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ARTÍCULOS

Psychosocial intervention with survivors of gender-based violence: the legal framework and its limitations in professional practice

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Abstract: The Spanish state has had a solid and advanced regulatory framework regarding gender-based violence since the adoption of Organic Law 1/2004 on comprehensive protection measures against gender-based violence. The reality of its implementation in practice, however, still presents significant challenges. With regard to psychosocial intervention and legal proceedings, gaps and inconsistencies persist that hinder the effective realization of the law's objectives.

Based on this observation, this study explores the tensions between the national regulatory framework and professional practice in Navarre. To this end, two focus groups were conducted with professionals from diverse backgrounds, ensuring representation of the full range of specialized resources for victims of gender-based violence available in the region.

In this process, structural shortcomings in resources and services were identified (long waiting lists, limitations on the duration and content of interventions, etc.) that undermine the right to comprehensive care and recovery established by the law. There are also significant gaps in professional training, particularly in the legal field and in non-specialized services. Furthermore, the intervention system still does not fully incorporate children and continues to marginalize minors. Finally, we found that not only is the comprehensive recovery of women and their children—the central objective of the Law—not guaranteed, but new forms of victimization are frequently generated.
Keywords: gender-based violence; social work; social intervention; legislation

ES Intervención psicosocial con supervivientes de violencia de género: el marco legal y sus limitaciones en la práctica profesional

Resumen: El Estado español cuenta con un marco normativo sólido y avanzado en materia de violencia de género desde la aprobación de la Ley Orgánica 1/2004 de medidas de protección integral contra la violencia de género. La realidad de su implementación en la práctica, sin embargo, presenta aún desafíos importantes. En lo que respecta a la intervención psicosocial y los recorridos judiciales persisten lagunas y desajustes que dificultan que los objetivos de la ley se materialicen de forma efectiva.

Partiendo de esta constatación, se exploran aquí las tensiones existentes entre el marco normativo estatal y la práctica profesional en Navarra. Para ello, se realizaron dos grupos de discusión con profesionales de perfiles diversos, asegurando la representación del conjunto de recursos especializados para víctimas de violencia de género existentes en la Comunidad Foral.

En este proceso, se identificaron carencias estructurales en los recursos y servicios (listas de esperas prolongadas, limitaciones en los tiempos y contenidos de las intervenciones, etc.) que menoscaban el derecho a la atención y recuperación integral que establece la ley. También existen importantes carencias en la formación de profesionales, especialmente en el ámbito jurídico y en los servicios no especializados. Asimismo, el sistema de intervención sigue sin incorporar plenamente a la infancia y continúa dejando a los y las menores al margen. Por último, constatamos que no solo no se garantiza la recuperación integral de las mujeres y sus hijas e hijos, objetivo central de la Ley, sino que con frecuencia se generan nuevas formas de victimización.
Palabras clave: violencia de género; trabajo social; intervención social; legislación

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1. Introduction

The Spanish state has been, and in many ways continues to be, a pioneer in the legal approach to gender-based violence. Organic Law 1/2004 (hereinafter LO 1/2004), passed more than 20 years ago, marked a milestone by recognizing gender-based violence as a social problem and by adopting a comprehensive approach to addressing it. In line with this, the law is clear in its aim to promote a preventive and educational approach, to establish fundamental rights for women survivors, and to determine punitive measures for perpetrators.

In addition to the national law, the autonomous communities have developed their own regulations governing various aspects of gender-based violence within their respective jurisdictions, including, among others, psychosocial intervention. This is why they are also relevant to this study, which focuses on the Autonomous Community of Navarre. In this case, regulatory development has been even more advanced than at the national level: as early as 2002, this autonomous community had its own legislation recognizing the structural origins of gender-based violence[1]. Currently, it has a revised law that not only maintains that spirit but—unlike national legislation and in line with international requirements—adopts a broad definition of the phenomenon, without restricting it to the context of a partner or former partner[2].

In summary, both the state and regional regulatory frameworks are robust and advanced, but the reality of their implementation in practice still presents significant challenges. In particular, regarding psychosocial intervention and judicial processes, gaps and inconsistencies persist that hinder the effective realization of the law's objectives.

This article aims to explore these tensions between the state regulatory framework and professional practice based on the testimonies of various professionals who work directly with women who are survivors of gender-based violence and their children in the region of Navarre.

2. Theoretical Approach

As previously noted, the passage of Organic Law 1/2004 marked a decisive turning point in the institutional approach to violence against women by explicitly recognizing it as a structural social phenomenon.

One of the most significant elements of this law was precisely the adoption of the term "gender-based violence," which reflects the theoretical advances developed in the field of social sciences and feminist studies in previous decades (Bosch & Ferrer, 2019; De Miguel, 2005; Marugán, 2022). The use of this concept, in fact, refers directly to the structural origin of violence against women, rooted in an unequal social organization, and allows it to be framed as a "manifestation of discrimination, the situation of inequality, and men's power relations over women" ([3]). Although this may seem like an accepted interpretation today, it was not at the time of the law's adoption, and it remains so globally, even in contexts considered among the most advanced in terms of gender equality—where terms like *"domestic violence"* or *"intimate partner violence*" are used, which tend to dilute the structural dimension of the phenomenon.

Based on the recognition of the social and systemic roots of gender-based violence, another key pillar of the law emerges: the need for a comprehensive response, coordinated across different levels and sectors. Thus, the law incorporates measures aimed at prevention, awareness-raising, and early detection in fields as diverse as education, healthcare, and the media and advertising. It also establishes a catalog of specific rights for women, including access to comprehensive care, support for training and employment, free legal and h n assistance, as well as labor and economic rights and the right to reparations. Furthermore, it provides for specific punitive legal measures targeting male perpetrators and measures to ensure the protection of women victims. This comprehensive approach has been positively evaluated by various professional and academic sectors, precisely because of its multidimensional nature (Cubells, Calsamiglia & Albertín, 2008).

In practice, however, this approach has been diluted by the prioritization of punitive measures, while the resources and structures needed to prevent violence, raise awareness, and support interventions that go beyond the judicial and police spheres have not been fully developed, due in part to a lack of sufficient budgetary funding (Canyelles, 2023). In this context, support services are generally overburdened and have clearly insufficient human and material resources, which limits professionals' ability to address cases in an individualized and ongoing manner (Bodelón, 2014). This situation constitutes a significant limitation, insofar as each case of gender-based violence presents unique characteristics that require care tailored to its specific nature (Aretio Romero, 2021). Furthermore, the management of the most specialized services is often outsourced to third-sector organizations, which negatively impacts team stability or the continuity of intervention, among

1 Regional Law 22/2002, of July 2, on the adoption of comprehensive measures against gender-based violence.
2 Regional Law 14/2015, of April 10, to combat violence against women.
3 Article 1.1 of Organic Law 1/2004.

other issues (Gomà et al., 2018; Lucas & Rossi, 2023). Under these conditions, it is difficult to guarantee truly comprehensive recovery processes (Canet, 2024; Canyelles, 2023;).

Furthermore, although both Organic Law 1/2004 and regional regulations recognize the need for effective coordination among care services, various studies show that this coordination does not always occur, that it is insufficient, and that, in many cases, it is not even efficient: professional teams do not always know about or take into account the work of other resources involved simultaneously, which leads to fragmented care, based more on the sum of partial actions than on a truly comprehensive intervention (Cala & García, 2014; Canet, 2024; Canet & Martínez, 2018).

There are also discrepancies regarding the training of professionals involved in cases of gender-based violence. The law stipulates that public administrations must ensure ongoing and specialized training on equality, non-discrimination, & gender-based violence for all individuals involved in providing care to women and their children[4]. In practice, however, this obligation has not translated into a coherent or systematic training policy. As Rodríguez and Bodelón (2015) warn, the lack of regulatory development has led to broad discretion regarding the content, duration, objectives, and perspective from which the training is approached, which affects its quality and scope. Training initiatives often focus on technical aspects without adequately addressing the structural characteristics, specific features, and consequences of this violence. In light of this reality, several authors have emphasized the importance of implementing training that incorporates a gender perspective and addresses these elements in a multidisciplinary manner (Canyelles, 2023; Rodríguez & Bodelón, 2015).

Another area where differences persist concerns the minor children of women victims. In 2015, Organic Law 1/2004 was amended to recognize children and adolescents as direct victims of gender-based violence—a recognition that Navarre's regional legislation has included since its initial enactment. However, this formal inclusion has not been clearly translated into practice. In many cases, children remain invisible, relegated to the background, and support services are not adequately prepared to address their specific needs (Canet, 2024; Moriana Mateo, 2023). Furthermore, despite regulatory changes in this area—such as the provision introduced in 2022 stipulating that, in cases of gender-based violence, the judge shall order the suspension of visitation rights unless the best interests of the child indicate otherwise[5] —cases in which contact with the abusive parent is restricted remain rare. Nor is there official data that would allow us to know precisely how many children are victims of gender-based violence, which contributes to keeping this reality hidden (Casado, 2020).

Finally, it is worth emphasizing that, despite a legal framework that expressly sets the comprehensive recovery of women survivors as its goal, the shortcomings noted above can affect key aspects of recovery and lead to processes of revictimization for those who decide to seek support services. The lack of human and material resources hinders individualized, comprehensive, and empowering interventions, which undermines the quality of support and exposes women to new forms of institutional harm (Cala & García, 2014; Canet & Martínez, 2018). Added to this is the inadequate training of many professionals, which can result in stereotypical, delegitimizing, or negligent interventions that fail to account for the complexity of the situations (Canyelles, 2023; Cubells, Calsamiglia & Albertín, 2010).

3. Methodology

The objective of this research is to analyze the discrepancies between the safeguards established by the legal framework and the reality of interventions with women who are survivors of gender-based violence in Navarre. To this end, four key aspects have been examined in depth: the comprehensiveness of intervention mechanisms, the training of professionals, the position of minor children, as well as the obstacles to genuine recovery and processes of revictimization.

In line with the stated objective, a qualitative methodological approach was chosen, utilizing the focus group technique to encourage interaction among participants and foster the exchange of ideas, assessments, and experiences regarding the phenomenon under study. The decision was made to include professionals from various disciplines and with experience in different resources because this would help to compare the results from multiple perspectives, thereby strengthening the robustness of the analysis (Benavides & Gómez-Restrepo, 2005).

The selection of participants followed several phases. First, the Navarre Institute for Equality ([6]) was informed and asked for authorization to contact the specialized resources for assisting victims of gender-based violence existing in Navarre. Subsequently, the research team contacted the individuals in charge of all these resources, to whom the invitation to participate in the study was conveyed, along with the selection criteria for the professionals to be included. The criteria were designed to ensure the representativeness of the entire specialized care system by including: (a) at least one person from each resource; (b) all professional profiles; and (c) all geographic areas of the region. These responsible individuals were tasked with identifying and facilitating contact with and the inclusion of participants who met the criteria, resulting in a total of 15 professionals.

Thus, two focus groups were formed, comprising: 5 professionals in Psychology, 2 in Social Work, 4 in Social Education, and 4 in Law, ensuring representation of the full range of specialized services for women & s who are survivors of intimate partner violence in the Autonomous Community (see Table 1).

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4 Article 47 of Organic Law 1/2004.

5 Organic Law 10/2022, of September 6, on the comprehensive guarantee of sexual freedom (Official State Gazette No. 2015, of September 7, 2022), amending Organic Law 1/2004.

6 The Navarre Institute for Equality is an autonomous body of the Government of Navarre responsible, among other matters, for coordinating and managing comprehensive measures to combat violence against women or gender-based violence.

The focus groups were recorded and transcribed in their entirety. At the end of each session, a supplementary written record was prepared that captured initial impressions and the aspects considered most significant for subsequent analysis. The Atlas.ti software (version 25) was used to process the corpus, facilitating the segmentation and coding of the material. The construction of the coding system combined two strategies: on the one hand, the incorporation of categories derived from the literature review, and on the other, the generation of codes that emerged during the analysis process. In a second phase, these codes and the associated quotes were reviewed, refined, and reorganized, establishing hierarchies among them. On this basis, a final categorical system was defined, characterized by a higher level of abstraction and by the selection of those codes that showed the greatest conceptual consistency (Kuckartz, 2014).

With regard to ethical considerations, the study was approved by the Ethics Committee of the Uned Pamplona Associated Center, as the funding body for the original research. In accordance with legal requirements regarding the processing of personal data, all participants signed an informed consent form prior to their participation in the focus groups.

Table 1. Existing specialized resources in Navarre for the care of victims of gender-based violence

Comprehensive Care Teams for Victims of Gender-Based Violence (EAIV): • Comprehensive Care Team for Victims in Northern Region and Pamplona Metropolitan Area • Comprehensive Care Team for Victims in Tudela • Comprehensive Care Team for Victims in Tafalla • Comprehensive Care Team for Victims in Estella
Shelter Resources (RRAA): • Emergency Center • Shelter • Supervised Apartments
Center for Comprehensive Care for Victims of Sexual Violence (CAIVS)
Municipal Women's Assistance Service (SMAM) (Pamplona)
Psychological Care and Intervention for Victims and Perpetrators (PSIMAE)
Legal Assistance Service for Women Victims of Gender-Based Violence (SAM)
Office for Assistance to Crime Victims (OAVD)

4. Results and Discussion

4.1. A Comprehensive Approach Compromised by Resource Constraints

As noted above, both Organic Law 1/2004 and Regional Law 14/2015 establish as one of their fundamental principles the need for a comprehensive approach to gender-based violence, as well as the coordination of specific services and resources to ensure it. However, the focus groups revealed various limitations that hinder—and even prevent—the intervention from effectively adopting this comprehensive approach. Based on the analysis conducted, these limitations can be organized around two central dimensions: the accessibility, availability, and adequacy of resources, on the one hand, and coordination among professionals and services, on the other.

First, resource-related shortcomings were identified, which prevent a truly comprehensive intervention from being ensured. One of the main obstacles highlighted by the professionals interviewed is the insufficiency of human and material resources, which leads to an overload of services and results in prolonged waiting times:

> It's true that resources are growing and being implemented, but of course, perhaps not at the same pace as demand is increasing (...) we have a two-month waiting list—oh my—and we've already run out of money for this year (G2)

This situation highlights the inconsistency of a policy that actively promotes awareness and encourages women to seek out resources, without ensuring the human and material resources necessary to adequately serve them:

> Why are we going to train and raise awareness if the resources are going to remain just as scarce? If I can only help five people, if I spread the word that this exists... We have a waiting list... (G1)

Limited resources force the standardization of interventions and the homogenization of processes (Alcázar-Campos & Callirgos-Viota, 2025). For example, the scarcity of time available to provide individualized care is noted, which contrasts with the heterogeneity of women's experiences and needs (Aretio Romero, 2021). Initiating therapeutic processes without the necessary time to properly develop and conclude them can be even more harmful than not intervening at all, as some of the professionals interviewed warn:

> If you force me—because there's no budget—to finish the therapeutic treatment within a year, all I've done is dig a hole for the victim, essentially leaving her at her worst moment because there wasn't enough time to complete the process (G2)

This time limitation on therapeutic intervention, imposed by the responsible public entity on the organizations to which resource management is outsourced, becomes even more problematic when there are ongoing legal proceedings that prolong suffering and hinder recovery processes. In a context marked by delays in the judicial system, this means interrupting the intervention while the trial remains unresolved—that is, while the very thing that keeps the wound open persists:

> It's very hard to heal when you have an ongoing legal case that might drag on for three years—it's just impossible, because you're always thinking, "Oh, what's going to happen with this? Oh, I don't know." It's always there, it won't let you move on, so just that alone—the healing process—is going to take longer because very few women manage to compartmentalize the legal aspect and keep living their lives. It's so complicated, and even more so if there are children involved, and everything that entails—the measures all of that will require—is that healing, recovering from it, until, at the very least, you can finally close this chapter... then it clashes with the intervention timelines we have; within a year, you're supposed to have recovered. They're limiting our intervention time to a year, a year and a half at most (G1)

In this context of scarce resources and time, professionals—particularly psychologists—are also being asked to focus their intervention exclusively on gender-based violence. This requirement, which they strongly question, reveals a clear lack of understanding of the phenomenon's complexity and, if implemented, would seriously compromise the quality and effectiveness of the support provided:

> The request now is also, with these waiting lists and intervention deadlines, that we focus *exclusively* on gender-based violence. And how do you address gender-based violence without addressing a person's life story? Or the social difficulties I'm facing now... (G1)

This lack of resources translates not only into waiting lists and formal limitations on the timing and content of interventions with women, but also into a significant overwork for professionals, with the consequences this entails for both their well-being and the quality of care provided:

> Many of us are super stressed. And you know you don't provide care as well as you should. That's the reality, kind of like that (G2)

In this context, it is essential to expand professional teams by providing them with sufficient human resources to ensure high-quality, individualized, and personalized care—without waiting times and with the duration each case requires—so that a strong bond can be established with the primary caregiver and the women's rhythms and needs are respected (Aretio Romero, 2021).

On the other hand, a comprehensive intervention would require resources that, however, exceed institutional capacities and are limited by structural factors such as housing and labor market integration. Housing, in particular, constitutes one of the main obstacles: prices have skyrocketed and public supply is clearly insufficient.

> There are 10 units of public housing and 400 applications. This is what has happened (G2)

At the same time, serious shortcomings have also been identified regarding women's integration into the labor market and their work-life balance, stemming from the precarious nature of the current labor market. This is exacerbated in cases where resources for work- e balance are required but unavailable, which greatly hinders their entry into the labor market and, consequently, their recovery process:

> Another huge problem is balancing work and family life. We have women who are taking on a very high percentage of caregiving responsibilities, and that makes it extremely difficult for them to enter the labor market (G2)

In rural areas, in addition to the difficulties mentioned above, there is an additional obstacle: the lack of sufficient public transportation to allow women to access job opportunities outside their municipality. This observation also highlights the need to broaden the focus of public policies on gender-based violence, incorporating issues that have largely been absent until now, such as those related to mobility and transportation:

> I live in a village, a village of 350 people, that has a bus that leaves in the morning at 9:15 and returns at 1:15 p.m. There is no other public bus service. Women without driver's licenses. What chance of finding work do you have when, in the village, not even the people from the village work in the village because there are no jobs? (G2)

In summary, it remains necessary to strengthen specific resources and broaden the focus to other equally relevant areas—such as housing, work-life balance, and transportation—whose neglect seriously undermines recovery processes. All of this inevitably requires adequate budgetary funding, something that has not been guaranteed to date (Canyelles, 2023).

Second, another key element in ensuring a truly comprehensive approach is coordination among professionals and services. The participants agree that significant progress has been made in recent years. However, they also note that a lack of coordination sometimes persists between the Courts for Violence Against Women and specialized services:

> Coordination. Any specific instances where a social worker from the court calls to discuss a particular issue? But... No, that doesn't happen (G1)

This is not a widespread situation, but rather varies depending on the judicial district and the professionals involved, which shows that coordination is not structurally guaranteed but depends largely on the willingness and judgment of those working at a specific time and place. This reliance on individual factors, rather than on stable and established protocols, introduces a high degree of arbitrariness into institutional intervention and can seriously compromise the protection and support provided to women.

Beyond operational aspects, certain implicit conceptions of what is meant by coordination are also identified. The lack of knowledge expressed by some professionals regarding the functions and responsibilities of other services suggests that, in many cases, they continue to operate with a superficial notion of coordination, far removed from real and coordinated collaboration. It is no coincidence that when discussing coordination, the need to better understand the work and roles of the other services involved also arises:

> I would love for a social worker to come and explain all the available resources and so on to me, because that's what I'm lacking; the legal advisor will need training to understand the woman's psychological state, etc. (G2)

In short, the fact that specialized services with a long-standing track record are still unaware of the functions and dynamics of other resources operating in the same field highlights the gap that still exists regarding truly effective coordination and, consequently, truly comprehensive care.

4.2. Limitations in the Training of Professionals in the Field of Gender-Based Violence

In the area of training as well, the professionals interviewed highlight a clear divergence between regulatory requirements and the reality of intervention. Although regulations establish the need to ensure ongoing and specialized training in equality and gender-based violence for those working in this context, in practice there are numerous gaps and deficiencies.

The participants agree, above all, on the need for more comprehensive and specialized training for legal professionals. It is in this sector where the persistence of deeply rooted gender stereotypes is perceived most clearly and widely:

> Someone in the judicial field said that if women show up wearing makeup, then they aren't so bad... (G1)

To address this reality, the need for specific training is evident, but not just any kind of training—rather, training that centers on internalizing a gender perspective and, from there, enables an understanding of the structural origins of violence, the complexities of its manifestations, and the need to adapt legal services accordingly. This type of training, however, is rarely offered; on the contrary, training initiatives tend to focus on eminently technical aspects. Moreover, the professionals interviewed point out that, on the rare occasions when training is offered that attempts to go beyond the formal legal approach, there is often resistance to participating:

> — I have witnessed boycotts of training sessions that went a little beyond the legal realm.
> — I can attest to that; I was at that training session they tried to hold at the Pamplona Bar Association—it was training that went beyond the legal. It was a revolution; half the room walked out (G2)

Participants also highlight the urgent need to train professionals in non-specialized fields, who are essential for early detection and appropriate intervention in cases of gender-based violence. Among these, health services, education, general social services, and resources linked to the judicial sector are particularly emphasized. In the healthcare sector, for example, significant differences between facilities are noted, reflecting a lack of uniform standards and, above all, adequate training:

> At the health centers, we've found real dinosaurs. With so many areas, it's true that some health centers refer an absurd number of cases, while others don't bring in anything at all. They don't know—they still don't know—about the resources (G1)

In the educational sector, significant training gaps are also evident, which can lead to clearly negligent actions in high-risk situations:

> And then there's the issue of the right to information, which happens in many schools. We also had a case with a restraining order against the mother and the child, and he would call the preschool to see if the kid had gone, and they'd tell him. "Well, he has a right to information." Damn it, he has a restraining order, and it's true that the Education Department is often completely clueless (G1)

They also highlight the fact that the public procurement system prevents ensuring that selected individuals have specific training. A particularly problematic example is forensic psychology, where hiring is based on lists that require neither forensic training nor gender training:

> The issue of forensic experts is so important—they determine when psychological abuse has occurred...and we're saying we can't require that the staff hired for these positions have either forensic training or gender training, because it's impossible; the lists are what they are, these are temporary hires, and it's strictly the order of the list (G2)

In summary, day-to-day professional experience reveals gaps in training, particularly in the legal field and in non-specialized services. In this regard, the call made by some of the professionals interviewed is crucial;

they advocate for training that incorporates a comprehensive gender perspective aimed at understanding the structural roots of violence and challenging conventional interpretive frameworks, precisely to avoid bias and improve the quality of intervention:

> I believe that all training, whether specific to each field or not, must be grounded in a gender perspective and ongoing, because that will help us see—because training in a gender perspective will give us a critical view of what women are experiencing, of what justice is, of the steps that need to be taken; thanks to that, we will be able to help those people (G2)

However, regarding this demand for training, it is worth noting the absence of full consensus among the professionals interviewed. Among those working in the psychosocial field and providing specific services for women who are victims of gender-based violence, the need for this approach appears to be a widely shared view. In contrast, among professionals in the legal field or in non-specialized services, more varied positions are observed, and in some cases, these are further removed from the broad, structural conception of training reflected in the previous verbatim.

Finally, it is important to emphasize that these gaps in training not only violate the provisions of the regulatory framework but can also lead to inappropriate or revictimizing practices. The absence of solid training and, especially, of in-depth reflection on the complexity of gender-based violence can lead to errors in case classification, difficulties in distinguishing between violence and conflict, or an inability to recognize forms of harm stemming from relational and structural inequality, which require institutional attention, though not necessarily a judicial response.

4.3. Inconsistencies in the Recognition of Children and Adolescents as Direct Victims of Gender-Based Violence

Since 2015, the law has recognized children and adolescents as direct victims of gender-based violence, which represents a major step forward and an alignment of national regulations with international standards. This regulatory progress, however, has not translated into a real transformation of professional practice. This has, in fact, been one of the areas that generated the greatest consensus in the discussion groups. From a general perspective and with remarkable forcefulness, the participants denounce the absence of a child-centered approach in the available resources, as well as in the procedures and interventions carried out by the various agencies and mechanisms:

> The law does recognize them as direct victims of gender-based violence, and that was indeed very important, but then in practice this is not acknowledged; nothing has been put in place for them (G1)

At a more detailed level, particularly significant shortcomings are evident in the legal and law enforcement sphere, which emerges as one of the most hostile environments for children, least adapted to their needs, and furthest removed from what the regulatory framework establishes. Professionals agree that, in practice, children remain invisible: they are rarely treated as subjects of care, protection, or legal redress. This gap between legal recognition and its effective implementation is so pronounced that even some figures within the system itself are unaware of what the regulations stipulate:

> Yes, they are recognized as direct victims by law, but many people are unaware of this. I've experienced this with fellow lawyers who were defending the accused (G2)

This lack of awareness is not limited to the legal profession; it is also evident in other key areas, such as the law enforcement agencies responsible for taking reports. This shortcoming is particularly concerning, as a well-drafted report is a fundamental element in establishing the violence and supporting the charges in the judicial process:

> I, for example, read a lot of police reports, and minors—they aren't even mentioned; I'd say it doesn't even reach 1% of the police reports (G2)

The exclusion of minor children from police reports makes it difficult, in practice, to implement measures, since, by not being present from the start of the process, they fall outside the institutional focus. This initial invisibility—combined with a structural lack of a child rights perspective among legal practitioners—means, for example, that protection orders are frequently granted with only the mothers in mind, without considering the specific needs of their children, leaving them in a situation of great vulnerability:

> Restraining orders that take children into account... are few and far between (G2)

> We have a case where a woman reports violence against herself and their child, with a high police risk assessment; she is granted a restraining order—that is, a protection order prohibiting communication—but visitation rights for the child are maintained. So this woman suddenly finds herself in a situation where she has to leave the child with this man from Friday to Sunday, and what she has lost is the right to even speak with him. You cannot communicate with the child or know how he is doing. The child was better off before the report was filed; it's paradoxical because, although there is a ruling on gender-based violence against the mother, her children are never taken into account, even though by law they are direct victims, but then nothing is actually done about it (G1)

In addition to the above, the professionals' accounts point to a particularly controversial judicial practice regarding the establishment of custody, visitation, and communication arrangements in contexts of

gender-based violence. Although the law stipulates that in these cases "the judge shall order the suspension" of paternal visitation, in practice this occurs on very rare occasions. Judges often rely on the option not to suspend such visitation when, in their judgment, the best interests of the child so require—a provision also provided for by law—which has ultimately turned the exception into the rule:

> Visitation is very rarely suspended. It is interpreted that the child's best interest is to be with their father. In cases of incarceration, yes, because that is already mandatory, but in the rest of the complaints and cases, very rarely (G2)

With regard to psychosocial intervention, a certain discrepancy is also observed between the legal norm and a professional reality that faces significant limitations when it comes to translating this principle into practice. In this case, in fact, it is the specialized teams for women's care—already overburdened—that have also taken on the care of minors. This expansion, however, has not been accompanied by a specific adjustment of resources or an adequate allocation of specialized staff:

> Sure, we have to care for the minors; obviously, we have to care for them, and besides, they are direct victims—we need to set up a structure, we need to establish a center, we need to hire staff. Enough is enough; we just can't handle it all. It can't be, it can't be (G1)

Moreover, these are resources that were not designed with children in mind, which raises doubts among some professionals about whether they should be expanded or, on the contrary, whether specific ones should be created for working with minors:

> Yes, that's another issue I sometimes question myself, because that's already... Gosh, are we really the right resource to care for minors? (G1)

Likewise, it is noted that intervention teams often lack the necessary training to adequately care for children, which not only hinders their work and limits the possibilities for healing but also places a significant emotional and professional burden on those involved:

> The training you need, right? Like, to work with minors—which, of course, isn't the same thing—you have to learn about gender-based violence among minors, and also know about minors in general; I mean, you have to be specialized in absolutely everything (G1)

All of the above highlights that the comprehensive care mandated by law for children is not being guaranteed, since there are not enough professionals specialized in child welfare across all services, nor are there structures adapted to their needs (Canet, 2024).

4.4. From Difficulties in Achieving Comprehensive Recovery to Situations of Revictimization

As previously noted, the law establishes the comprehensive recovery of women who are victims of gender-based violence as a central objective. The analysis conducted, however, reveals a profound disconnect between this regulatory framework and the daily reality of intervention, in which not only is such recovery not guaranteed, but new forms of victimization are frequently generated.

Comprehensive reparation involves addressing dimensions of harm that do not seem to be considered in practice. For example, as some professionals point out, social harm is rarely assessed or reflected in reports. When this issue comes up in focus groups, some participants even express surprise—likely a reflection of the fact that social harm is not among the aspects addressed by institutional mechanisms:

> As for social harm, it is mentioned in the reports, but it is not captured or elaborated upon (G1)

Likewise, comprehensive recovery is limited by the lack of attention to the socio-community dimension in the processes (Botija et al., 2024) and by the lack of an intersectional perspective within the systems. Psychological recovery, for example, requires interventions tailored to the characteristics of various groups of the most vulnerable women, such as women with intellectual disabilities and those with complex migration histories:

> We no longer have translation services for therapy, for example. We used to have them (G1)

> In the two cases where I've worked with women with intellectual disabilities, what I see is that more time is needed. There's a different pace. They require a year or a year and a half. Not even close. I think there are groups we're not reaching (G1)

Beyond the difficulty of achieving real redress, it is evident that many women—and their children as well—experience situations of revictimization stemming from the very functioning of the care system. From an analytical perspective, this revictimization can be observed at different levels, which we have categorized as: that related to structural aspects of the institutional system, especially within the judicial sphere; that related to the consequences of a lack of adequate training; and, finally, that related to inadequate responses in which the presence of prejudices and discriminatory attitudes among some professionals is evident.

Regarding structural aspects, the focus groups reveal widespread assessments of the justice system's functioning, which is perceived as hostile, complex, and markedly slow. More specifically, the delay in judicial proceedings generally becomes a factor that keeps women stuck in their status as victims, preventing them from closing chapters and moving forward in their recovery processes:

> The system is already inherently hostile, arid, complicated, and difficult, especially for women experiencing gender-based violence who already bear, well, the full burden that entails (...). Women are being revictimized to a great extent by the staggering wait times for legal proceedings because sometimes their lives just seem to come to a standstill (G2)

As noted above, this delay also coexists with protocols that impose time limits on psychosocial intervention, which further exacerbates women's situations by demanding accelerated recovery processes while judicial proceedings drag on for years.

It is worth noting, therefore, the forms of revictimization linked to the saturation of specialized services. Added to this are the material deficiencies of the spaces where care is provided. This precariousness is visible, for example, both in some shelters and in the spaces provided by city councils for professionals from specialized services to carry out psychosocial care there:

> We're in a house that's falling apart, there's no way around it (G1)

> And here you are in a shack provided by the city council, which gives you a room where all the equipment is crammed in... (G1)

On a second level, revictimization is linked to the lack of adequate training for different professional roles, something that can lead to the failure to detect or the trivialization of violence, if not a setback in coping and recovery processes, as previously noted:

> Revictimization... sure, because they don't recognize the violence, or make you feel inferior (G2)

> You have to realize that these victims are already going through a psychological process due to the crime itself, in which they have spent a looooooong time hearing from their abuser, "no one is going to believe you," and a lack of training means that, if you don't understand that, you end up reinforcing the abuser's own message and that reinforcement is what causes you to withdraw or leads to other, worse things that we won't discuss (G2)

Finally, a third level of revictimization is identified, linked to inappropriate responses from certain professionals. These responses arise in the context of direct interaction with victims and stem from a lack of sensitivity and the presence of stereotypes and prejudices regarding victims and the very concept of gender-based violence. In addition to expressing specific attitudes, these situations reflect a lack of adequate training that challenges and changes internalized patriarchal patterns:

> The truth is that we encounter very inappropriate questions, with comments that make you want to say [*to the lawyer*]: Are you getting the picture? And you might have to mediate situations that seem totally surreal to me because you think: Why do I have to be the one reining this guy in, who is supposed to be defending this woman and is supposed to have specific training? (G1)

5. Conclusions

This research has analyzed the discrepancies between the guarantees provided for in the legal framework and the reality of interventions with women survivors of gender-based violence in Navarre. The analysis has focused on four fundamental dimensions: the comprehensiveness of intervention mechanisms, the training of professionals, care for minor children, as well as the challenges to genuine recovery and processes of revictimization.

First, regarding the comprehensiveness of intervention, the analysis has identified significant gaps and a clear disconnect between what the legal text establishes and the conditions under which professional practice takes place. In contrast to a law that recognizes the right to comprehensive care and recovery, professionals describe a scenario marked by structural deficiencies that seriously hinder compliance with this principle. They point to prolonged waiting lists, unjustifiable limitations on the duration and content of psychological intervention, a lack of housing resources, insufficient support for work-life balance and social and labor market integration, and specific difficulties in rural areas. All of this highlights the need to review and increase available resources, both human and material, especially in a context where awareness-raising policies—which are essential—are contributing to a growing number of women and minors accessing services. This review necessarily requires increased budgetary allocation to enable the effective implementation of the guarantees provided for in the legal framework.

Second, regarding the training of professionals, there is a gap between a regulatory framework that establishes the obligation to ensure specialized training for all those involved in providing care to women and minors, and professional practice that exhibits significant gaps. These shortcomings are particularly evident in the legal sphere and in non-specialized services such as health, social services, or education. All of this highlights the need to ensure rigorous and ongoing training, of sufficient duration and aimed at understanding the complexity of violence processes, their structural roots, and the implications this has for intervention. This training must also be geared toward challenging internalized interpretive frameworks that perpetuate biases and inequalities. To achieve this, not only is adequate investment required, but also legislative changes that make this training mandatory and guarantee minimum quality standards.

Third, regarding the position of minor children, a profound contradiction has been identified between a legal text that, for over a decade, has recognized them as direct victims of gender-based violence and

an intervention system that, in practice, still fails to fully incorporate children and continues to marginalize them. This system, in fact, was originally designed to serve adult women and has barely been adapted following this legal recognition: it has not been transformed or expanded, and existing resources generally lack a child-centered perspective. This highlights the need to establish specific psychosocial intervention teams that ensure a child- and adolescent-rights-based approach and in which the required training and capacity-building are guaranteed.

At the same time, various concerning issues have also been identified in judicial practice that compromise the effective protection of children against gender-based violence. Among these, it is worth noting that in many cases certain parental duties—not rights—such as guardianship, custody, visitation, or communication, are not restricted, even though their exercise may harm the well-being of the children. All of this reinforces the urgent need for specific training, primarily for professionals in the judicial field, that not only addresses the current regulatory framework but also meets the requirements already outlined: that it incorporates a structural approach and fosters a critical examination of existing interpretive frameworks.

Finally, it should be noted that, in a context where the law recognizes the right to comprehensive recovery and reparation, the analysis conducted shows that its practical application continues to face significant limitations. As noted throughout this article, the issue is not so much a lack of regulations as it is problems related to the effective implementation of the provisions set forth in the legislation. The difficulties regarding resources, adequate training, and child care reflect a persistent gap between the legal framework and the actual conditions under which interventions take place. Addressing these mismatches is essential to improving the quality of care, as well as to reducing the risk of institutional revictimization and ensuring the fulfillment of the rights recognized for both women and their children.

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