 1999).

In 2000, Mary E. Berkheiser, of the University of Nevada, published an essay in which she described the similarity of coercion techniques perpetrated by jailers and domestic perpetrators.

This comparison shows a strong similarity between the processes through which violence is exerted and the psychological outcomes on the victims through the two contexts.

The first level of similarity concerns the "structural" aspects of the relationship between victim and aggressor:

- 1) The bond between victim and aggressor is a "binding" bond from which, although for different reasons, the victim cannot escape by a simple act of will. Apparent in the case of prisoners, this is also true for interpersonal relationships. In order to develop and maintain themselves over time as violent relationships, they must originally have a strong emotional, existential or socially coercive motivation, when, for example, separation is unacceptable under a social or religious point of view.
- 2) The relationship is characterised by a consistent and stable imbalance of power between the parties (it is always the same person who exercises power).
- 3) Mistreatment and violence are repeated, intermittent and protracted.
- 4) The victim's survival depends - or as the victim perceives - on the aggressor's "decision".

The second level of similarity concerns the outcomes, the psychological consequences of the violence suffered by the victims. Along with clinical symptoms such as depression, anxiety and sleep disturbances, it is well documented that the perpetration of violence has profound impact also on identity, self-esteem and self-evaluation of victims. The main effects of the perpetration of violence on the victim are:

- 1) **Loss of confidence.** Victims come to perceive the world as unreliable and threatening. The suffering comes from those who should be the source of comfort and protection. It is true for citizens mistreated or tortured by institutions, it is true for women victims of IPV, as well as for children mistreated or abused by adults.
- 2) **Acquisition of a sense of incompetence and signs of learned helplessness.** The coping strategies implemented from time to time allow victims to somehow resist, but not to change the situation. The victims therefore experienced their inability to change the situation. Victims learn



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that they are not "capable", and, over time, they may come to think that "everything is useless" (learned helplessness). We are not saying here that victims are helpless, we are saying that they feel helpless.

3) Hyper-evaluation of the abuser. In the face of their experience of "incompetence", victims experience constant control from the aggressor, who also succeeds, precisely by virtue of control, in anticipating events. In this sense, the aggressor is perceived as "omnipotent" and in prolonged time, the victim develops conviction that it is impossible to escape the perpetrator's control.

4) Alteration of the ability to read the events. In the narrative that is inevitably constructed between aggressor and victim, the cause-effect sequence of events is controlled and manipulated by the aggressor. The violence thus becomes the "just" consequence of the inappropriate behaviour of the victim. The victim's ability to read the events is so strongly altered. This further ties the victim to both the situation and the aggressor because the coping strategies that can deal with and modify the events depend closely on the systems that victim uses to explain such events.

5) Perception of despicability and impairment of the ability to evaluate one's own personal resources. Feeling lonely, betrayed, incapable, responsible for what is happening, suffering mistreatment and repeated humiliation leads each person to a strong disenchantment of themselves. The violent relationship becomes the only possible horizon of the victim: she is not able to change the situation, what happens is her fault, she cannot ask for help because she cannot trust anyone, because she feels responsible, because the aggressor is right: without him, the victim cannot survive. In this psychological condition, it becomes impossible to identify one's own residual skills.

In the light of this knowledge, it is possible to set up the relationship of help for victims of violence, regardless of the specificity of the profession that the practitioner carries out.

This relationship will have to take account of the fragility and vulnerability resulting from the violence suffered and, at the same time, the strengths and skills that the victims are, usually, unable to attribute to themselves. Regardless of the professional's specific skills, the support relationship must allow the victim, since the first exchange, to experience themselves in a different and "reparative" way.

Regardless of his or her specific profession, the practitioner must create a relational context in which the victim (or the potential victim) can feel legitimate and believed in her story.

This is not achieved by a statement of fact. Instead, it is necessary to be aware of how the contents and the way in which they are expressed contribute to creating the meaning of the relationship itself. It is within the relationship with helpers that the victim can have a new experience of herself.



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Being able to build a good and effective helping relationship is not a matter of kindness or character; rather, it is professionalism.

The lawyer, the healthcare worker, the psychologist, the educator, the social worker, the policeman/woman, each in the specificity of her or his mandate, must guarantee a reassuring and reliable relational context for the victim.

Unfortunately, studies, particularly European studies, on the outcomes of training courses for professionals working in the field of support for women victims of violence are rare. Most publications report on courses for health care professionals and essentially describe the contents and methodologies adopted, while they say very little about their impact.

In general, the concern is to increase the degree of technical knowledge, both clinical and legal, while little attention is paid to understanding how this knowledge can be useful in establishing an effective support relationship with the victim (see report on trainings).

Aims of this research

Taking into account the commitment made by both the EU and national institutions in the field of training of professionals who are “on the front line” in the interception and welcoming of women victim of violence, the principal aim of the present research was to better understand which kind of knowledge, attitudes, beliefs and emotions distinguish trained and untrained professionals belonging to the four partner countries of the project (Bulgaria, Croatia, Finland and Italy).

This work was therefore specifically aimed at investigating the psychological precursors that can be the basis for building the supportive relationship, regardless of the specific professional skills of the participants. This aim was pursued through the implementation of two studies.

The first study investigated both attitudes, beliefs and representations of gender differences and relationships, as well as systems of meanings attributed to gender-based violence, in terms of understanding of the victim and aggressor, disabled victims, and secondary victimization risks.

In the second study, a projective interview was used, to measure more “implicit” dimensions like emotions, feelings and motivations that guide the professionals during their work with victims. Indeed, to know the way in which professionals implicitly and explicitly think, represent and organize meanings that are associated to violence is important given that this organization of meanings shape the way in which professionals enter in the relationship with victims. For all the psychosocial aspects thus far discussed, the principal interest was on the comparison between professionals who had already received a specific training on violence and colleagues who had not



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received a specific training in recent time. For greater clarity, it was decided to present the results of the two studies separately.

STUDY 1

Method

Procedure

We used a cross-sectional questionnaire design. More precisely, questionnaire was created ad hoc, on the basis of existing standardized scales, translated in English and sent to all partners for the re-translation and the administration in every country. So, every professional completed questionnaire in his/her native language.

Measure

Questionnaire (Annex 1) was composed of 3 sections. The first one presented the objectives of the project and, specifying the protection of anonymity, asked each participant to enter a personal code (initial father and mother names, etc.) so that the researchers could then make a longitudinal comparison with the data that will be collected at the end of this project. The second one, the core of the questionnaire, was composed by a battery of 107 items which represented 8 different measures. The measured dimensions are presented below in the same order of presentation of the questionnaire. The third section asked for some personal information (age, sex) and the possible participation in previous training courses.

The 8 measures presented in the second section of the questionnaire are the following:

1-Empathy. Empathy represents a component of social cognition that contributes to one's ability to understand and respond adaptively to others' emotions (Spreng, McKinnon, Mar and Levine, 2009). Some authors (Davis, 1980, 1983) consider it as multidimensional construct composed by cognitive and affective dimensions. Empathy was measured with the Interpersonal Reactivity Index (IRI, Davis, 1980, 1983) that measures 2 different dimensions of empathy (cognitive and affective) through 4 subscales: 1) Perspective Taking (i.e., the tendency to spontaneously adopt the psychological point of view of others), 2) Fantasy (i.e., taps respondents' tendencies to transpose themselves imaginatively into the feelings and actions of fictitious

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characters in books, movies, and plays), 3) Empathic Concern (i.e., assesses "other-oriented" feelings of sympathy and concern for unfortunate others) and 4) Personal Distress (i.e., measures "self-oriented" feelings of personal anxiety and unease in tense interpersonal settings). 28 items compose IRI (see annexed for complete list of items).

2-Gender ideology. Gender ideologies characterizes shared constructions of meaning and reality in a society and are generally conceptualized as "individuals' levels of support for a division of paid work and family responsibilities that is based on the belief in gendered separate spheres (Davis & Greenstein, 2009). The meaning is attributable to a "traditional" gender ideology, in which woman has a subordinate role with respect to man. It was measured by 7 items, such as "a man's job is to earn money; a woman's job is to look after the home and family" and "a job is all right, but what most women really want is a home and children".

3-Gender system justification. Gender system justification (GSJ) refers to the believe that differences between men and women in society are right, deserved and legitimate (Jost & Kay, 2005). It was measured by 6 items. Examples of item are "Discrimination of women is no longer a problem in my country" and "Better measures should be taken to achieve equality (between the sexes) in workplaces".

4-Negative stereotyping of women. This refers to the practice of ascribing to an individual woman or man specific attributes, characteristics or roles by reason only of her or his membership in the social group of women or men (OHCHR, 2019). It was measured by 7 items such as "I prefer a male boss to a female" and "a man's work is more important than a woman's".

5-Beliefs on violence towards disabled women. This represents the operators' knowledge and believes concerning how to deal with specific needs of women with disabilities victims of violence, in particular the beliefs about why disabled women can suffer violence and the adequacy of services offered to disabled women victims of violence. They have been measured with 7 items e.g., "women with disabilities are, most often, abuse from caregivers or personal assistants" and "women with disabilities may be more likely to experience violence or abuse by a current or former partner compared to women without disabilities".

6-Motivations of male violence. We measured participants' belief on the motives that push men to use violence against women with 15 items. Factor analysis on such items revealed four motives: 1) male suffering/difficulty (e.g. Personal history of exposure to child maltreatment), 2) nature of man (e.g. Biological inclination to violence), 3) patriarchy (e.g. Beliefs in family honour and sexual purity) and 4) status (e.g. Community norms that privilege or ascribe higher status to

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men and lower status to women).

7-Motives for women's acceptance of violence. We also measured participants' belief about the motives that would women to accept/suffer violence from men. Factor analysis identified 3 factors: 1) female suffering/difficulty (e.g. Personal history of exposure to child maltreatment), 2) dependence (e.g. She believes she is not able to manage her life without her partner) and 3) patriarchy (e.g. She shares beliefs in family honour and sexual purity).

8-Beliefs about secondary victimization. Secondary victimization is the unresponsive treatment that victims of violence receive from social system personnel. It is the victim-blaming behaviours and practices engaged in by community service providers, which further the violent event, resulting in additional stress and trauma for victims (Campbell & Raja, 1999). Beliefs about secondary victimization was measured with 11 items, taking from Campbell & Raja (1999) and asking operators whether the behaviours and practices of community system personnel can be harmful to violence victims' psychological well-being. Example of items are "Community professionals may be doing more harm than good in their work with violence victims" and "Interacting with community professionals can leave violence victims so upset that they are reluctant to seek further help".

All measures were on a 5-point Likert scale in which 1 = completely disagree and 5 = completely agree.

Participants

The participants were recruited by each national team by contacting the institutions or associations that over the years have organized training courses on the topic of violence against women aimed at different types of professionals. they were asked to distribute the questionnaires at the workplaces (schools, health and social services, police posts, etc.) from which the people who had attended the trainings came. In this way, questionnaires are compiled both by trained and untrained people who perform the same profession and approximatively in the same structure.

794 questionnaires have been collected through the 4 national contexts. As 11 of them did not indicate if they were trained or untrained, they were then excluded from the analysis. The analysed sample comprises then 783 participants. Mean age of the whole sample was 40.94 years (SD = 10.44).

The very large majority of them had been fulfilled by female professionals (74%). The over-representation of women was confirmed in the Italian (77%), Finnish (92%) and Croatian (79%) sub-samples, while in the Bulgarian one, men (53%) outnumber women (Chi 2= 113,66; df3,1;

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P=,000)

This general imbalance in the representativeness of women and men has an historical anchorage. The issue of violence against women was initially raised by feminist movements and still today, in most anti-violence centres, male workers are not allowed. Traditionally, then, support for women victims of violence is almost exclusively provided by other women. The data emerging from the Bulgarian context seem to give different information, yet, even in Bulgaria, women are 64% of the professionals who have had previous training. Here again, women seem to be more engaged than men in the support of victim of violence.

From the very beginning of data collection, the possibility of comparing the attitudes and beliefs of trained and untrained professionals has led the whole team to rethink the contexts in which they usually operate.

Soon, in fact, each national group realised that the possibility of finding the proportion of trained and untrained respondents assumed in the project could not be respected. The project proposal, based on the empirical knowledge of the partners themselves, and for which it was assumed to find 100 people previously trained on the topic of violence against women and 60 people without any training, proved difficult to implement.

Despite their personal experience as trainers and their knowledge of the activities that took place in their respective territories, the finding of previously trained professionals required a great commitment from the 4 teams. On average (Tab.1), previously trained professionals represent 30% of the entire sample. The highest percentage was found in Italy (46%), while Croatia (36%) and Finland (31%) have intermediate values and Bulgaria is the country with the lowest rate (20%).

The proportions of the professional categories, which have been contactable by the different national teams, are very different from each other. Teachers and health workers dominated in Italy, while the latter are the most represented in the Finnish sample. In Croatia, the most represented categories are service officers and psychologists and in Bulgaria police officers represented a large majority. The same proportions specify the sub-sample of the trained professionals, apart from the Bulgarian one in which they are mainly represented by social workers.

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Table 1. Number and percentage of trained and untrained professionals in each country

	Previous training courses														
	Italy			Finland			Croatia			Bulgaria			All		
	Yes	No	Tot	Yes	No	Tot	Yes	No	Tot	Yes	No	Tot	Yes	No	Tot
Teacher	22	46	68	3	13	16	1	18	19	2	24	26	28	101	129
Healthcare	13	28	41	21	90	111	0	22	22	6	9	15	40	149	189
Police	7	1	8	-	-	-	25	10	35	3	74	77	35	85	120
Social worker	9	1	10	5	4	9	7	23	30	15	13	28	36	41	77
Lawyer	6	2	8	-	-	-	0	2	2	1	6	7	7	10	17
Educator	7	9	16	1	12	13	4	1	5	-	-	-	12	22	34
Psychologist	5	2	7	-	-	-	27	38	65	6	4	10	38	44	82
other	6	0	6	26	62	88	11	16	27	1	8	9	47	88	135
	75	89	164	56	178	234	75	130	205	34	138	171	243	540	783
	46%		100%	31%		100%	36%		100%	20%		100%	30%		100%

Results

Preliminary analysis: reliability of the scales

Exploratory factorial analysis was used to verify whether items actually measured the intended constructs. Results supported the expectations. Specifically, each of the 8 measures presented in the second section of the questionnaire was analysed through factorial analysis, obtaining 17 substructures or variables (Tab. 2). For every obtained variable reliability (the extent which items of the scale measure the same construct) was assessed, through Cronbach's alpha as reported in the following table (Tab. 2). As one can see reliability was acceptable for all variables, except for the evaluation of adequacy of services for disability. A possible explanation could be that there are few items that captures a complex aspect as adequacy of services for disability is. In table 2 are also reported some example items of every variables.

Table 2. Reliability values of questionnaire scales and some example items

VARIABLES	RELIABILITY (α)	SOME EXAMPLE ITEMS
IRI_FS	.75	- I really get involved with the feelings of the characters in a novel - After seeing a play or movie, I have felt as though I were one of the characters
IRI_PT	.67	- When I'm upset at someone, I usually try to "put myself in his shoes" for a while - Before criticizing somebody, I try to imagine how I would feel if I were in their place

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IRI_EC	.68	- I am often quite touched by things that I see happen - When I see someone being taken advantage of, I feel kind of protective towards them
IRI_PD	.72	- Being in a tense emotional situation scares me - I tend to lose control during emergencies
GENDER IDEOLOGY	.68	- A man's job is to earn money - A woman's job is to look after the home and family
GENDER SYSTEM JUSTIFICATION	.78	- Discrimination of women is no longer a problem in my country - Better measures should be taken to achieve equality (between the sexes) in workplaces
NEGATIVE STEREOTYPING OF WOMEN	.61	- I prefer a male boss to a female - A man's work is more important than a woman's
DISABILITY (beliefs)	.72	- Women with disabilities are, most often, abuse from caregivers or personal assistants - Women with disabilities may be more likely to experience violence or abuse by a current or former partner compared to women without disabilities
DISABILITY (adequacy of services)	.41	- I think that Protocol on procedures in cases of domestic violence and the Protocol on procedures in cases of sexual violence contain useful information in order to deal with the specific needs of women with disabilities victims of violence - General services for women victims of violence are accessible for women with disabilities
MOTIVATIONS MALE VIOLENCE (suffering)	.72	- A personal history of exposure to child maltreatment - Witnessing family violence
MOTIVATIONS MALE VIOLENCE (nature)	.77	- His natural inclination to command - His biological inclination to violence
MOTIVATIONS MALE VIOLENCE (patriarchy)	.67	- Beliefs in family honour and sexual purity - Ideologies of male sexual entitlement
MOTIVATIONS MALE VIOLENCE (status)	.62	- Community norms that privilege or ascribe higher status to men and lower status to women - Low levels of women's access to paid employment
MOTIVATIONS FEMALE ACCEPTANCE (suffering)	.86	- When child, she was exposed to abuses - She witnessed family violence
MOTIVATIONS FEMALE ACCEPTANCE (dependence)	.78	- She believes she is not able to manage her life without her partner - She believes that violence may be the price of protection /love
MOTIVATIONS FEMALE ACCEPTANCE (patriarchy)	.77	- She believes that men are naturally less able to control their emotions - She shares ideologies of male sexual entitlement
BELIEFS ON SECONDARY VICTIMIZATION	.90	- Community professionals may be doing more harm than good in their work with violence victims - Interacting with community professionals can leave violence victims so upset that they are reluctant to seek further help

Note: usually values of Cronbach's alpha equal or greater than 0.70 are considered to indicate an adequate reliability, albeit values slightly lower can be considered adequate depending on the complexity of the measured construct and the number of used items.

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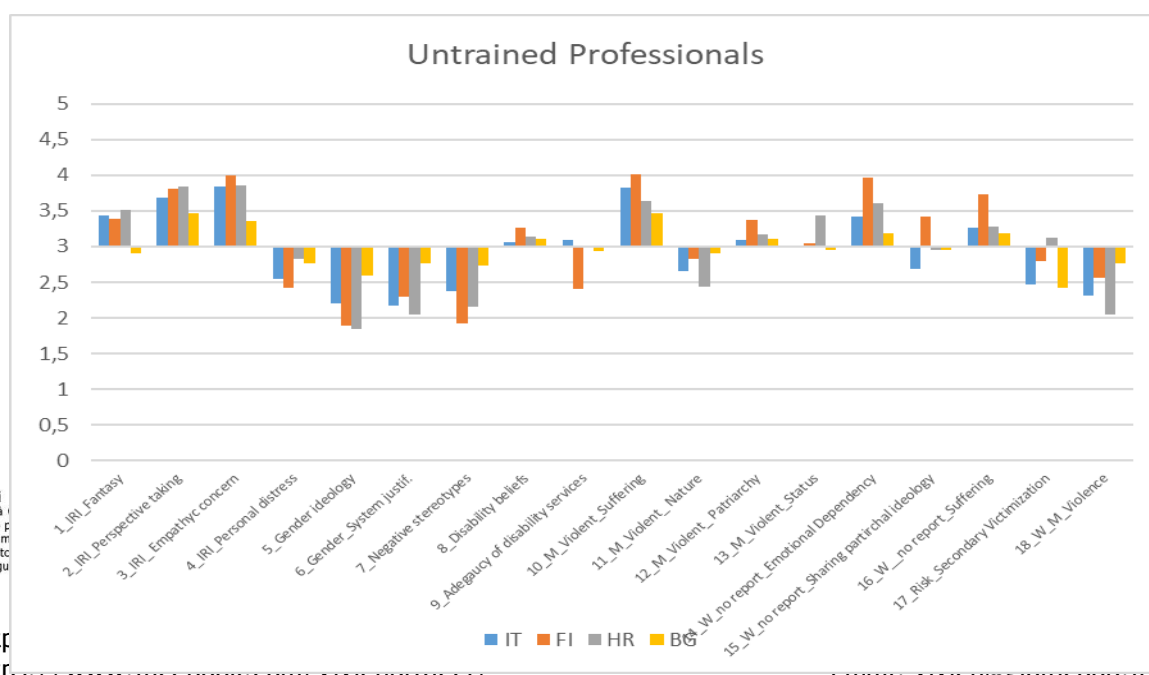
Analysis

It is worth noting that, given the higher difference in compositions of national samples, national results are hardly comparable and their statistical comparison would be highly unreliable.

However, an overview of the response levels can give a good indication of the "basic knowledge" of professionals in the various national contexts. Looking at Figure 1 some interesting information emerges. Considering the response scale for which "3" marks the neutral point between the non-agreement (1-2) and the agreement (4-5), we note that out of 12 of the 18 dimensions, the averages of each country's responses are on the same side of the neutral point. Thus, for most of the dimensions investigated, all participants share an agreement or disagreement attitude, even if they do it in different extend (almost all the differences between the means are significant at $p < .001$).

A different positioning of the four national sub-samples with respect to the neutral point is observed in relation to the size of **empathy-fantasy** (Bulgarian subsample expressed more difficulties than the others), **adequacy of services for the disability** (Finnish subsample declared, much more than the others that these services are not adequate), **the explanation of male violence in terms of social status** (mostly supported by the Croatian sub-sample), the explanation of the **difficulty of women to denounce because they share a patriarchal ideology of gender relations** (the explanation is particularly supported by the Finnish sub-sample) and on the **awareness of the risks of secondary victimization** (which seems to be a concern exclusively for the Croatian sub-sample).

Figure 1. Means for untrained professionals in the 4 national contexts for each dimension



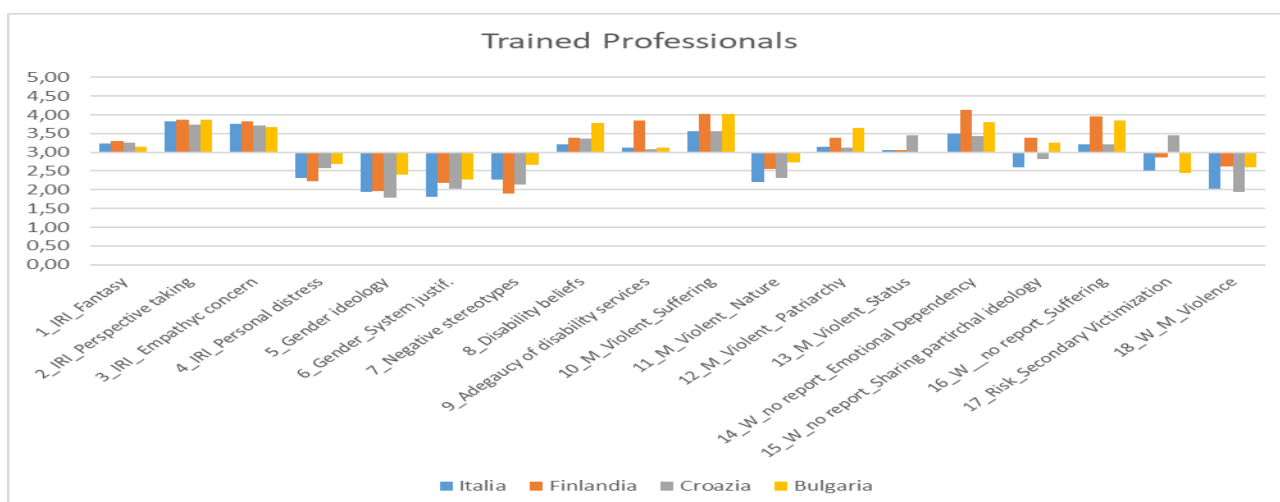
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Looking at the averages for the sub-sample of trained professionals (Fig. 2), we observe a greater homogeneity of the responses between the different national contexts and in this case on 16 of the 18 dimensions, the averages of each country the answers are on the same side of the neutral point. The response averages appear very close for the dimensions related to empathy and attitudes towards gender differences. As for issues related to victims of violence with disabilities, the Bulgarian sub-champion is the one who expressed the highest levels of attention, while the Finnish sub-champion affirms the adequacy of the services dedicated to them.

It is interesting here to observe the attitudes regarding the explanations attributed to male violence and to the difficulties of the victims. In general, we observe a kind of polarization of the responses which opposes the Finnish and Bulgarian subsamples to the Italian and Croatian ones. The answers of the former are sharper, more extreme than those of the other two sub-samples as regards the understanding of male violence that would originate from previous sufferings of these men, and from the persistence of a patriarchal ideology. They both affirm with more strength than the others that victims do not report for their actual dependence and for their suffering. They also express a certain degree of agreement to the idea that victims of violence can share a patriarchal ideology of gender relations, while this option is decidedly re-pushed by the Italian and Croatian subsamples. The latter also reject with greater conviction a "natural" explanation of male violence. Finally, we observe that even in the group of trained professionals, the risks of secondary victimization caused by the operators are considered only by the Croatian sub-sample.

Figure 2. Means for trained professionals in the 4 national contexts for each dimension



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Taking into account, as we have already specified, the different composition of the national sub-samples in terms of professional figures and to achieve a better understanding of the effects of the training courses, specific comparisons were made within each sub-sample nation. More precisely, separate analyzes of the ANOVA variance were conducted for each nation considering the trained and untrained professionals as an independent factor and each variable measured as a dependent factor.

Italy. Table 3 reports results for Italy and figure 3 depicts mean scores. As one can see, trained professionals scored lower on fantasy and personal distress dimensions of IRI. They also were less likely to believe in gender ideology and less likely to justify the gender system than untrained professionals. They also were less likely to identify male suffering and male nature as motive for male violence. No other difference appeared between trained and untrained professionals in Italy.

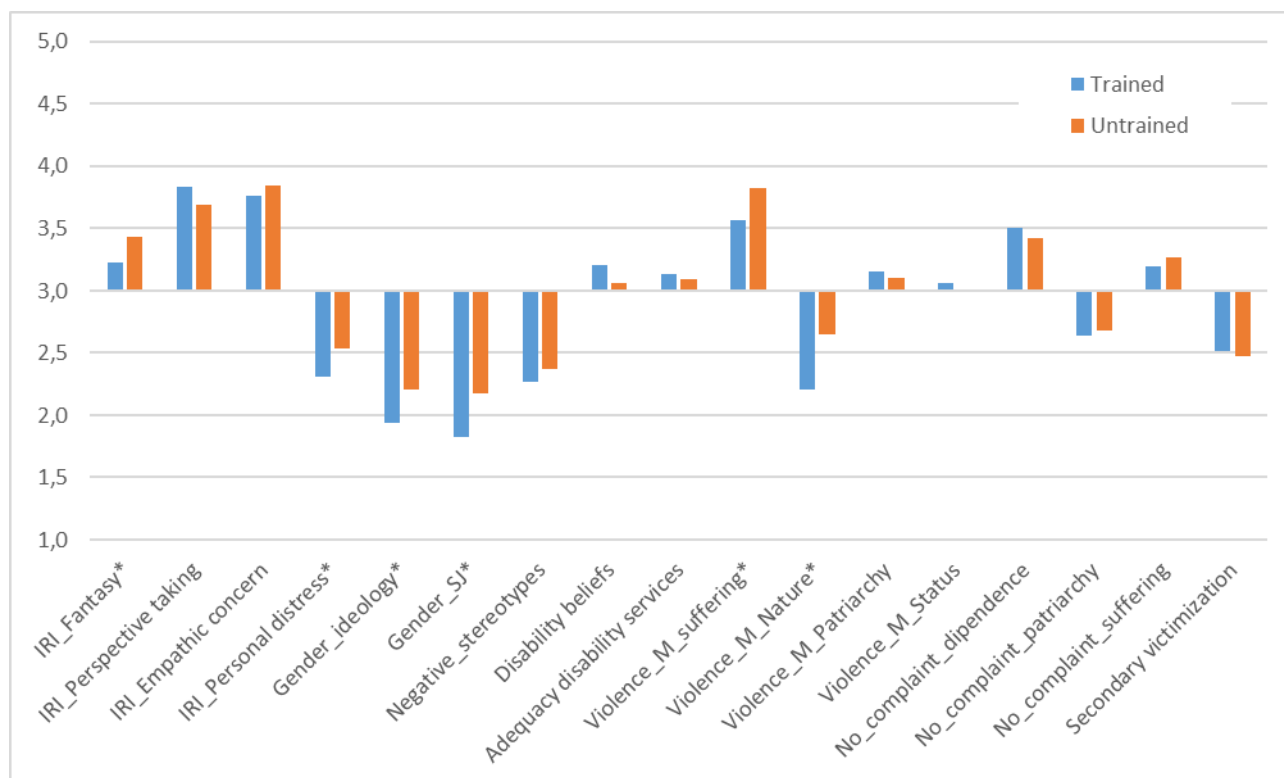
Table 3. Mean scores and standard deviations for trained and untrained professionals in Italy

	Trained			Untrained		
	M	SD	N	M	SD	N
IRI_Fantasy*	3.23	.66	75	3.43	.53	89
IRI_Perspective taking	3.83	.46	75	3.69	.55	89
IRI_Empathic concern	3.76	.51	75	3.84	.52	89
IRI_Personal distress*	2.31	.71	75	2.54	.58	89
Gender_ideology*	1.94	.66	75	2.21	.57	89
Gender_SJ*	1.82	.80	75	2.18	.64	89
Negative_stereotypes	2.27	.54	75	2.37	.51	89
Disability beliefs	3.21	.71	75	3.06	.68	89
Adequacy disability services	3.13	.65	75	3.09	.54	89
Violence_M_suffering*	3.57	.68	75	3.82	.54	89
Violence_M_Nature*	2.21	.80	75	2.65	.92	89
Violence_M_Patriarchy	3.15	.95	75	3.10	.87	89
Violence_M_Status	3.06	.79	75	3.00	.76	89
No_complaint_dependence	3.50	.75	75	3.42	.69	89
No_complaint_patriarchy	2.64	.72	75	2.68	.82	89
No_complaint_suffering	3.20	.95	75	3.27	.77	89
Secondary victimization	2.52	.57	75	2.47	.65	89

Note: * indicates statistical mean differences between scores of trained and untrained professionals for $p < .05$. Answer were from 1 (not agree) to 5 (completely agree)

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Figure 3. Mean scores for trained and untrained professionals in Italy



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Finland. Table 4 and figure 4 report results for Finnish sample. As indicated, trained professionals scored lower than untrained professionals on empathic concern and personal distress. They also were more likely to believe that services for disability are adequate. Interestingly, no differences appeared on gender ideology and gender system support (that where anyhow very low). With respect to reasons of male violence, trained professionals different by untrained professionals only why they were less likely to consider male nature as motive for male violence. Finally, trained professionals were more likely to beliefs that women did not report violence because they are in a condition of suffering.

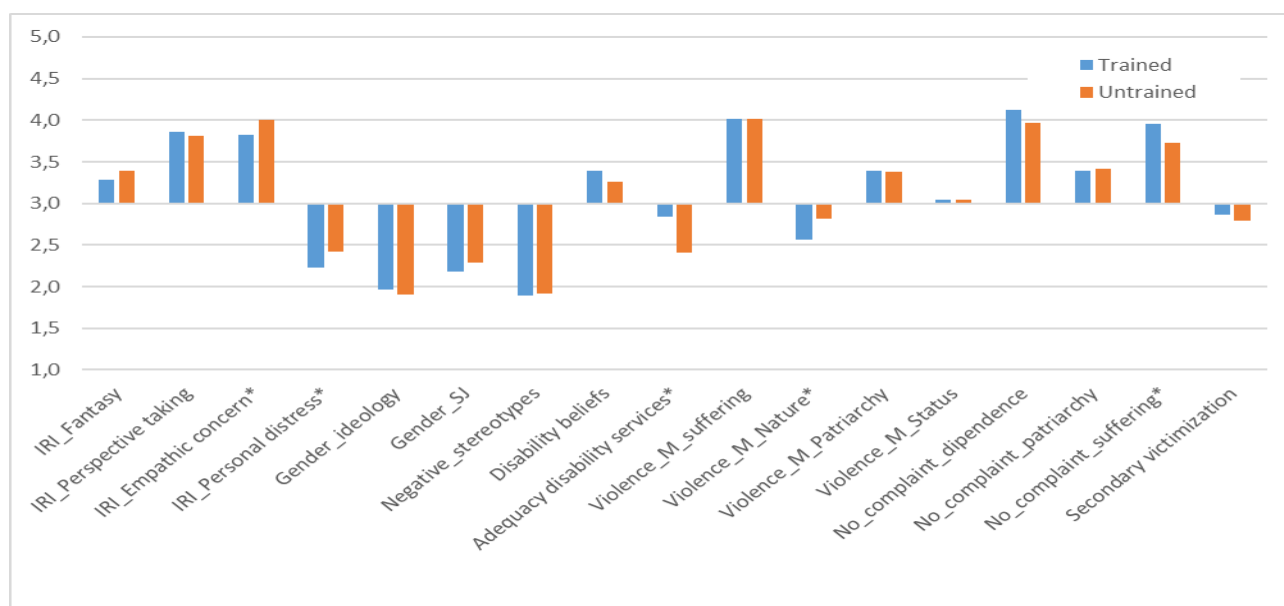
Table 4. Mean scores and standard deviations for trained and untrained professionals in Finland

	Trained			Untrained		
	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>
IRI_Fantasy	3.29	.72	58	3.39	.63	183
IRI_Perspective taking	3.86	.42	58	3.81	.48	183
IRI_Empathic concern*	3.82	.56	58	4.00	.47	183
IRI_Personal distress*	2.23	.61	58	2.42	.50	183
Gender_ideology	1.96	.48	58	1.90	.46	183
Gender_SJ	2.18	.69	58	2.29	.59	183
Negative_stereotypes	1.89	.38	58	1.92	.39	183
Disability beliefs	3.39	.63	58	3.26	.52	183
Adequacy disability services*	2.84	.69	58	2.41	.53	183
Violence_M_suffering	4.01	.48	58	4.01	.52	183
Violence_M_Nature*	2.56	.81	58	2.82	.87	183
Violence_M_Patriarchy	3.39	1.02	58	3.38	.82	183
Violence_M_Status	3.05	.90	58	3.05	.73	183
No_complaint_dipendence	4.12	.64	58	3.97	.64	183
No_complaint_patriarchy	3.39	.85	58	3.42	.81	183
No_complaint_suffering*	3.96	.54	58	3.73	.74	183
Secondary victimization	2.87	.79	58	2.79	.63	183

Note: * indicates statistical mean differences between scores of trained and untrained professionals for $p < .05$. Answer were from 1 (not agree) to 5 (completely agree)

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Figure 4. Mean scores for trained and untrained professionals in Finland



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Croatia. Table 5 and figure 5 report results from Croatian sample. In this case, trained professionals appeared to score low on fantasy, empathic concerns and personal distress. Again, no differences appeared with respect to support for gender ideology, gender system and gender stereotypes. A difference emerged for secondary victimization, as trained professionals appeared to be more aware of this than untrained professionals.

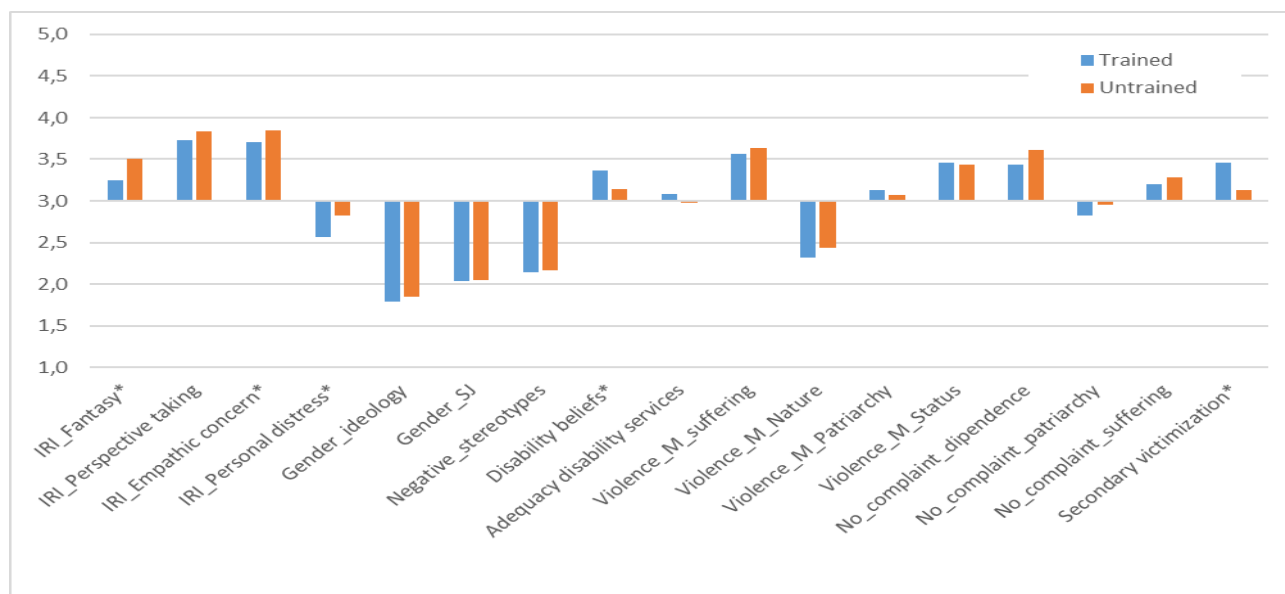
Table 5. Mean scores and standard deviations for trained and untrained professionals in Croatia

	Trained			Untrained		
	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>
IRI_Fantasy*	3.25	.67	75	3.51	.59	130
IRI_Perspective taking	3.73	.42	75	3.84	.45	130
IRI_Empathic concern*	3.71	.55	75	3.85	.45	130
IRI_Personal distress*	2.57	.59	75	2.82	.56	130
Gender_ideology	1.79	.56	75	1.85	.56	130
Gender_SJ	2.03	.67	75	2.05	.67	130
Negative_stereotypes	2.14	.42	75	2.16	.45	130
Disability beliefs*	3.36	.63	75	3.14	.64	130
Adequacy disability services	3.08	.73	75	2.98	.58	130
Violence_M_suffering	3.56	.69	75	3.64	.59	129
Violence_M_Nature	2.32	.81	75	2.44	.75	128
Violence_M_Patriarchy	3.13	.71	75	3.07	.73	128
Violence_M_Status	3.46	.61	75	3.43	.71	128
No_complaint_dependence	3.44	.77	75	3.61	.78	129
No_complaint_patriarchy	2.82	.79	75	2.95	.79	129
No_complaint_suffering	3.20	.62	75	3.28	.66	129
Secondary victimization*	3.46	.64	75	3.13	.61	130

Note: * indicates statistical mean differences between scores of trained and untrained professionals for $p < .05$. Answer were from 1 (not agree) to 5 (completely agree)

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Figure 5. Mean scores for trained and untrained professionals in Croatia



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Bulgaria. Table 6 and figure 6 report results for Bulgarian sample. As indicated, several differences between trained and untrained professionals emerged. Trained professionals scored higher than untrained professionals on perspective taking and empathic concerns. Differently from other samples, no differences appeared on personal distress. Trained Bulgarian professionals were also less likely than their counterpart to support gender ideology and gender system. Again, no differences appeared on gender stereotyping. Interestingly, trained professionals were more likely to believe that suffering and patriarchy are motives for both male violence and female complaint to report violence than untrained professionals. They also recognized women's dependence as motive that hinder violence reporting.

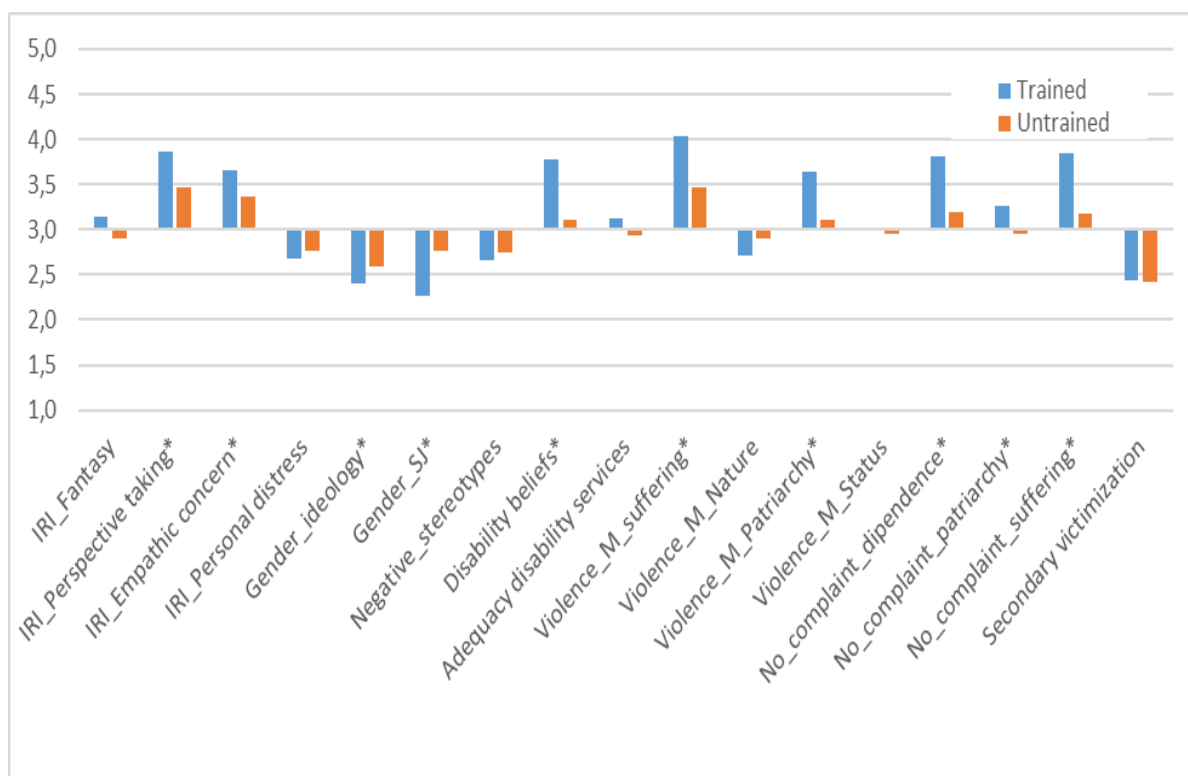
Table 6. Mean scores and standard deviations for trained and untrained professionals in Bulgaria

	Trained			Untrained		
	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>
IRI_Fantasy	3.15	.63	34	2.90	.70	138
IRI_Perspective taking*	3.86	.44	34	3.46	.55	138
IRI_Empathic concern*	3.66	.52	34	3.36	.56	138
IRI_Personal distress	2.68	.57	34	2.77	.62	138
Gender_ideology*	2.40	.62	34	2.60	.50	138
Gender_SJ*	2.26	.48	34	2.77	.49	138
Negative_stereotypes	2.66	.43	34	2.74	.41	138
Disability beliefs*	3.77	.83	34	3.11	.65	138
Adequacy disability services	3.13	.55	34	2.94	.50	138
Violence_M_suffering*	4.03	.69	34	3.46	.74	137
Violence_M_Nature	2.72	.87	34	2.90	.74	137
Violence_M_Patriarchy*	3.64	.77	34	3.11	.83	137
Violence_M_Status	3.01	.82	34	2.95	.75	137
No_complaint_dependence*	3.81	.76	34	3.19	.82	138
No_complaint_patriarchy*	3.26	.72	34	2.95	.75	138
No_complaint_suffering*	3.85	.83	34	3.18	.76	137
Secondary victimization	2.44	.42	34	2.42	.62	138

Note: * indicates statistical mean differences between scores of trained and untrained professionals for $p < .05$. Answer were from 1 (not agree) to 5 (completely agree)

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Figure 6. Mean scores for trained and untrained professionals in Bulgaria



Discussion

This research explored the beliefs about gender violence in samples of professionals who work with female victims of male violence. Samples come from four different nations (namely Bulgaria, Croatia, Finland and Italy) and the focus was in particular on difference between trained and untrained professionals. What we learned from this research?

Firstly, a certain degree of similarity appeared in responses from the different nations albeit the strong difference in composition of samples prevents us to infer national differences and similarities. In other words, some differences between nations appeared but we cannot say if these differences were due to the specificity of either nations or samples. Nevertheless, our results seem

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to indicate that, in general, participants, regardless of their nations, tend to share a mostly similar view about gender violence.

This similarity appeared also between trained and untrained professionals. Albeit some differences appeared between trained and untrained professionals, a highly overlapped representation of gender, gender relations and violence emerged. Considering the differences first, results clearly indicate that trained professionals are slightly better equipped to face personal distress than untrained professionals. It is worth noting that the wide difference between trained and untrained professionals appeared in Bulgaria. However, this result is far from being solid and generalizable, given the limited number of trained professionals in Bulgaria, and considering that the untrained participants were police officers, while the trained ones were social workers. Results are somewhat less clear about the empathic competence of professionals. Indeed, while it emerged that trained professionals were better on perspective taking than untrained professionals, a significant variability appeared among nations. In some cases, untrained professionals scored even better than trained professionals. This is an intriguing result that, we believe, deserves further investigation, because of empathy is one of the prerequisites of helping actions. A clear difference between trained and untrained professionals emerged also with respect to support for gender ideology and gender system justification: trained professionals, if compared with their untrained counterpart, hold gender ideology with a lesser extent and were less likely to believe that gender relations are just and legitimate (or fair). This difference however did not appear on negative stereotypes: both professionals tended to not attribute negative stereotypical characteristic to woman. Thus, we can say that while cognitive stereotypical representation of woman is shared (and opposed) by professionals regardless of previous training, attitudes about gender relationship are affected by being trained before. Another difference between trained and untrained professionals appeared on belief about disability and the adequacy of disability service, as trained professionals appeared to be more aware of victimization of disable woman and to evaluate service for disability in a more positive way than untrained professionals did. Considering the whole sample, a difference between trained and untrained participants emerged also on secondary victimization. In general, trained professionals were more aware of the risk of further victimization than untrained professionals. However, considering national samples separately, it appeared that difference in secondary victimization between trained and untrained professionals was significant only in Croatia. Thus, general difference in secondary victimization appeared to be due to Croatian context, more than training.

Along with differences thus far discussed, several similarities between beliefs of both trained and untrained professionals emerged. For example, participants were similar in scores about

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reasons of male violence, except for male nature that was held with a lesser extent by trained professionals than by untrained professionals. It is worth noting that some (small) differences appeared between nations, but a substantial agreement about reasons for male violence appeared. Interestingly, state of suffering was the reason that received more agreement by both trained and untrained professionals, while reasons linked to existing patriarchy and status differences between genders received a medium agreement. Male nature was the reason that received the lower agreement. Thus, it appears that participants still tended to attribute male violence to an individual and stable characteristic of persecutors (i.e., state of suffering), overlooking to some extent social and relational aspects that are linked to power and status differential between men and women inside societies. This trend is also mirrored in the participants' beliefs about reasons for which women did not report violence. Again, a shared view between trained and untrained professionals appeared. Moreover, professionals were more likely to attribute women's reluctance to report to individual aspects such as sense of incompetence (i.e., feel dependent from the partner) and suffering. Also in this case, factor linked to power and status differential between men and women (i.e., patriarchy) was somewhat overlooked with respect to other causes.

STUDY 2

Method

Procedure

For this second study the method of projective interviewing was used. This method consists of a set of techniques designed to develop a deeper understanding of underlying behavior related to specific situations. These techniques, developed in the field of clinical psychology, allow participants to 'project' their own thoughts into someone or something other than themselves. A key benefit of Projective Interviewing is that it overcomes the clinical nature of interviews by building a bridge to past experiences. Specifically, it allows participants to access and report feelings and motivations that may not surface using more rational question and answer interviewing techniques. It can also be used to stimulate non-linear or lateral thinking in order to elicit new ideas.

The procedure consisted in the choice of a short piece of film (duration: 4 minutes and 30 seconds) that presented a presumed victim of violence, welcomed by several professional figures. The short piece was then further divided into three small clips, each lasting few minutes. The first

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clip shows two detectives (a man and a woman) who welcome a presumed victim of rape, shortly after the alleged fact. In the second clip professionals saw the welcome of the same woman by a social worker. In the third clip, there is only the female detective who accompanies the victim at home and tries to provide her with the necessary support. In particular, the video highlights a behavior carried out by the detective: her choice to provide the woman with her personal telephone number. After every clip, we asked to the professionals the following questions:

- 1) List three emotions (3 emotions referred to you and 3 emotions referred to the victim) that you experienced while observing this scene. Which is the strongest and why?
- 2) In your opinion, are the operators' behaviors adequate or inadequate for the purpose of welcoming the victim and why?
- 3) Do you find common points or differences between your way of working with women victims of violence and the protagonists of these videos? Which?

These precise questions were elaborated in order to promote a particular emotional activation in the interviewed professionals.

Sample

From the whole sample of 782 participants were selected 119 professionals for the interview. Each country contacted a subgroup of professionals to whom the questionnaire was administered, requesting availability to carry out the interview as well. Table 7 shows description of samples from each country. Unfortunately, not all data from the interview participants were reported by the teams that conducted the interviews. However, a large majority of women remain, and this time the proportion of the trained professionals is relevant compared to the untrained.

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Table 7. Description of samples from each country

	Italy (N = 27)	Finland (N = 29)	Croatia (N = 28)	Bulgaria (N = 35)	Total (N = 119)
Gender					
Women	22 (81%)	16 (73%)	/	/	38
Men	5 (19%)	5 (27%)	/	/	10
Trained					
Yes	13 (48%)	19 (66%)	19 (68%)	28 (80%)	79 (66%)
No	14 (52%)	10 (34%)	9 (32%)	7 (20%)	40 (34%)
Profession					
Teacher	1 (3%)	/	3 (11%)	14 (40%)	18
Healthcare operator	0	/	0	0	0
Police	0	/	3 (11%)	0	3
Physician	1 (3%)	/	2 (7%)	1 (3%)	4
Social workers	5 (18%)	/	8 (28%)	16 (46%)	29
Nurse	0	/	2 (7%)	1 (3%)	3
Lawyer	5 (18%)	/	1 (3%)	1 (3%)	7
Educator	7 (26%)	/	0	0	7
Psychologist	1 (3%)	/	6 (21%)	2 (6%)	9
Other	7 (26%)	/	3 (11%)	0	10

Results

Evaluation of professionals' emotions

Participants' answers about their emotional states were analysed through text-mining package in R software. More precisely, stop-words (i.e., prepositions, articles) were dropped and remaining words were merged in a single corpus. Furthermore, words that had the same meaning (i.e., sad, sadness) were considered equivalent terms (unique terms). In this way, a corpus for each clip was obtained. For each clip, the corpus was analysed.

The emotions evoked by the participants with respect to the three videos were analysed separately for each video and according to these three steps:

- 1) Analysis of the frequency of the words evoked by all participants.
- 2) Analysis of the specificities with respect to the target of the emotions (self or other) was carried out.
- 3) For each of the two target corpus previously analysed - self and other -, specificity analyses

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were carried out with respect to the trained and untrained variables.

Clip 1: first help

The victim appears under shock and confused. The challenges facing the two policemen (one woman and one man) concern the need to welcome and support the victim and, at the same time, to gather useful elements for the investigation and identification of the author as soon as possible.

1) Analysis of the frequency of the words evoked by all participants

In the corpus, 71 different terms (unique term) appeared. Each term appeared one or more time, for a total corpus of 437 terms. The most frequent emotions along with total occurrences and percentages are listed below (Tab. 8). As indicated, the most reported words were sadness, anger, empathy, compassion, fear and anxiety.

Table 8. Total occurrences and percentages of expressed emotions

EMOTION	GLOBAL OCCURRENCE	GLOBAL %
Sadness	48	10.98
Anger	43	9.84
Empathy	42	9.61
Compassion	32	7.32
Fear	20	4.58
Anxiety	18	4.12
Frustration	14	3.20
Concern	13	2.97
Discomfort	12	2.75
Shock	12	2.75
Suffering	12	2.75
Confusion	11	2.52
Sorrow	11	2.52
Anguish	8	1.83
Regret	8	1.83
Powerlessness	8	1.83
Traumatization	8	1.83
Irritation	6	1.37
Pity	6	1.37
Stress	6	1.37
Delusion	5	1.14
Sympathy	5	1.14
Loneliness	5	1.14
Help	4	0.92
Desire	4	0.92

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2) *Analysis of the specificities with respect to the target of the emotions (self or other)*

Of the entire text corpus, 51 unique terms (334 in total) were attributed to the self, while 37 (103 in total) were attributed to the victim. Thus, the first information is that participants were more likely to refer emotional states to themselves than to victims (Tab. 9).

Table 9. Number and percentages of emotions referred to the self and to the victim

PER CATEGORY TOTAL	SELF	VICTIM	CORPUS TOTAL
N. of terms	334	103	437
N. of unique terms	51	37	71
% of unique terms	15.27	35.92	16.25

The tables below (Tabb. 10, 11) shows specific terms, that is the terms that were significantly more associated with either self or victim. **Empathy, compassion and frustration were indicated only when participants reported their emotional states.** Sadness and anger were also referred mainly to the self.

Traumatization and stress, instead, were the terms that were referred only to the victim.

Table 10. Terms significantly more associated **with the self**

EMOTIONS REFERRED TO THE SELF				
	% Term/ level	Count	T value	Prob
Empathy	12.57	42	4.36	0.0000
Sadness	14.07	47	4.12	0.0000
Anger	12.57	42	3.78	0.0001
Compassion	9.58	32	3.66	0.0001
Frustration	4.19	14	2.02	0.0217

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Table 11. Terms significantly more associated with the victim

	% Term/ level	Count	T value	Prob
Traumatization	7.7669903	8	4.323239	0.0000
Shock	9.7087379	10	4.160577	0.0000
Suffering	9.7087379	10	4.160577	0.0000
Stress	5.8252427	6	3.610161	0.0002
Vulnerability	2.9126214	3	2.232145	0.0128
Troubled	2.9126214	3	2.232145	0.0128
Confusion	5.8252427	6	1.970348	0.0244

The following table (Tab. 12) reports corpus separately for the self and the victim.

Table 12. Corpus of expressed emotions separately for the self and the victim

SELF		VICTIM	
TERM	OCCURRENCES	TERM	OCCURRENCES
Sadness	47	Shock	10
Anger	42	Suffering	10
Empathy	42	Traumatization	8
Compassion	32	Confusion	6
Fear	16	Stress	6
Anxiety	14	Embarrassment	5
Frustration	14	Sorrow	5
Concern	10	Anxiety	4
Regret	8	Fear	4
Anguish	7	Mood	4
Discomfort	7	Helplessness	3
Sorrow	6	Concern	3
Pity	6	Loneliness	3
Confusion	5	Trouble	3
Delusion	5	Powerlessness	2
Powerlessness	5	Fright	2
Irritation	5	Restlessness	2
Sympathy	5	Disgust	2
Help	4	Hurt	2

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Desire	4	Anguish, Apathy, Bad, Guilt, Courage, Fragile, Coldness, Embarrassed, Helpless, Inadequacy, Limit, Irritation, Malaise, Pressure, Anger, Responsibility, Sadness, Disesteem	1
Curiosity	3		
Participation	3		
Attention, Calm, Comprehension, Sense (of), Desperation, Trust, Happiness, Injustice, Doubt, Shock, Suffering, Loneliness, Relief, Wonder, Tenderness	2		
Well-being, Courage, Criticality, Familiarity, Identification, Embarrassment, Indifference, Dissatisfaction, Horror, Confidentiality, Solidarity, Support, Fright, Hope	1		

3) Analysis of the specificities with respect to the **trained and untrained** variables.

Considering the differences between trained and untrained professionals, the following table (Tab. 13) shows specific term with respect the “self” corpus. As indicated, empathy and frustration were reported mainly by trained participants, while they were less likely to report powerlessness and regret that were instead more reported by untrained professionals.

Table 13. Emotions referred to the self by trained and untrained professionals

TRAINED				
	% Term/ level	Count	T value	Prob
Empathy	15.00	33	1.72	0.0431
Frustration	5.45	12	1.34	0.0899
UNTRAINED				
	% Term/ level	Count	T value	Prob
Regret	5.26	6	2.04	0.0209
Powerlessness	3.51	4	1.66	0.0480

No specific terms for trained and untrained professionals appeared for the “victim” corpus.

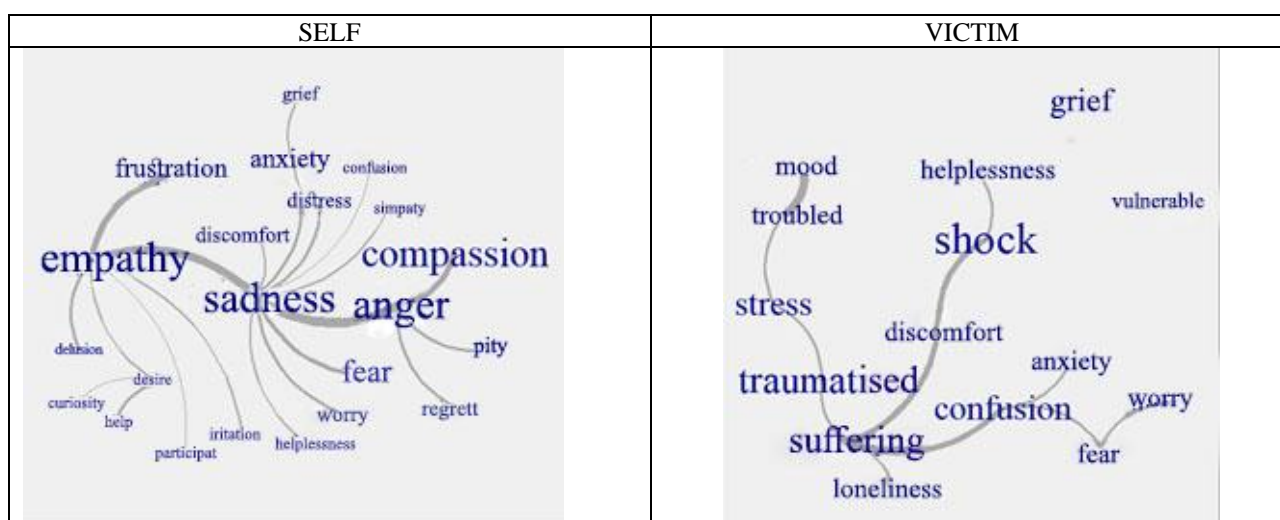
The following graphs (Fig.7) show corpus of emotions that were attributed to the self and victim. In

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the two graphs it is possible to see the most frequent words (the higher the dimension of the character, the higher the occurrence of the word) as well as most frequent association between words (see branches between words).

Figure 7. Graphic representation of emotions attributed to the self and victim and their associations



Clip 2: Protocols and aids

The two policemen accompany the victim to a specialized centre for the reception of victims of violence. They are welcomed by a social worker who addresses the victim by making a long list of what will happen and what he or she can achieve. The social worker states strongly that the victim will never be left alone. The social worker does not ask the victim a single question, and does not say a single personal word to the victim, not even a greeting.

1) Analysis of the frequency of the words evoked by all participants

In the corpus, 95 different terms (unique term) appeared. Each term appeared one or more time, for a total corpus of 410 terms of which. The most frequent emotions along with total occurrences and percentages are listed below (Tab.14). As indicated, the most reported words were satisfaction, confusion, sadness, empathy, compassion, anger and relief.

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Table 14. Total occurrences and percentages of expressed emotions

EMOTION	GLOBAL OCCURRENCE	GLOBAL %
Satisfaction	39	9.51
Confusion	35	8.53
Sadness	24	5.85
Empathy	20	4.88
Compassion	19	4.63
Anger	16	3.90
Relief	16	3.90
Hope	14	3.41
Happiness	12	2.93
Safety	11	2.68
Fear	10	2.44
Concern	9	2.19
Calm	8	1.95
Discomfort	8	1.95
Sense (of)	7	1.71
Anxiety	6	1.46
Fulfillment	6	1.46
Sorrow	6	1.46
Trust	6	1.46
Doubt	6	1.46
Shock	6	1.46
Surprise	6	1.46
Support	6	1.46
Astonishment	5	1.22
Anguish	4	0.97

2) *Analysis of the specificities with respect to the target of the emotions (self or other)*

Of the entire text corpus, 71 unique terms (308 in total) were attributed to the self, while 43 (102 in total) were attributed to the victim. Thus, it appears that participants, even in this clip, were more likely to refer emotional states to themselves than to victims (Tab.15).

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Table 15. Number and percentages of emotions referred to the self and to the victim

PER CATEGORY TOTAL	SELF	VICTIM	CORPUS TOTAL
N. of terms	308	102	410
N. of unique terms	71	43	95
% of unique terms	23.05	42.16	23.17

The tables below (Tabb. 16, 17) shows specific terms, that is the terms that were significantly more associated with either self or victim. It is possible to notice how the emotions referred to the self are very different from those related to the victim.

Table 16. Terms significantly more associated **with the self**

EMOTIONS REFERRED TO THE SELF				
	% Term/ level	Count	T value	Prob
Satisfaction	12.66	39	4.33	0.000
Empathy	6.49	20	2.77	0.0028
Compassion	6.17	19	2.67	0.0038
Rage	5.19	16	2.35	0.0093
Happiness	3.90	12	1.87	0.0306

Table 17. Terms significantly more associated **with the victim**

EMOTIONS REFERRED TO THE VICTIM				
	% Term/ level	Count	T value	Prob
Confusion	23.53	24	5.57	0.000
Shock	4.90	5	2.63	0.004
Support	4.90	5	2.63	0.004
Fragility	2.94	3	2.17	0.015
Pain	3.92	4	1.80	0.036
Suffering	2.94	3	1.65	0.049
Loneliness	2.94	3	1.65	0.049

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The following table (Tab. 18) reports corpus separately for the self and the victim.

Table 18. Corpus of expressed emotions separately for the self and the victim

SELF		VICTIM	
Terms	Occurrences	Terms	Occurrences
Satisfaction	39	Confusion	24
Empathy	20	Shock	5
Sadness	20	Support	5
Compassion	19	Discomfort	4
Rage	16	Pain	4
Relief	13	Sadness	4
Hope	13	Fear	3
Happiness	12	Sense	3
Confusion	11	Safety	3
Concern	9	Suffering	3
Safety	8	Solitude	3
Fear	7	Relief	3
Anxiety	6	Calm, Fault, Fragile, Impotence, Puzzled, Traumatized	2
Contentment	6		
Calm	6		
Surprise	6		
Trust	5		
Distress	4	Mind, Apathy, Disorientation, Destroyed, Wound, Trust, Fragility, Cold, Inadequacy, Misunderstanding, Insecure, Discontent, Malaise, Pressure, Responsibility, Relaxed, Confidentiality, Disconnected, Under, Hope, State, Stressed, Amazement, Quiet, Troubled, Vulnerable	1
Discomfort	4		
Coldness	4		
Irritation	4		
Perplexity	4		
Pity	4		
Sense	4		
Amazement	4		
Hospitality	3		
Displeasure	3		
Bother	3		
Frustration	3		

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Desire, Pain, Impotence, Horror, Support, Tenderness	2		
Adequacy, Affection, To help, Admiration, Approval, Caution, Wellbeing, Warm, Comprehension, Things, Critical issues, Disappointment, Disorientation, Despair, Easy, Kindness, Encouragement, Disbelief, Indifference, Indignation, Participation, Perseverance, More, Protection, Reassurance, Rationality, Make, Thunderstruck, Low, Distrust, Shock, Sympathy, Suffering, Solidarity, Solitude, Support, Transparency	1		

3) Analysis of the specificities with respect to the trained and untrained variables.

Considering the differences between trained and untrained professionals, the following table (Tab. 19) shows specific term with respect the “self” corpus. As indicated happiness, anxiety and contentment were reported mainly by trained participants, while they were less likely to report pity and welcoming that were instead more reported by untrained professionals.

Table 19. Emotions referred to the self by trained and untrained professionals

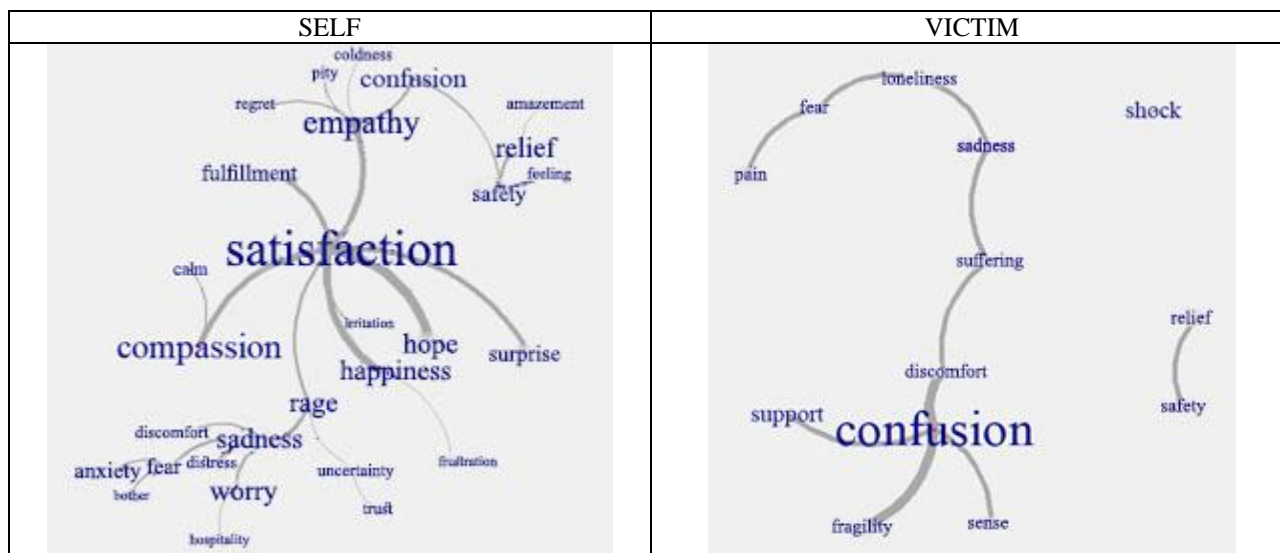
TRAINED				
	% Term/ level	Level	T value	Prob
Happiness	5.91	12	2.53	0.0058
Anxiety	2.96	6	1.42	0.0784
Contentment	2.96	6	1.42	0.0784
UNTRAINED				
	% Term/ level	Count	T value	Prob
Pity	3,77	4	2,22	0,0133
Welcoming	2,83	3	1,76	0,0396

No specific terms for trained and untrained professionals appeared for the “victim” corpus.

The following graphs (Fig. 8) show corpus of emotions that were attributed to the self and victim.

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Figure 8. Graphic representation of emotions attributed to the self and victim and their associations



Clip 3: Broken promises and responsibilities

The victim is returned to his home by the two cops. Contrary to what the social worker promised in the previous sequence, the victim finds herself alone. The policewoman confronts the situation by giving the victim her phone number

1) Analysis of the frequency of the words evoked by all participants

In the corpus, 72 different terms (unique term) appeared. Each term appeared one or more time, for a total corpus of 454 terms of which. The most frequent emotions along with total occurrences and percentages are listed below (Tab. 20). As indicated, the most reported words were loneliness, rage, sadness, compassion, empathy, fear and displeasure.

Table 20. Total occurrences and percentages of expressed emotions

EMOTION	GLOBAL OCCURRENCE	GLOBAL %
Loneliness	48	10,57
Rage	45	9,91
Sadness	39	8,59
Compassion	29	6,39
Empathy	26	5,73

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Fear	21	4,63
Displeasure	17	3,74
Shame	15	3,30
Anxiety	13	2,86
Pain	12	2,64
Powerless	12	2,64
Confusion	11	2,42
Worried	9	1,98
Sense	8	1,76
Different	8	1,76
Fault	7	1,54
Frustration	7	1,54
Amazement	7	1,54
Comprehension	6	1,32
Nuisance	6	1,32
Hope	6	1,32
Traumatized	6	1,32
Awareness	5	1,10
Help	4	0,88
Disappointment	4	0,88

2) Analysis of the specificities with respect to the target of the emotions (self or other)

Out of the entire corpus, 54 unique terms (314 in total) were attributed to the self, while 36 (140 in total) were attributed to the victim. Thus, even in this case, appears that participants were more likely to refer emotional states to themselves than to victims (Tab.21).

Table 21. Number and percentages of emotions referred to the self and to the victim

PER CATEGORY TOTAL	SELF	VICTIM	CORPUS TOTAL
N. of terms	314	140	454
N. of unique terms	54	36	72
% of unique terms	17.20	25.71	15.86

The tables below (Tabb. 22, 23) shows specific terms, that is the terms that were significantly more associated with either self or victim. Like clip 2, the emotions referred to the self are very different from those related to the victim.

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Table 22. Terms significantly more associated with the self

EMOTIONS REFERRED TO THE SELF				
	% Term/ level	Count	T value	Prob
Compassion	9.24	29.00	4.17	0.0000
Empathy	8.28	26.00	3.89	0.0000
Displeasure	5.41	17.00	2.94	0.0017
Sadness	10.83	34.00	2.50	0.0062
Rage	12.10	38.00	2.26	0.0119
Worry	2.87	9.00	1.81	0.0349
Fear	5.73	18.00	1.48	0.0691
Frustration	2.23	7.00	1.45	0.0741
Amazement	2.23	7.00	1.45	0.0741

Table 23. Terms significantly more associated with the victim

EMOTIONS REFERRED TO THE VICTIM				
	% Term/ level	Count	T value	Prob
Solitude	32.14	45	Inf	0
Shame	8.57	12	3.73	0.0001
Traumatize	4.29	6	3.16	0.0008
Sense	5.00	7	2.99	0.0014
Fault	4.29	6	2.64	0.0042
Dirty	2.86	4	2.37	0.0088
Suffering	4.29	6	2.25	0.0124

The following table (Tab. 24) reports corpus separately for the self and the victim.

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Table 24. Corpus of expressed emotions separately for the self and the victim

SELF		VICTIM	
TERM	OCCURRENCES	TERM	OCCURRENCES
Anger	38	Solitude	45
Sadness	34	Shame	12
Compassion	29	Anger	7
Empathy	26	Sense	7
Fear	18	Fault	6
Displeasure	17	Suffering	6
Anxiety	10	Traumatized	6
Confusion	9	Sadness	5
Impotence	9	Ache	4
Concern	9	Dirty	4
Ache	8	Anxiety	3
Frustration	7	Awareness	3
Amazement	7	Impotence	3
Comprehension	6	Fear	3
Nuisance	6	Confusion, Insecurity, Confidentiality, Fatigue	2
Hope	6		
To help	4		
Disappointment	4		
Desire	4	Ease, Agony, Despair, Detachment, Destroyed, Disorder, Evasively, Happy, Coldness, Gratitude, Embarrassment, Inadequacy, Uncertainty, Pressure, Responsibility, Low, Under, Estimate	1
Trust	4		
Irritation	4		
Relief	4		
Despair	3		
Sympathy	3		
Satisfaction	3		
Solitude	3		
Tenderness	3		
Shame	3		
Awareness, Disapproval, Uncertainty, Dissatisfaction, Discontent, Suffering, Humanity	2		

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Hospitality, Fondness, Anticipation, Caution, Fault, Conviction, Critical issues, Curiosity, Contempt, Electrified, Happy, Identification, Embarrassment, Irriprorevole, Participation, Sense, Suspected, Fatigue, Oppression	1		
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3) Analysis of the specificities with respect to the trained and untrained variables.

Considering the differences between trained and untrained professionals, the following table (Tab. 25) shows specific term with respect the “self” corpus. As indicated, anxiety and sadness were reported mainly by trained participants, while amazement was more reported by untrained professionals.

Table 25. Emotions referred to the self by trained and untrained professionals

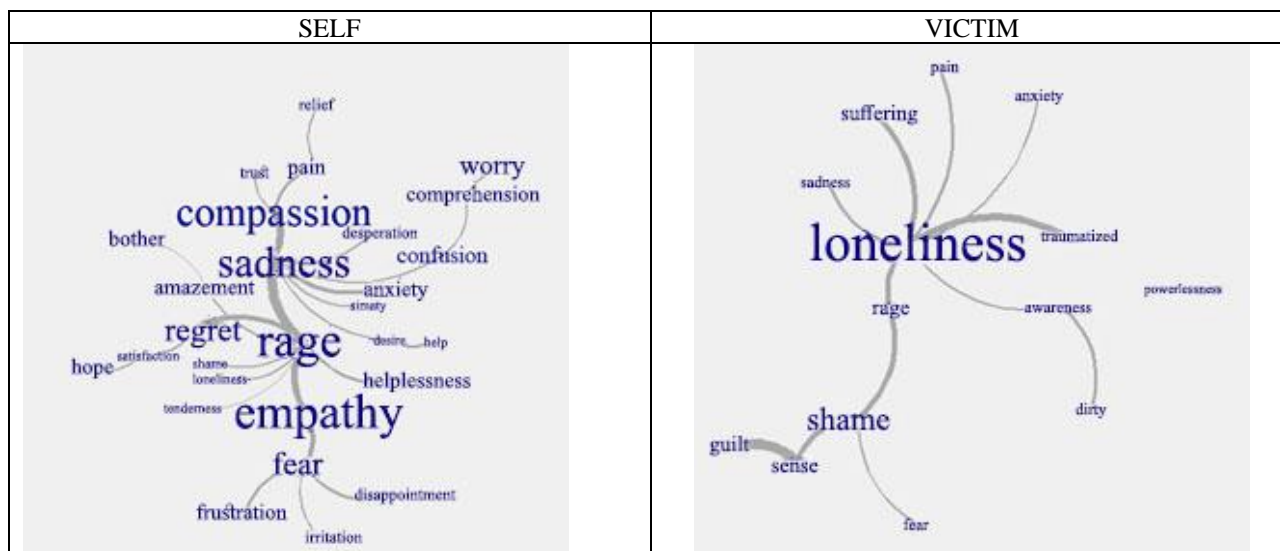
TRAINED				
	% Term/ level	Count	T value	Prob
Anxiety	4.41	9	1.39	0.08
Sadness	12.75	26	1.31	0.09
UNTRAINED				
	% Term/ level	Count	T value	Prob
Amazement	5.45	6	2.39	0.008

No specific terms for trained and untrained professionals appeared for the “victim” corpus.

The following graphs (Fig.9) show corpus of emotions that were attributed to the self and victim.

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Figure 9. Graphic representation of emotions attributed to the self and victim and their associations



In reference to the evaluation of the adequacy of the operators' behaviors in welcoming victims presented in the three clips an analysis of the content was performed by Nvivo 12 (Richards, 1999), a software specific for qualitative analysis. Through this software it was possible to create, for each interview, some "nodes", or units of meaning by adding descriptive, linguistic and conceptual notes. The main aim of this phase was to make personal meanings and knowledge salient, through an analysis of the thoughts and mood of the examined sample.

- positive behaviors
- neutral or ambivalent behaviors
- negative behaviors

The following table (Tab. 26) shows the positive, negative and neutral behaviors that, in general, have been attributed to the female social worker presented in the second clip.

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Table 26. Positive, negative and neutral behaviors attributed to the female social worker

POSITIVE BEHAVIOR	NEUTRAL/AMBIVALENT BEHAVIOR	NEGATIVE BEHAVIOR
She is welcoming	Inadequacy in providing information but warmer attitude towards the victim	She provides too much information all together
She provides all the necessary information	Poor personalization of the attitude towards the victim but adequacy in the provision of information	She shows no empathy
She assumes a professional behavior		She is too technical and strict
She is capable in supporting the victim		There is no real welcome of the victim
She shows interest in the victim		
She has a communicative method that instills confidence		
She shows empathy		
She instills a sense of security in women		
She points out to the victim that she is not alone		

The judgment expressed towards the social worker by trained and untrained professionals in each country was subsequently assessed. Results are reported in the following tables (Tabb. 27, 28, 29).

Table 27. Positive behaviours attributed to the social worker by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
She is welcoming	7 6 BG 1 IT	6 2 BG 2 HR 1 FI 1 IT	13
She provides all the necessary information	11 3 BG 3 HR 4 FI 1 IT	4 1 BG 2 HR 1 FI 0 IT	15

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She assumes a professional behavior	5 1 BG 1 HR 2 FI 1 IT	4 0 BG 1 HR 2 FI 1 IT	9
She is capable in supporting the victim	10 0 BG 5 HR 4 FI 1 IT	6 1 BG 4 HR 1 FI 0 IT	16
She shows interest in the victim	5 1 BG 2 HR 2 FI 0 IT	1 0 BG 1 HR 0 FI 0 IT	6
She has a communicative method that instills confidence	3 0 BG 2 HR 1 FI 0 IT	3 0 BG 1 HR 1 FI 1 IT	6
She shows empathy	8 0 BG 4 HR 3 FI 1 IT	4 0 BG 2 HR 1 FI 1 IT	12
She instills a sense of security in women	5 0 BG 1 HR 3 FI 1 IT	1 0 BG 0 HR 0 FI 1 IT	6
She points out to the victim that she is not alone	3 0 BG 2 HR 0 FI 1 IT	4 0 BG 4 HR 0 FI 0 IT	7

Table 28. Negative behaviours attributed to the social worker by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
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She provides too much information all together	10 0 BG 3 HR 1 FI 6 IT	5 0 BG 0 HR 2 FI 3 IT	15
She shows no empathy	8 0 BG 2 HR 1 FI 5 IT	2 0 BG 1 HR 0 FI 1 IT	10
She is too technical and strict	11 0 BG 3 HR 1 FI 7 IT	5 0 BG 1 HR 2 FI 2 IT	16
There is no real welcome of the victim	7 1 BG 1 HR 1 FI 4 IT	5 2 BG 0 HR 0 FI 3 IT	12

Table 29. Neutral/ambivalent behaviours attributed to the social worker by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
Inadequacy in providing information but warmer attitude towards the victim	10 1 BG 2 HR 3 FI 4 IT	6 0 BG 3 HR 3 FI 0 IT	16
Poor personalization of the attitude towards the victim but adequacy in the provision of information	10 0 BG 3 HR 3 FI 4 IT	12 2 BH 2 HR 3 FI 5 IT	22

The following table (Tab. 30) shows the positive, negative and neutral behaviors that, in general, have been attributed to the police officers presented in the first and in the third clips.

Table 30. Positive, negative and neutral behaviors attributed to the police officers

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POSITIVE BEHAVIOR	NEUTRAL/AMBIVALENT BEHAVIOR	NEGATIVE BEHAVIOR
He/She shows empathy	To provide your personal number is excessive and unprofessional but, in some cases, it can also be an empathic and human gesture	They do not consider the woman's mood but are too interested in the investigation
She is professional and respectful of women's times		She was not professional in giving her private number. Police officer have to respect borders and roles
She is interested in woman's needs and how she feels		They do not ask the woman for consent to proceed
They do not put pressure on the woman		A man operator should not be present
He/She moves the discussion to different topics		
She is supportive		
She was appropriate in providing her private number because it allows her to create a relationship of trust		

The judgment expressed towards the police officers by trained and untrained professionals in each country was subsequently assessed. Results are reported in the following tables (Tabb. 31, 32, 33).

Table 31. Positive behaviours referred to police officers by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
He/She shows empathy	15 1 BG 6 HR 3 FI 5 IT	12 1 BG 5 HR 2 FI 4 IT	27
She is professional and respectful of women's times	9 1 BG 4 HR 2 FI 2 IT	9 0 BG 6 HR 0 FI 3 IT	18

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She is interested in woman's needs and how she feels	8 0 BG 3 HR 1 FI 4 IT	8 0 BG 3 HR 2 FI 3 IT	16
They do not put pressure on the woman	11 0 BG 3 HR 6 FI 2 IT	3 0 BG 0 HR 1 FI 2 IT	14
He/She moves the discussion to different topics	13 0 BG 3 HR 5 FI 5 IT	7 0 BG 2 HR 3 FI 2 IT	20
She is supportive	8 0 BG 2 HR 2 FI 4 IT	7 0 BG 2 HR 2 FI 3 IT	15
She was appropriate in providing her private number because it allows her to create a relationship of trust	6 0 BG 3 HR 2 FI 1 IT	7 0 BG 4 HR 0 FI 3 IT	13

Table 32. Negative behaviours referred to police officers by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
They do not consider the woman's mood but are too interested in the investigation	31 18 BG 2 HR 7 FI 4 IT	18 7 BG 3 HR 3 FI 5 IT	49
She was not professional in giving her private number. Police officer have to respect borders and roles	36 6 BG 11 HR 13 FI 6 IT	15 4 BG 2 HR 5 FI 4 IT	51
They do not ask the woman for consent to proceed	12 12 BG 0 HR 0 FI 0 IT	2 2 BG 0 HR 0 FI 0 IT	14



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A man operator should not be present	16 5 BG 2 HR 6 FI 3 IT	8 3 BG 0 HR 0 FI 5 IT	24
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Table 33. Neutral/ambivalent behaviours referred police officers by trained and untrained professionals in each country

	TRAINED	UNTRAINED	TOTAL
To provide your personal number is excessive and unprofessional but, in some cases, it can also be an empathic and human gesture	16 4 BG 5 HR 4 FI 3 IT	14 0 BG 6 HR 3 FI 5 IT	30

Discussion

In this second study the use of the projective interview permitted to explore emotions, feelings and motivations that guide professionals during their work with women victim of violence.

First of all, it is interesting to note that, in general, in all three situations (clips) the professionals expressed a significantly higher number of emotions related to themselves, compared to those attributed to the victim. This could indicate a difficulty in taking the other's affective point of view.

This data would seem to be apparently in contrast with the empathy which, in all three situations presented, is expressed as one of the feelings that professionals feel the most. These data take on greater clarity when explained through the concept of empathy as a multidimensional ability (Davis, 1983). According to this approach, the response that takes place in an observer, in front of an observed person's emotional state, can be affective (vicarious participation), or cognitive (accuracy of understanding and labeling the feelings of others) (Albiero, Ingoglia, Lo Coco, 2006). In this situation, cognitive rather than affective empathy may therefore have been activated, as if the answers provided by professionals had been cognitively checked and mediated: "I understand how you feel" rather than "I feel how you feel".

It is also important to underline that empathy has been expressed to a greater extent by trained than untrained professionals, indicating that participation in training courses can help professionals to decentralize from their point of view, at least at a cognitive level, to get closer to that of the victims.

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The importance given to empathy by professionals it could also be influenced by the type of profession. In fact, the sample is predominantly composed of social workers (Bulgaria, Croatia, Italy), teachers/educators (Bulgaria and Italy) and psychologist (Croatia), all profession all in which empathic ability is considered important during the school-training course.

Another aspect showing the usefulness of participation trainings concerns the sense of powerlessness expressed by untrained professionals, presumably due to the perception of not having sufficient tools to help the victims, that were instead provided to trained professionals.

An interesting point concerns the emotion of satisfaction expressed by the trained professionals after the second clip, in which a social worker welcomes an alleged victim of violence respecting perfectly the protocol, at least its contents, but without any kind of communication with the victim. This satisfaction is also confirmed by the positive behaviors that are attributed to the social worker like: "She provides all the necessary information" or "She assumes a professional behavior", as indicating the need to refer to a protocol.

Looking at the graphs in sequence, it is possible to notice how, from the first to the last, the emotions referred to the victim are always less. In the first clip professionals see an emergency situation: two detectives are helping a presumed victim of rape, shortly after the alleged fact. The emotions referred to the victim are a numerous (confusion, shock, fragility, pain, suffering, loneliness, etc.) and all evoke her extreme difficulty. We note that none of the respondents described the victim as willing to be helped or through her commitment to cooperate with the police.

Then, in the second clip professionals saw the welcome of the same woman by a social worker and all the attention seems to pass to the behavior of the operator. Here professionals attributed a lot of emotions to the self (satisfaction, empathy, sadness, compassion, rage, relief, hope, etc.) and substantially only the emotion of confusion to the victim.

Finally, in the third clip, when the female detective accompanies the victim at home and tries to provide her with the necessary support, leaving to the woman her private phone number, professionals attributed to the victim a great sense of loneliness. These



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results lead to reflect on the discrepancy between word and action that often characterize helping relationships. The operator tells the victim that he/she is present as a source of help and support, but then, in fact, this is not the case. His/her behaviors are often not in line with words. If there are urgent needs in the helping relationship, you have to respond today, not tomorrow, because if you do not respond to acute needs, you create further discomfort for the woman.

Reflections for future training

Present results lead us to advance some considerations with respect future training for professional working with victim of violence.

First of all, disability appears to be still an under-considered topic by both trained and untrained professionals. Trainings should stress that disable women are more likely to become victim of violence and well as target of secondary victimization.

The second point concerns the most shared explanation for male violence is traced back to difficult childhood during which the child would have suffered mistreatment and violence. This belief tends to strengthen among the trained professionals. Supposing that this explanation captures the "true" reason for male violence, then it becomes very important to think proactively about what strategies can be putted in place to protect the children of women victims of violence. What does "safeguard the children" mean? This question is particularly relevant for social workers and psychologists who are called to write reports and make assessments of parenting skills.

With respect to woman acceptance of violence, the most consensual motive for which women are thought to be reluctant to get out of a violent relationship is that they are "emotionally dependent by the partner". It is not clear, however, if this dependency is considered as an intrinsic characteristic of women (i.e., women *are* dependent regardless experienced violence) or as a characteristic of violent relationship (i.e., violent relationship cause women to be dependent). Another most consensual motive is the woman's suffering. In this case, the reference to a difficult past and a frail personality is explicit. However, how can operators face victim's needs if they hold this type of explanation? How can we help a woman whose difficulties today are



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rooted in her past? Can psychotherapy be the only answer? The question is neither provocative nor controversial, it is necessary to think deeply about the consequences of such a premise in the work of professionals.

Moreover, professionals' awareness of the risks of secondary victimization is very low, both for untrained and trained professionals. Only Croatian participants have slightly higher scores than the others, but still very close to point "3" on the response scale.

This lack of awareness of the risks of secondary victimization echoes the results of projective interviews. In general, professionals, even trained professionals, are much more proficient at listening to themselves than the victim. The ability to "understand" the victim and her experiences is very poor and very compassionate. The result obtained in relation to the second clip seems to be of particular relevance as the satisfaction expressed by the professionals does not correspond to any effective action aimed at the victim, who is not questioned in any way, not even on the expression of their needs.

Then, and we are in the third clip, faced with the breaking of the pact of trust with the victim, they return to dominate compassion and sadness. In terms of action, however, it is the trained professionals who mostly express a negative evaluation of the policewoman who gives her phone number to the victim.

This, as far as we are concerned, is the most significant figure. It suggests that practitioners have some difficulties to consider critically the consequences of their interventions. They might believe that their willingness to help justifies and explains what happens in their relationship with the victim. But what happens if something does not work? Who was wrong? It is important to focus on the risk of unwanted and often unconscious secondary victimization, learning how to understand what effects we can have on the victim with our professional work.



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Annexe 1

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VIVIEN QUESTIONNAIRE

A questionnaire for professionals working with women victims of violence

This survey, which takes place within the framework of a project funded by the European Union and involving, in addition to Italy, also Finland, Croatia and Bulgaria, aims to know operator's thoughts and opinions about violence against women.

The following pages show the questionnaire, which we ask you to answer in all its parts. There are no right or wrong answers. We therefore ask you to answer calmly and freely because we are interested in knowing your opinions about the topic of violence against women.

The questionnaire is completely anonymous, data processing is done exclusively for scientific research purposes.

However, the project foresees the administration of another questionnaire after about 12 months. In order to be capable to compare the answers over time, it will be necessary to be able to associate the two questionnaires. In respect of your privacy, we therefore ask you to identify your questionnaire by indicating:

		Example	
Initial mother's name	<input type="text"/>	Maria	<input type="text" value="M"/>
Initial mother's surname	<input type="text"/>	Rossi	<input type="text" value="R"/>
Initial father's name	<input type="text"/>	Giuseppe	<input type="text" value="G"/>
Initial father's surname	<input type="text"/>	Bianchi	<input type="text" value="B"/>
Year mother's birth	<input type="text"/>	Anno nascita madre	<input type="text" value="43"/>

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Year father's birth	<input type="text"/>	Anno nascita padre	<input type="text" value="43"/>
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The compilation of the questionnaire requires an average of 20 minutes.

The following statements inquire about your thoughts, beliefs and feelings in a variety of situations. Please, indicate the extent to which you agree or disagree with each statement by choosing the appropriate number as indicate in the answer scale below:

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

1	I daydream and fantasize, with some regularity, about things that might happen to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	I often have tender, concerned feelings for people less fortunate than me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	I sometimes find it difficult to see things from the "other guy's" point of view	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Sometimes I don't feel very sorry for other people when they are having problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	I really get involved with the feelings of the characters in a novel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	In emergency situations, I feel apprehensive and ill-at-ease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	I try to look at everybody's side of a disagreement before I make a decision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9	When I see someone being taken advantage of, I feel kind of protective towards them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10	I sometimes feel helpless when I am in the middle of a very emotional situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11	I sometimes try to understand my friends better by imagining how things look from their perspective	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12	Becoming extremely involved in a good book or movie is somewhat rare for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13	When I see someone get hurt, I tend to remain calm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14	Other people's misfortunes do not usually disturb me a great deal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15	If I'm sure I'm right about something, I don't waste much time listening to other people's arguments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16	After seeing a play or movie, I have felt as though I were one of the characters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17	Being in a tense emotional situation scares me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18	When I see someone being treated unfairly, I sometimes don't feel very much pity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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	for them					
19	I am usually pretty effective in dealing with emergencies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20	I am often quite touched by things that I see happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21	I believe that there are two sides to every question and try to look at them both	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
22	I would describe myself as a pretty soft-hearted person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23	When I watch a good movie, I can very easily put myself in the place of a leading character	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24	I tend to lose control during emergencies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
25	When I'm upset at someone, I usually try to "put myself in his shoes" for a while	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
26	When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
27	When I see someone who badly needs help in an emergency, I go to pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
28	Before criticizing somebody, I try to imagine how I would feel if I were in their place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
29	A working mother can establish just as warm and secure a relationship with her children as a mother who does not work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
30	A pre-school child is likely to suffer if his or her mother works	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
31	All in all, family life suffers when the woman has a full-time job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
32	A job is all right, but what most women really want is a home and children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
33	Being a housewife is just as fulfilling as working for pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
34	Both the man and woman should contribute to the household income	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
35	A man's job is to earn money; a woman's job is to look after the home and family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
36	I prefer a male boss to a female	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
37	A man's work is more important than a woman's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
38	Women are generally not very talented	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
39	The Country is better managed when the prime Minister is a woman	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
40	Women are good at logical reasoning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
41	Women are better suited to look after children and old people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
42	Women are generally good drivers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
43	Discrimination of women is no longer a problem in my Country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
44	Humiliating treatment of women in adverts is unusual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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45	Society treats man and women the same way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
46	The government puts too much emphasis on women's issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
47	The women's movement serves no purpose and should be abolished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
48	It is easy to understand the viewpoints of women's groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
49	The school curriculum should be adapted to girls' needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
50	Better measures should be taken to achieve equality (between the sexes) in workplaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
51	I have sufficient knowledge and information concerning how to deal with specific needs of women with disabilities victims of violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
52	Women with disabilities may be more likely to experience violence or abuse by a current or former partner compared to women without disabilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
53	Women with disabilities are, most often, abuse from caregivers or personal assistants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
54	Women with disabilities who need help with daily activities like bathing, dressing, or eating may be more at risk of abuse because they are physically or mentally more vulnerable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
55	Women with disabilities are more likely to work in closed environments where the supervisors are male	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
56	I think that Protocol on procedures in cases of domestic violence and the Protocol on procedures in cases of sexual violence contain useful information in order to deal with the specific needs of women with disabilities victims of violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
57	General services for women victims of violence are accessible for women with disabilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
58	Women victims of violence often do not report violence out to the authorities for fear or shame	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
59	Women victims of violence often do not report violence out to the authorities for fear of offender or reprisal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
60	Women victims of violence often do not report violence out to the authorities because they believe it is their fault	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
61	Women victims of violence often do not report violence out to the authorities because they believe that the authorities do not want to do anything	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
62	Women victims of violence often do not report violence out to the authorities because they believe that the authorities do not could do anything	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
63	Women victims of violence often do not report violence out to the authorities because somebody stop or discourage them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
64	Violence committed by women on men is just as frequent as that of men towards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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	women					
65	The types of violence committed by women to men are the same committed by men to women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Many people hold different beliefs about the causes that are at the origin of men's violence against women and about the reasons why some women become victim of their violent partner.

We are interested in your personal opinion: to what extent you agree or disagree each following statement

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Man's violence is due to:

66	A lack of education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
67	A personal history of exposure to child maltreatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
68	Witnessing family violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
69	Antisocial personality disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
70	Harmful use of alcohol/drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
71	Infidelity of his partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
72	Shared common sense attitudes that condone violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
73	Community norms that privilege or ascribe higher status to men and lower status to women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
74	Low levels of women's access to paid employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
75	To his biological inclination to violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
76	To the fact that men are naturally less able to control their emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
77	His natural inclination to command	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
78	Beliefs in family honour and sexual purity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
79	Ideologies of male sexual entitlement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
80	Weak legal sanctions for sexual violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

A woman can become victim of violence because:

81	Of her lack of education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
82	Of her personal history of exposure to child maltreatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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83	She has witnessing family violence;	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
84	She suffers of personality disorder;	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
85	She makes harmful use of alcohol/drugs;	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
86	She believes she is not able to manage her life without her partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
87	She shares the conviction that violence is a private affair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
88	She feels responsible of her partner's anger	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
89	She believes that violence may be the price of protection /love	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
90	She believes that men are naturally less able to control their emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
91	Of her own natural inclination to submission	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
92	She cannot resign herself to being treated badly by the man who loved her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
93	She shares beliefs in family honour and sexual purity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
94	She shares ideologies of male sexual entitlement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
95	It's a game of circumstances, it could happen to anyone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
96	Violence begins gradually and when it becomes very serious, it is more difficult to leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

In receiving victims of violence, the behaviour of professionals can have unwanted repercussions on women's well-being. It indicates how often, in your opinion, the following situations may occur:

Being traumatized now often, in your opinion, are the following situations may occur:										
Never		Rarely		Sometime		Often		Very often		
☐1		☐2		☐3		☐4		☐5		
97	The behaviour of community professionals can further traumatize violence victims					☐1	☐2	☐3	☐4	☐5
98	Community professionals may be doing more harm than good in their work with violence victims					☐1	☐2	☐3	☐4	☐5
99	Reporting a violence to the criminal justice authorities can be psychologically detrimental to violence victims					☐1	☐2	☐3	☐4	☐5
100	Violence victims may feel traumatized by the medical violence exam					☐1	☐2	☐3	☐4	☐5
101	Mental health professionals engage in counselling practices that can further traumatize violence victims					☐1	☐2	☐3	☐4	☐5
102	Community professionals don't pay enough attention to how their own behaviours could affect a violence victim's recovery					☐1	☐2	☐3	☐4	☐5
103	Interacting with community professionals can leave violence victims feeling guilty about the violence					☐1	☐2	☐3	☐4	☐5
104	Interacting with community professionals can leave violence victims feeling bad about themselves					☐1	☐2	☐3	☐4	☐5

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105	Interacting with community professionals can leave violence victims feeling distrustful of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
106	Interacting with community professionals can leave violence victims feeling depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
107	Interacting with community professionals can leave violence victims so upset that they are reluctant to seek further help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SOCIOANAGRAPHIC INFORMATION

Your gender Female ☐1 Male ☐2 Other ☐3

Your age _____

Your nationality _____

Your profession:

Teacher <input type="checkbox"/> 1	Nurse <input type="checkbox"/> 6
Healthcare operator <input type="checkbox"/> 2	Lawyer <input type="checkbox"/> 7
Police Officer <input type="checkbox"/> 3	Educator <input type="checkbox"/> 8
Physician <input type="checkbox"/> 4	Psychologist <input type="checkbox"/> 9
Social worker <input type="checkbox"/> 5	Other _____

How often did you work with women victims of violence?

Never <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Sometime <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Very often <input type="checkbox"/> 5
----------------------------------	-----------------------------------	-------------------------------------	----------------------------------	---------------------------------------

Did you already participate in courses on violence against women? Yes ☐1 No ☐2

If YES, how long ago?

This year <input type="checkbox"/> 1
Last year <input type="checkbox"/> 2
2 years ago <input type="checkbox"/> 3
3 or more years ago <input type="checkbox"/> 4

Do you know who organized it? _____

For how many hours or days did you attend the course? Hours: _____ Days: _____

How much do you think this course has been useful to you?

Not at all <input type="checkbox"/> 1	Slightly <input type="checkbox"/> 2	Moderately <input type="checkbox"/> 3	Very <input type="checkbox"/> 4	Extremely <input type="checkbox"/> 5
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How often did you work with women with disabilities, victims of violence?

Never <input type="checkbox"/> 1	Rarely <input type="checkbox"/> 2	Sometime <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Very often <input type="checkbox"/> 5
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VIVIEN - Victim Violence Educational Network
An educational project to improve the ability to assist women victims of violence

Did you already participate in courses on violence against women with disabilities?		Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
		This year <input type="checkbox"/> 1 Last year <input type="checkbox"/> 2 2 years ago <input type="checkbox"/> 3 3 or more years ago <input type="checkbox"/> 4	
If YES, how long ago?			
Do you know who organized it? _____			
For how many hours or days did you attend the course?		Hours: _____	Days: _____
How much do you think this course has been useful to you?			
Not at all <input type="checkbox"/> 1	Slightly <input type="checkbox"/> 2	Moderately <input type="checkbox"/> 3	Very <input type="checkbox"/> 4
Extremely <input type="checkbox"/> 5			

Thank you for your precious collaboration