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Public Stigmatization of Women Victims of Intimate Partner Violence by Professionals Working in the Judicial System and Law Enforcement Agencies in Spain

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Abstract

Recent international literature has recently demonstrated that the public stigma suffered by women victims of intimate partner violence (IPV) makes them less likely to disclose the abuse, to seek help and has a negative influence on third party responses, with professionals working in the judicial system and law enforcement agencies being particularly susceptible to its impact. The absence of theories explaining how this stigma works and the legal and cultural differences that exist between countries prompted us to explore the process by which professionals working in law enforcement and the judicial system in Spain stigmatize this specific group of victims. Constructivist grounded theory was used to establish meanings and relationships between the components and processes involved in stigmatization, based on data collected from individual, semi-structured, in-depth interviews with 11 professionals working in the aforementioned fields. In addition to the stigmatization interviewees claimed to have observed in co-workers, we also analyzed the conscious and/or unconscious stigmatization they themselves exercised, which became evident during the course of the interview. The results confirmed the existence of stigma among professionals, with said stigma often being unintentional and implicit in nature, The theoretical model that emerged from the data comprised four broad categories linked to the *Origin of the Stigma*, *Stigmatizing myths* about victims and IPV, *Stigmatizing responses* to victims who are seeking help and the *Consequences of the Stigma* for victims. In the study, we outline the associations observed between these factors and the subcategories included in each, and highlight the need to design training programs for professionals that are designed to fight against stigma and which include self-analysis exercises as well as theoretical contents. We also discuss other implications of the results for both research and practice.

Keywords: public stigma, intimate partner violence, law enforcement, judicial system, qualitative

Public Stigmatization of Women Victims of Intimate Partner Violence by Professionals Working in the Judicial System and Law Enforcement Agencies in Spain

Intimate partner violence (IPV) against women continues to be a global problem with serious repercussions for physical, sexual and/or psychological health (World Health Organization [WHO], 2021). In Spain, the context in which the present study was carried out, according to the latest Macro-survey by the Government Office Against Gender-based Violence [GOGV] (2019b), 14.2% of women aged 16 years or older have suffered some form of physical and/or sexual violence at some point in their life, a percentage that is considered low by the WHO (2021) in comparison with other countries. This may be due to the approval of Organic Law 1/2004 of 28 December, on Comprehensive Protection Measures against Gender-based Violence. This law has been one of the reasons behind the considerable increase in Spain in awareness of the seriousness of the problem, the specialist services available to women and the training provided to professionals (Gracia et al., 2020). In the present study, when we talk about IPV, we are always referring to the violence perpetrated by a man against a woman who is/was his partner.

Nevertheless, in relation to the current use of legal protection resources and according to the 2019 Macro-survey by the Government Office Against Gender-based Violence, it is important to point out that formal charges were pressed in only 21.7% of IPV cases, mostly by the victims themselves, although sometimes by third parties. Moreover, of those that did report the violence, 21.3% eventually decided not to continue with the process (GOGV, 2019b). Although the Public Prosecutor's Office may decide to continue with the procedure in any case, since IPV is considered a public-order crime, cases usually end up being shelved if the victim decides not to testify or to withdraw the charges (Cala et al., 2016). In sum, the percentage of women who ask for legal aid and follow the process through to the end is very low.

Many studies have been carried out in other countries to explore why women do not seek help or disengage from the judicial proceedings once they are underway (e.g., Buzawa et al., 2017; Erez, 2002). In Spain, this question has only recently begun to be explored in the southern part of the country. Initially, the findings indicated that the low level of psychological support received during the process, contact with the aggressor, thoughts about going back to him and feelings of guilt that some women feel about ending the relationship predicted disengagement from the judicial proceeding (Cala et al., 2016). Subsequently, the need arose to identify variables inherent to the judicial process itself and the professionals involved in it (law enforcement and legal representatives) (García-Jiménez et al., 2019). This was result of certain cases in which women did not feel they had been listened to, believed and supported by professionals (GOGV, 2019b), as well as those in which secondary victimization had occurred (e.g., due to the length of the process) or in which there was difficulty obtaining a restraining order (e.g., if the woman in question did not fit the stereotype of victim) (García-Jiménez et al., 2019). In light of the above, we decided to explore the public stigmatization of women victims of IPV by these professionals, and the consequences of said stigma for the victims themselves.

Theory and Prior Research on Public Stigmatization towards IPV Victims

Based on the different conceptualizations of public stigmatization that have been proposed by sociologists and social psychologists, it can be defined as a process that emerges during social interactions (Goffman, 1963), in which one of an individual's attributes is referred to by a label associated with negative stereotypes. This process involves a power difference between those who exert the stigma and the people stigmatized, and encompasses a series of prejudices and discriminatory behaviors oriented towards the stigmatized person (Link & Phelan, 2001), which in turn serve to reinforce the corresponding stereotypes (Pescosolido & Martin, 2015). The nature of the stigma itself will depend on the sociocultural

and historical context in which it arises (Goffman, 1963). Although public stigma has been widely studied in areas such as mental health and HIV, over the past decade, attention has turned also to the field of IPV. Overstreet and Quinn (2013) were the first to point out the existence of a social construction around the label "victim of IPV", which views said victims as passive, weak and somehow responsible for the abuse they suffer, leading them to be judged, blamed and even ignored or marginalized.

Stigma has an impact on victims' recovery, since it devalues their identity and reduces it to the stigmatized attribute and its respective stereotypes (Goffman, 1963). In the case of stigma towards IPV victims, there is evidence that it is a barrier for disclosure and help-seeking (Murray et al., 2016; Overstreet & Quinn, 2013), it has a negative influence on third party responses and the legal measures taken against aggressors (Crowe & Murray, 2015). In addition, negative implications of public stigma for the mental health of victims have been reported, such as reduced quality of life, PTSD and psychological distress (Kennedy & Prock, 2018) or avoidance coping strategies and depression (Overstreet et al., 2019). Another relevant aspect is that women sometimes have to make an extra effort to prove that they are not contributing to their own victimization in order to avoid stigmatizing behaviors such as blaming (Meyer, 2016).

In relation to the possible explanation of how public stigma works in relation to victims of IPV, to the best of our knowledge, no sound model has yet been developed to explain this process, although some studies have identified several of the components involved. For example, Barnett et al. (2016) carried out a study in Kenya in which they identified an initial moment in which the labelling, the stereotypes and the devaluation take place, along with a second moment characterized by social and structural discrimination. The entire process is geared towards maintaining the social norms associated with romantic couples and the resolution of marital conflict. Other studies carried out with North American

samples have identified different stigmatizing reactions by society (blame, isolation, loss of status, etc.) (Crowe & Murray, 2015; Murray et al., 2018) or have pinpointed specific aspects of the social context in which stigma arises (e.g., beliefs regarding victims) and the consequences of this (e.g., less help-seeking) (Murray et al., 2016).

Crowe and Murray (2015) explored public stigmatization by the professionals victims go to for help, since the extant literature showed that, since these individuals form part of society, they are not exempt from the negative attitudes present in the social context. Based on the results obtained from women victims of IPV in the United States of America, these authors found that stigmatization did indeed occur, and that the professionals working in the judicial system and law enforcement agencies were particularly susceptible to it. Kennedy and Prock (2018) also indicated that stigma was present among professionals, finding some evidence among the studies they analyzed that stigma from court personnel could be the highest. According to Crowe and Murray (2015), the most frequent manifestations of stigma were not believing victims or not taking them seriously, and blaming them for what had happened. These same authors, who have continued to study the different manifestations of stigma among the general population (Murray et al., 2018), called for studies using qualitative methods, such as interviews or focus groups involving professionals themselves, in order to explore how this particular kind of stigma works in more detail (Crowe & Murray, 2015).

Understanding how stigma works among professionals is a basic requisite for designing training programs aimed at combating it. A systematic review of the literature (XXX et al., under review) found only one educational intervention designed to fight against stigma that reported statistically significant results and was targeted at professionals, although in this case they worked in a different field from that studied here (Mason et al., 2017). This same review identified only four studies, in addition to the one by Crowe and Murray (2015),

mentioned above, that provided data on stigmatization by professionals working in the judicial system. As well as finding that professionals did not always believe victims or take them seriously (e.g. Merino et al., 2019; Ragusa, 2017), these studies also found that, regardless of the seriousness of the violence and its impact on the victim's health, having only recently left the abusive relationship or continuing to live with the abuser had a negative influence on the risk assessment carried out by lawyers (Nikolova et al., 2021). The severity of these practices is that they jeopardize the safety, financial and other basic needs of the victims (Murray et al., 2016).

Since there are currently no quantitative evaluation instruments for measuring public stigma, the methodologies used to date have been mainly qualitative. We found only a few correlational studies, such as the one mentioned above, in which an association was found between stigma and a low risk assessment by lawyers (Nikolova et al., 2021). Moreover, it is worth pointing out that the pioneering qualitative studies that identified the different manifestations of stigma (Crowe & Murray, 2015; Murray, et al., 2018), had a moderate and low inter-rater reliability value, and were mainly based on responses to electronic surveys. Studying how stigma works by asking professionals directly and using qualitative methodologies would seem to be the next step (Crowe & Murray, 2015).

The Present Study

We can therefore conclude that the study of public stigmatization of victims of IPV by professionals from law enforcement agencies and the judicial system is still in its early stages, and no theories yet exist regarding its functioning and the associations that may exist between the different factors involved. Moreover, since legal and cultural frameworks vary from country to country, it is important to analyze the specific stigma present in Spain, a context for which no data yet exist. The aim of the present study was to explore how the process of public stigmatization by law enforcement officers and the judicial system works in

Spain, based on the testimony of professionals working in those areas. Specifically, we aimed to identify the factors involved in said process and analyze how they are related to each other and how the resulting stigma affects women victims of IPV. To this end, the Constructivist Grounded Theory methodology was used. This methodology is recommended when no theories exist to explain a process or when the literature offers incomplete models or only ones that have not been developed and tested in the target population (Rohleder & Lyons, 2014).

Method

This research project was approved by the XXX Research Ethnics Committee (approval number: XXX).

Design

Constructivist Grounded Theory (CGT) was used to study the process of stigmatization among professionals working in law enforcement and the judicial system in their dealings with women who have suffered IPV. This methodology enables researchers to establish meanings and relationships between the components and processes involved, based on the data analyzed (Charmaz, 2014). Individual, in-depth, semi-structured interviews were conducted with professionals, with their comments being used as the basis for developing a descriptive model, with the position of the research team (XXX, lead researcher; XXX and XXX) being taken into account also in the construction of said model (Charmaz, 2017; Creswell, 2007). Our initial starting point was a view of stigmatization as a complex process involving different interrelated factors at both an individual (e.g., the cognitive resources of the stigmatizing agent) and community level (e.g., cultural values) (Pescosolido & Martin, 2015). We also accepted that stigmatization may be both explicit and implicit (unintentional), extrapolating the findings of authors such as Ferrer-Pérez et al. (2020) regarding the measurement of implicit attitudes to IPV. In other words, we accepted that interviewees

would not always be aware of their own stigmatizing behavior, which would come to light during the interview. Hence the essential nature of the identifying role played by members of the research team.

Participants and Recruitment

Participants were selected by means of a voluntary, intentional recruitment process, in which the inclusion criterion was having worked for a law enforcement agency or the judicial system for at least a year and a half. In studies such as this, in which the aim is not to ensure representativeness, but rather to enable an inductive and in-depth exploration of stigmatization among professionals, a small number (fewer than 20) of participants is recommended (Kolar et al., 2015). Nevertheless, the number of cases was increased until the data were saturated (theoretical sample), with more participants being recruited to help answer the questions that arose as the data were analyzed, until the point at which no new relevant information arouse from the interviews, i.e., no new perspectives, categories, or relationships between categories emerged (Rohleder & Lyons, 2014). An effort was made to ensure a varied selection of participants, including both professionals from specialist services for women victims of IPV, who have frequent contact with victims, and those from non-specialist services (family lawyers and local police) who had dealt with victims of IPV at some point in their professional career.

To recruit participants, we contacted Municipal Centers for Women's Information, police stations and known professionals working in the field of IPV intervention to explain the aims of the study and the profile of the participants required. Once we had contacted possible participants, we explained the purpose of the research and, on occasions, these participants put us in touch with other professionals. Professionals were not remunerated for participating in the study.

Eleven eligible participants were identified (6 from specialist services and 5 from non-specialist services). The final group comprised a varied set of participants from different provinces in Spain (men and women, working in rural and urban areas, with or without experiences of IPV in their immediate environment, of different ages, in different posts, with different levels of seniority in that post and different levels of training in gender-based violence). Participants were 6 men and 5 women, aged between 26 and 58 years (M=44.45). All except two worked in urban areas, had been in their current post for at least a year and a half, with a maximum of 35 years. No mention is made of the exact place in which interviewees work, and their names have been replaced with fictitious ones to guarantee anonymity. See Appendix A for detailed characteristics of the participants.

Data Collection Strategy

First, the research team developed the script for the in-depth, semi-structured interviews, following the recommendations of Castillo-Montoya (2016). The questions were based on some of the studies on IPV stigma that were cited in the Introduction (e.g., Murray et al., 2016) and were audited in a group session by experts in IPV. The interview script was piloted with three professionals who had experience dealing with women victims of IPV. The final version of the interview is provided in Appendix B.

In the script they were asked if there was stigma. If they answered yes, we would elaborate on the answer by continuing with the rest of the questions about the nature of this stigma. If they answered no, the interview ended. All questions included in the script were open-ended and flexible, and others arose during the conversation (DiCicco-Bloom & Crabtree, 2006), enabling the interviewer to explore both implicit (i.e., that which was observable in the interview and was carried out unintentionally by the interviewee) and explicit stigmatization (i.e., things that interviewees openly said they and other professionals in their field had done at some point) throughout the entire interview. To reduce social

desirability bias, interviewees were told very clearly before the interview began that there were no right or wrong answers, and that we were simply interested in learning about their personal view of the problem and their own experiences.

Among those who thought that stigma existed, emphasis was placed on determining whether they believed that the stigma present in society in general was the same as that present among professionals, and, if they did, the information they provided about stigma in the general population was considered the object of analysis in this study. In accordance with the iterative qualitative analysis process used, as the data collection process progressed, the formulation of some of the questions changed in light of the information obtained in the analyses and the information provided by interviewees (DiCicco-Bloom & Crabtree, 2006).

All data were collected between January and July 2022. Participants were contacted by telephone and told that the aim of the interview was to explore their personal view of the professional service provided to women who had suffered IPV. Participants' informed consent was obtained, and they were assured that all information provided would be strictly confidential and would be used only for the purposes of the stated research project. Three of the participants chose to conduct the interview at the LR's (lead researcher's) workplace (these interviews were audio recorded). The remaining eight interviews were conducted by means of a videocall, which was recorded in video file format and then converted to an audio file. No differences were observed when conducting video and face-to-face interviews. The mean duration of the interviews was 50 minutes. After the interview, participants were asked to complete a sociodemographic questionnaire (see Appendix C). All interviews were transcribed verbatim.

Data Analysis Strategy

The transcriptions of the interviews were analyzed using a progressive coding method that included annotation throughout the entire process, along with an ongoing comparative

analysis of the data (Charmaz, 2014; Rohleder & Lyons, 2014). The codes derived directly from the data (Creswell, 2007) and the manifestations of stigma proposed by Crowe and Murray (2015) were taken into account, with some categories that emerged corresponding to them. Nevertheless, as recommended by CGT, we did not limit ourselves to finding only these categories, and were therefore open to finding new ones or similar ones that required a new conceptualization (Bazeley, 2009). This was followed by a focused coding process in which we selected the codes that were significant and compared them with each other and with the annotations made throughout the entire process, in order to classify and organize the data into more complex ideas. We paid special attention to whether or not the subject was aware that the code signified some kind of stigma, as well as to whether they seemed conflicted in any way in relation to it (e.g., interviewees sometimes claimed that something constituted stigma, but then stigmatized victims him/herself in the same way during the interview). Consequently, and using an axial coding process, the following four broad categories were established: *Origin of the stigma, Stigmatizing myths, Stigmatizing responses* and *Consequences for victims.* Different codes were recorded in each category. Finally, associations were established between the codes and categories by means of a theoretical coding process, thereby developing the grounded theory that explains the process of stigmatization.

The actions taken to ensure the quality criteria necessary for research using the grounded theory methodology are outlined below (Gasson, 2004). The confirmability of the study was ensured using the constant comparison method, in which the prior conceptual framework established by the research team was specified and the LR maintained an attitude of critical reflection at all times in relation to her interpretations and the possible bias introduced by her training in and commitment to the field of gender-based psychology (Charmaz, 2017; Creswell, 2007). Moreover, confirmability was also ensured by the

independent coding of four interviews by the rest of the team (Gasson, 2004). The LR drew up a diagram for each interview, reflecting the relationships observed, the most significant results found and the dilemmas posed. With these annotations and the coding carried out by the rest of the team, all those involved in the study met to clarify any problems detected and reach a consensus.

The credibility of the results was ensured by following the steps outlined by the grounded theory methodology. The results presented were considered applicable and useful for professionals working in the field of IPV interventions. Finally, dependability was ensured by exhaustively outlining the steps followed in the present study (Gasson, 2004).

Results

The descriptive model that explains the process by which IPV victims are stigmatized by professionals from law enforcement agencies and the judicial system emerged from the data (see Figure 1). Four broad categories were identified. The *Origin of the stigma* referred to the factors underpinning the *Stigmatizing myths* about victims and IPV that had been internalized by interviewees, which in turn resulted in *Stigmatizing responses* towards the victims to whom they provided a service. Occasionally, participants identified a direct relationship between the origin of the stigma and stigmatizing responses. The fourth category comprised a series of *Consequences for victims* that participants said were the result of stigmatization by professionals. These consequences stemmed from the stigmatizing myths and responses and constituted an obstacle for victims in the process of recovery and liberation from violence.

[Insert Figure 1 here]

All interviewees coincided in stating that stigmatization by professionals is the same as stigmatization by the rest of the population, and several claimed that the only difference lay in the fact that this process is more serious when carried out by professionals, given that

their job is to protect victims. Nevertheless, many also asserted that said stigma was currently very weak. After the interview, most participants (from both specialist and non-specialist services) also explicitly acknowledged that they themselves had stigmatized victims, albeit unintentionally. Moreover, during the interview, stigmatizing myths and/or reactions were detected of which participants were unaware. Next, we developed the components of the model presented in Figure 1, accompanying each with excerpts from the interviews to serve as examples justifying the results.

Origin of the Stigma

First, it is important to highlight the multicausal nature of the stigma. Throughout the excerpts selected, the factors giving rise to the stigma are intertwined. Some of the possible causes of stigmatizing myths and reactions include general factors, to which all professionals are exposed simply by being part of society, just like everyone else. First, the patriarchal values informing the context in which they grew up, and which are still present today, have been largely internalized and result in a negative view of women, as Brenda (a legal advisor) explained as follows:

> I think it's all connected to the sexist view we have in our society. I mean, at the end of the day, it is rooted in this belief that women lie; we are liars; women make up stories. All the myths that exist are inherent in this story they've been putting in our heads throughout our entire upbringing. [...] Debunking all these myths requires a major effort, because for many people it involves rethinking things, and not everyone is prepared to do that.

A high level of exposure to IPV cases also serves to reinforce the myths about it. The media often portray IPV in a subjective and sensationalist way, emphasizing those aspects and cases that pose doubts about victims' credibility. Brenda explains as follows:

> A woman is murdered. How is this reported in the news? Is it reported in an objective fashion, with the facts being laid out as they are, or is it told in a sensationalist way and made a spectacle of? That's the problem. And we always fall back on the same old clichés, asking neighbors what they think. The thing is, the neighbors never see anything. Because in most cases, the abuser is utterly charming in public [...] But what do reporters do? They stick a microphone in front of the neighbor.

Marta (a member of the national police force) added that police officers' continuous exposure to a certain type of victim, due to the nature of their job, may be at the heart of the stereotypes that exist about them:

> Those are probably the best-known cases - victims with a low socioeconomic level [...] in other social layers such occurrences can be more easily hidden. [...] Those are the cases I see every day in my job, you know? So, based on what I see, I reckon the stereotypes could stem from there.

At the same time, extreme right-wing political parties launch misleading messages that question the legal system designed to protect victims, and deny the existence of IPV, something that Victoria (a legal advisor) said she had also observed among her co-workers:

> With the far-right parties, for example, who claim that gender-based violence does not exist. [...] I have co-workers, and I'm talking about women here too, who have made similar comments, even though they see these cases in the courts every day. They are usually people who vote for the far right.

It is important to point out here that all the causes of stigma identified operate in a context in which the information available is incomplete, as Jose (a member of the national police force) indeed pointed out:

> Everyone's personal experience [...] we all let ourselves get carried away by what the media says [...]. But it's not fair, because we often don't have enough information. I mean, we often judge without having all the facts.

In addition to the factors outlined above, which are inherent to the context in which all professionals are immersed, individual factors were also detected that varied more from one person to the next. The most striking one was linked to a general unawareness of how IPV works and how people recover from it. This is something that is present among professionals regardless of whether or not they continuously work with victims, as Brenda (a legal advisor) remarked: "The truth is that a lot more training is required, a lot more awareness-raising. And at all levels also, because I'm talking about the justice system, I'm talking about the police." This lack of knowledge prevents some people from understanding why women do not leave a violent relationship or why, having filed a restraining order, they then go back to their

aggressor. This prompts some to judge such women and even doubt their credibility. This was evident in the interview held with Ruben (court clerk):

> Imagine a case in which there is a restraining order and then, the next day, you get a call from the Civil Guard saying they have arrested the subject in question. But then you realize that he was probably with her in the car, they were at the cinema, or... Those cases are disgusting [...] If what is being reported is a situation of oppression, then that does not tie in with the fact that she then goes out for a walk with this person.

In addition to knowledge (or lack of knowledge) about IPV, personal experiences linked to this phenomenon must also be taken into account. As Jose (a member of the national police force) explained, being a man and have suffered intimate partner violence or having a close relationship with the aggressor and not being able to imagine that person abusing someone may prompt some to doubt the victim's testimony:

> Everyone thinks and talks in accordance with their personal experiences [...] "well I know Pepe or Manolo and I simply don't believe they did this", but no one knows what goes on behind closed doors [...] And if someone's cousin, or brother, or they themselves have been directly involved in some kind of episode, then this is another barrier to them believing what the other person is saying.

A lack of experiences of IPV in one's immediate environment can also have an impact, prompting some to minimize the problem. David (a lawyer) talks about it in the following terms: "Someone who has never experienced a situation like this in their more or less immediate environment can't really understand the true gravity of the problem."

In addition to the above, certain social attitudes among professions also contribute to the stigmatization of victims. Julia (a lawyer) explains it as follows:

> Let me tell you, this is a profession that is often very class oriented and some of my colleagues, well, they studied at good schools, they studied at private universities [...] And you say to yourself ... that bloke has no idea what real life is like, he's never had to break a sweat to make ends meet, he's never even really had to work at all, and he simply can't understand, he has no empathy. [...] "Seriously, she should be supporting herself." Yeah, as if it were that easy, in the middle of a pandemic and with three kids.

Stigmatizing Myths about IPV and Victims

Continuing with the order established in the model shown in Figure 1, on the basis of the factors outlined above, a series of erroneous and stereotypical beliefs about IPV itself and IPV victims were identified. According to participants, these myths are present in society, and therefore among professionals also. By far the most prominent were those beliefs that minimized the importance or denied the existence of IPV. One of these was the idea that many of the charges pressed are false. This belief was observed among interviewees; for example, when Pedro (a member of the national police force) was asked about the main difficultly he encountered in his work with victims: "Many people don't understand the law and are guided by 'someone said this, someone told me that'. So, there are those who press charges over something which is basically just a bad divorce." Another belief detected was that what many women are really seeking is financial aid or benefits in the judicial system. Other related myths included the conviction that the Gender-based Violence Act discriminates against men, that if a woman presses charges the man immediately gets sent to jail and she wins and he loses everything, and that it is men who are being stigmatized, not women.

Another belief of this kind is linked to the idea that victims have a specific profile: they have a low socioeconomic and education level, come from dysfunctional families and have a passive attitude and an unkempt appearance. According to Marta (a member of the national police force), one of the negative consequences of believing that these profiles exist is that it leads you to minimize the seriousness of a case or to disbelieve a victim when she fits the profile:

> Between a call and [...] based on the location you are given [...] people minimize the importance of it because [...] it's in a disadvantaged area; you generalize and say "well, what do you expect around here?" [...] "I expect it's just a tiff, nothing more". Or they think the woman is making it up or is exaggerating.

Sometimes, thanks to their experiences dealing with diverse victims, interviewees were aware that no profile in fact exists, but even so, traces of this stereotype remained and

they acknowledged feeling surprised when victims were well educated. This is the case with Manuel (a member of the local police force):

> I've seen it all [...] from those in high income brackets to homeless women living on the streets. All sorts. Education level? Exactly the same thing. People ... even lawyers, eh? People you look at and say, gosh, you'd think being a lawyer she'd know better!

For their part, victims who do not fit the profile may also be judged or disbelieved. For example, according to Ruben (a court clerk), if the victim expresses herself in a way that he does not deem correct, this casts doubt on her credibility:

> They (young girls) are less consistent in their declarations [...] There are things that just don't hold up well. [...] I sometimes see patterns; and you think, okay, so you don't use violence, but if you really are a victim, that doesn't mean you necessarily have to be in a weak position, it's not that, but... Language defines an individual, don't you think? So sometimes, I hear a certain language, certain things being said by him about her, and curiously enough, she uses the exact same terms when she talks about him.

Myths that blame the victim were also detected. First, there are those that focus the causes of the violence on the fact that the woman consents to it, as Brenda (a legal advisor) commented: "There are the myths that hold that if you let yourself be abused, it's because you want it". Second, there is the idea that the victim's personality turns her into an easy target for violence, a belief that was expressed by Marta (a member of the national police force): "I don't like to use the word 'weaker'. It's not that they're weak, it's more that they have less personality or are more likely to need someone else."

At the other extreme from the myths that contribute to blaming victims, judging them or doubting their credibility are those that hold that victims are *broken toys* or passive subjects. This was observed in the discourse of Ruben (a court clerk): "You realize you are with, how shall I put it, a 'broken toy'. What's the solution? Well, at the very least you need to take it out of the shop. And put it in a different context."

A few mentions were made by participants of two other myths that exist about IPV, but which are now disappearing. First, the idea that victims should just put up with the situation of violence, and second, that IPV is a private matter.

Stigmatizing Responses

Following the order established in Figure 1, next we identified different stigmatizing responses. The most frequent ones involved minimizing the importance of the violence suffered by the victim or doubting her credibility (*dismissing/denying*), something that interviewees claimed happens both when the woman in question reports the abuse ("they say she's exaggerating", David, lawyer) and when she does not ("if she fails to press charges, then things can't really be that bad, or it's just not true", Marta, national police force). These reactions were sometimes linked to the myths that minimize/deny the existence of IPV, as indicated by Kevin (lawyer): "I have seen public prosecutors who in some way have failed to protect the victim [...] They said: 'Yeah yeah - come on. The only thing she wants is a payout.'" Some reactions are also linked to myths about the existence of a victim profile, something that Victoria (legal advisor) claimed had been the case with her: "I think I may have stigmatized a little in that sense. When you see physically strong women with a strong personality, it's hard to see them as victims, you know? [...] They don't seem as believable."

As evident in the following excerpt, this type of reaction was detected even more frequently when there was no indication of physical violence and when the woman in question turned against her aggressor. Ruben (court clerk):

> (talking about legal representatives) It's just not taken as seriously as it should be; we shouldn't just wait until the woman dies or turns up with grave physical injuries; we shouldn't just wait until then [...] When violence is not manifested in a clear, unequivocal, direct manner (when the victim repeatedly goes back to the aggressor, even when a restraining order is in place) professionals get this inner feeling that prompts them, not to abandon the case, but, you know... They see the case as, well, a repetition, and they stop taking it so seriously.

According to some interviewees, women who suffer IPV often talk about coming across reactions of this type, even among their own defense attorneys. Brenda (legal advisor):

> One of the things about which women complain a lot is that when they appear before a judge, they aren't even given the opportunity to speak. Or when they try to explain what happened, they get the feeling that no one believes them. [...] The police or the Civil Guard, and all the rest. [...] It's not normal that we have to constantly keep asking for a change of lawyer, because the woman says "look, this lawyer doesn't listen to me, doesn't keep me informed, I never know what's going on, he or she is never available. I call them and they don't answer". Just imagine how awful that must be, how much anxiety and stress it must generate, not knowing what's going on with your case.

Participants often claimed that victims were judged on the basis of certain aspects of their lives or circumstances: for not being financially independent and having to ask for benefits; for being financially independent and having a high socioeconomic status; for having an appearance or attitude that did not fit with the profile of victim described above; and for their decision to divorce their aggressor, or to return to him time and time again. In this sense, Ruben (court clerk) admitted to doing just this: "In my opinion, they have forfeited their dignity by making improper use (of the judicial system)."

Interviewees also said that victims are blamed for suffering IPV, something which Ruben also observed among his co-workers:

> You have to understand that we all sometimes form a bond with someone ... and that person ... well, of course they may go back to them. But I and those I work with have trouble understanding that; it's really hard for us to understand. [...] People tend to think that if she goes back to him, then she's responsible for what happens. But of course, it's all relative.

Finally, as observed in relation to myths, at the other extreme from minimizing and denying the violence and blaming and judging victims, we found paternalistic attitudes. This was observed, for example, in the case of Ruben: "Sometimes I have tried to support them more than I should have, and I think it was a mistake; I fell into a pattern of behavior that was like … well, giving them a pat on the shoulder."

Consequences of Stigma for Victims

Finally, of the consequences of stigma for victims mentioned by interviewees, the most frequent were not disclosing the violence suffered and not asking for help. According to participants, this is mainly the result of the fact that women know that stigmatizing myths exist and simply assume that no one will believe them if they disclose the violence; alternatively, it is because they have ended up internalizing the messages (e.g., guilt) implicit in the stigmatizing myths and reactions to which they have been exposed. Moreover, if they do decide to seek help, victims may feel the need to justify the fact that they are not looking for financial handouts, again because they often assume that they will not be believed otherwise, as Maria (local police force) explained: "A woman may react by saying 'I've come to press charges against my husband for being violent towards me, but I'm not looking for any financial help.'"

Other consequences of stigma were also detected, in which participants did not specify that the direct cause was either the myths or the reactions, but rather both together in general. These included becoming angry with professionals that assumed they were only seeking financial aid; having to narrate the violent episode again and again to other professionals, because some had not believed them; suffering psychological effects that undermined their confidence even further and made it harder for them to escape the situation of violence; feeling unprotected and alone in a system that is supposed to help them; and disengaging from the judicial proceeding.

Discussion

The aim of the present study was to explore the functioning of the stigmatization of women victims of IPV by professionals from law enforcement agencies and the judicial system, based on the testimonies of said professionals. Before discussing the results, it is worth noting that violence in the context of interpersonal relationships (intimate partners, family, work, etc.) is complex and diverse, and that, although other perspectives can be taken

in the analysis of this phenomenon, in this study we have focused on the violence perpetrated by a man against a woman who is/was his partner.

We were able to identify the components involved in the process of stigmatization by professionals and the associations between them, as well as certain consequences for victims. Four broad categories were identified: the *Origin of the stigma*, *Stigmatizing myths* about IPV and victims, *Stigmatizing responses* by professionals and *Consequences for victims*. We will now discuss the findings linked to each of these categories, along with the associations between them.

How Stigmatization Works

Several of the factors that originated the stigma have been suggested by the literature: patriarchal values (Gracia et al., 2019; Murray et al., 2016), personal experiences –such as not knowing a victim but knowing an aggressor or having recently experienced violence (Gracia et al., 2019) –, privileged social positions (Ferrer-Pérez et al., 2020; Gracia et al., 2020; Murray et al., 2016), lack of professional training and the media (Murray et al., 2016), the latter being related to the category "high exposure of IPV cases that reinforce the myths". Progress appears to have been made in relation to some of these factors over recent years. First, the Gender Equality Index (GEI) rating for Spain rose from 66.4 in 2013 to 73.7 in 2021 (European Institute for Gender Equality, 2021), an increase that indicates a weakening of patriarchal values. Nevertheless, as participants stated, these values continue to be present, albeit to a lesser extent. Second, the number of professionals who have received training in IPV has increased (Gracia et al., 2020). However, participants also claimed that said training was often voluntary or very superficial. Moreover, it is important to bear in mind the fact that, in addition to theoretical knowledge about IPV, each professional also has their own personal experience of violence and a different level of privilege within society, aspects that seem to influence the degree to which they stigmatize women victims of IPV. In the field of

mental health, it has been widely demonstrated, even with experimental studies, that information is not enough to reduce public stigma (Gaebel et al., 2017).

Regarding the media, cases of IPV receive a great deal of media attention, with the way in which such occurrences are presented often contributing to the negative image which exists today in society of IPV victims. López-Díez (2007) explained that it served to highlight the presence of a patriarchal culture in the media also. However, the media also plays a key role in rendering IPV more visible, which in turn has helped raise awareness among the general population, encouraging victims to seek help and prompting the government to develop public policies designed to fight against this particular manifestation of violence. For this reason, the GOGV has established a series of resources designed to ensure ethical reporting of cases of IPV by the media, although it is also true that not all media outlets follow these recommendations (Cuesta-Ramírez, 2021).

Another relevant factor that was also mentioned as contributing to stigmatization was the emergence in Spain of extreme right-wing political ideologies that minimize the importance of IPV through discourses that, for example, hold that the current law on gender-based violence discriminates against men. Such arguments (and others like them) have recently begun to be analyzed and criticized in feminist research (e.g., Varela-Guinot, 2021). All the above, coupled with the fact that IPV usually manifests in the private sphere and most of the pertinent information pertaining to cases is unknown, justifies the idea that professionals, even those working in specialist services, are not exempt from the act of stigmatizing (Murray et al., 2016).

The factors mentioned to date were identified as the basis of stigmatizing myths about IPV and victims, another component of stigma that has been mentioned in recent literature (Murray et al., 2016; Overstreet & Quinn, 2013). Among the myths identified, two extremes were observed. The first is represented by the myth of the “broken toy”, which corresponds

to a view of women as passive or weak and was first introduced by Overstreet and Quinn (2013). At the other extreme we find all the other myths (blaming the victim, minimizing or denying the abuse, myths about the existence of a certain victim profile, etc.) that contribute to the acceptance and justification of IPV and which have been the focus of an increasing number of studies in different countries of the European Union (Gracia et al., 2020), including Spain (Ferrer-Pérez et al., 2019).

The conceptualization of victims as "broken toys" has been questioned over the past decade and an increasing number of studies have emphasized the need to understand and raise awareness of the fact that every woman faces unique challenges, depending on her social identity and circumstances (socioeconomic status, age, culture, language, etc.), and therefore has certain needs, prompting her to make certain decisions and employ certain strategies for coping with and recovering from violence, strategies that will be different in each case (Barrios et al., 2021; Cala, 2012; Campbell & Mannell, 2016).

Regarding the myths at the other extreme, some studies have found a correlation between beliefs that legitimize violence and patriarchal values (Gracia et al., 2020), and have highlighted how myths can negatively affect the service provided to victims and judicial sentences (Cala-Carrillo & García-Jiménez, 2014; Goodmark, 2008; Nikolova et al., 2021). Nevertheless, studies with university students, such as the one by Ferrer-Pérez et al. (2019), have reported findings that indicate a reduction in these myths, mainly thanks to legislative and preventative measures and increased training.

It is striking that practically all interviewees alluded to the existence of myths among law enforcement professionals and members of the legal system that minimize the importance or deny the existence of IPV. It would be interesting to explore the question of whether certain stereotypical beliefs are more present in certain professions. One example mentioned by one of the participants in this study referred to the fact that police officers tended to

normalize and minimize the importance of the IPV suffered by women with a low socioeconomic status, largely due to the more frequent contact they have with such victims during the course of their work.

Despite the importance of these myths, however, they only account for part of the stigma generated, and exclude behavioral components (Barnett et al., 2016). It is therefore interesting to analyze them in conjunction with stigmatizing responses. These responses were identified as stemming directly from the same factors mentioned at the start (patriarchy, lack of knowledge, etc.), as well as from the myths themselves, which was already highlighted by Overstreet & Quinn (2013). Nevertheless, in light of Pescosolido and Martin's proposal regarding how stigma works (2015), it is possible that stigmatizing responses also serve to strengthen false beliefs about IPV and victims. Consequently, the relationship between myths and responses may be bidirectional and, given the complexity of this analysis, may not have been expressed by participants.

Consistently with that found by Crowe and Murray (2015) and that stated by certain victims in the 2019 Macro-survey (GOGV, 2019b), the stigmatizing responses most commonly detected in these professional fields were minimizing the importance of the abuse and not believing the victims, judging them and blaming them. At the other extreme, a paternalistic attitude towards victims was observed. This has not been mentioned in previous studies describing the different manifestations of stigma (Crowe & Murray, 2015; Murray et al., 2018). However, in other fields of study with a longer history, such as the stigma associated with mental illness, a clear association has been found between the stereotype of incompetence and paternalistic behaviors that seek to exclude the stigmatized person from the decision-making process (Gaebel et al., 2017). This stereotype of incompetence may be similar to that of the "broken toy" in the field of IPV.

Finally, several consequences of public stigmatization for victims that were mentioned in the interviews correspond with recent findings in the literature in this regard: anticipation and internalization of the stigma (Overstreet & Quinn, 2013), not disclosing the abuse and not seeking help (Murray et al., 2016; Overstreet & Quinn, 2013), proving they are doing things "right" (Meyer, 2016) and suffering psychological damage (Kennedy & Prock, 2018; Ovestreet et al., 2019). The anticipation of stigmatization by professionals and the internalization of the stigma itself make it even more difficult for victims to decide to disclose the violence they are suffering and seek help. This is consistent with that reported recently by other authors (Barrios et al., 2021; Crowe & Murray, 2015; Pokharel et al., 2020). In the event of victims seeking help, anticipation of stigmatization may result in them making an extra effort to be believed, in line with Meyer's (2016) findings. To this we must add the necessity of narrating the events over and over to other professionals because the previous ones did not believe them, the feeling of being unprotected and the possible decision to disengage from the judicial proceeding, not to mention the psychological consequences, which was already emphasized in other studies (Kennedy & Prock, 2018; Ovestreet et al., 2019). In light of the isolation to which many victims are exposed (Cala-Carrillo & García-Jiménez, 2014), how difficult it is for them to make the decision to disclose the violence they are suffering and ask for help (Pokharel, et al., 2020), and the various factors that hamper the continuation of the judicial procedure once it has been initiated (Cala et al., 2016), the impact of stigmatization by those professionals who are supposed to act as a fundamental support base is well worth highlighting.

Implications for Research and Practice

The qualitative methodology used enabled us to explore the complex nature of stigma and is a valid source of knowledge in itself (Pescosolido & Martin, 2015). Moreover, the survey method that had been used by authors such as Crowe and Murray (2015) is not

considered the most appropriate since, unlike interviews or focus groups, it does not allow responses to be either clarified or explored further (Creswell, 2007). Nevertheless, to complement these results, we suggest that a quantitative instrument be designed and validated to measure stigma, in order to enable data to be collected from a broader sample. This would help consolidate the results reported to date and establish a model of how stigmatization works that could then be generalized to the rest of the population. Similarly, to obtain a more sensitive measurement of stigma that is not affected by social desirability bias, and in light of the success of certain studies over recent years in analyzing beliefs and attitudes to IPV (e.g., Ferrer-Pérez et al., 2020), we suggest that measures of implicit stigmatization be developed. This may enable the in-depth study of more subtle behaviors, such as paternalism.

Our results also highlight the need to improve the training provided to professionals. To this end, we suggest the design and assessment of a training plan for law enforcement professionals and those working in the judicial system, aimed at fighting against stigma. Said plan should take into account the empirical evidence collected in other fields, such as mental health, and some recommendations for IPV training for workers in the judicial system that have been made recently in Spain (García-Jiménez et al., 2022).

Among the participants in our study, stigmatization was usually unintentional or unconscious, although interviews often ended with professionals reflecting on their own behavior. This suggests that it would be a good idea for the training program to include self-analysis exercises about stigmatization in professional practice, as well as about patriarchal values, social attitudes and personal experiences with IPV that may influence behavior. Finally, it should be added that the experience of stigma associated with suffering from IPV varies and is sometimes amplified by the intersection with other stigmatized identities (ethnic origin, age, social class, etc.), constituting yet another obstacle to help-seeking (Mason et al., 2017; Murray et al., 2016; Potter, 2015). We recommend that this perspective be incorporated

into training programs, in order to foster an effective, sensitive approach to the specific needs of each individual victim in cases of IPV.

Critical Reflection about the Research

During our study of stigma, which is an issue strongly affected by social desirability, the fact that the lead researcher was a woman, a psychologist and a gender studies researcher may have constituted an initial barrier, since participants may not have felt they could express themselves with total freedom for fear of being evaluated and judged. This could be redressed by using implicit stigma assessment methods. We are also aware that, despite having compared the findings of the LR with those of the rest of the team and having maintained a self-reflexive attitude, the conclusions drawn from the data collection are influenced by the LR's specific view of IPV stigma. In accordance with the principles of CGT (Creswell, 2007), we accept that this is only one possible interpretation of the reality analyzed. Finally, it should be pointed out that the nature of our research prevents us from extrapolating the results found to the rest of the population; nor can we establish quantitative or qualitative differences in stigma in accordance with the sociodemographic variables studied.

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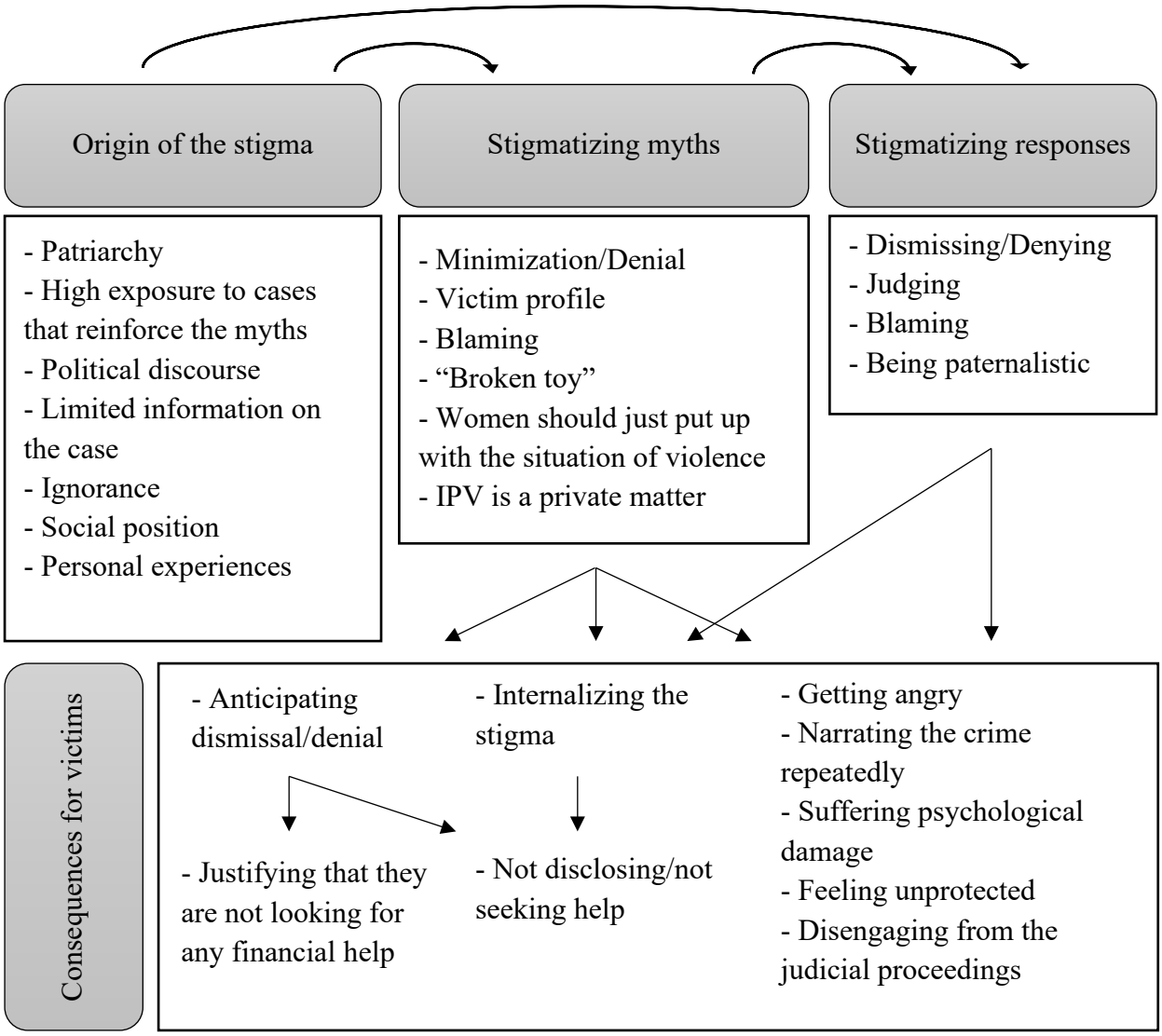
Figure 1.

Theoretical model of the process by which IPV victims are stigmatized by professionals from law enforcement agencies and the judicial system.



The shaded boxes represent the four main categories and the white boxes the subcategories.

Appendix A. General Characteristics of the Participants

Name	Age	Gender	Education level	Profession	Seniority
Manuel	58	M	Spanish Baccalaureate[1]	Local police	35 years
Maria	45	W	Spanish Baccalaureate	Local police*	23 years*
Pedro	29	M	Undergraduate degree	National police	2 years 7 months
Marta	26	W	Master's degree	National police	1 year 6 months
Jose	45	M	Spanish Baccalaureate	National police (UFAM)*	18 years (12 years*)
David	35	M	Undergraduate degree	Defense attorney for the aggressor	12 years
Julia	48	W	Undergraduate degree	Lawyer	21 years
Ruben	43	M	Undergraduate degree	Court clerk at the mixed gender-based violence court*	8 years (5 years*)
Victoria	47	W	Undergraduate degree	Legal counsel at a Municipal Center for Women's Information	17 years*
Brenda	60	W	Undergraduate degree	Legal advisor at a CMIM*	30 years*
Kevin	53	M	Master's degree	Defense attorney for the victim*	23 years (17 years*)

In the case of specialist services, we marked with an asterisk (*) the number of years participants had been with said service. M: Man; W: Woman; CMIM: Municipal Center for Women's Information; UFAM: Family and Women's Services.

[1] Equivalent to A levels in the UK and the final two years of high school in the US.

Appendix B. Interview Script

- To begin with, can you explain what you do, and how many years you have been doing it?

- Could you describe, based on your work, a significant memory of an occasion when you helped a woman suffering IPV (what happened, how you felt, etc.)?

- Apart from this memory, how do you feel at work when supporting women who experience IPV? Why do you think you feel this way?

- What do you find most difficult about helping these women?

- How do you usually deal with these difficulties?

- How would you define "intimate partner violence against women"?

- Do you think that women who suffer IPV have any characteristics or circumstances in common?

- In your experience, not only as a professional, but also from life in general, what do women do when faced with a situation like this, when they suffer IPV?

- And what do you think they should do?

- What reasons do you think women who suffer IPV may have for not disclosing it, not asking for help, not pressing charges, etc.?

- There is a word that is often used in the social sciences and in colloquial language: "stigma". What do you understand by this term? (A definition of stigma is provided after the answer).

- Do you think women who suffer IPV are stigmatized?

    *If the interviewee hesitantly says they are not stigmatized:

    - In relation to what other social conditions do you think stigma exists? (If s/he thinks it does not exist, the interview ends) What does that stigma look like?

    - Do you think this happens also in relation to women who suffer IPV? (If the interviewee says no, the interview ends) What form does it take?

- Have you ever observed other professionals in your field stigmatizing women who suffer IPV? Could you give an example?

- Why do you think women who suffer IPV are stigmatized?

- What impact do you think this stigma may have on women who suffer IPV? Have you seen this firsthand, in your own experience either at work and or in your immediate environment?

- Do you think the stigmatization of women who suffer IPV in society in general is different from the stigmatization carried out by professionals?

- How do you think we can combat and reduce this stigma when providing professional help to women suffering IPV? (On an individual level (as a professional), at an institutional and/or political level, etc.)

- To finish, and just to be a little self-critical and think about our own behavior and attitudes, in your professional practice and in your life in general, do you think you have ever exerted this stigma? Can you explain a little bit??

- Before finishing, is there anything else that you would like to add?

Appendix C. Sociodemographic Data Sheet

Age: _____

Gender:

- ☐ Man
- ☐ Woman
- ☐ Other

Academic qualifications: _____

Have you ever received training in intimate partner violence?

- ☐ Yes, I have received training in my workplace or within the framework of a program run by the institution for which I work.
- ☐ Yes, but not in my workplace or within the framework of a program run by the institution for which I work.
- ☐ No

If you have received training in intimate partner violence, please explain what kind of training it was:

_____

_____

_____

_____

Do you know anyone in your immediate social or family environment who has suffered intimate partner violence (including yourself)? If so, please specify (e.g., *myself, my best friend*, etc.)

_____

_____

_____

Author Biographies

Lara Murvartian, MD, is a General Health Psychologist and currently PhD candidate at the University of Seville, beneficiary of a pre-doctoral grant from the Ministry of Science, Innovation, and Universities. Her research career has focused on the stigma experienced by vulnerable groups, starting with severe mental illnesses. She has participated in several research projects about gender equality, recovery, and health promotion. She is currently working on her doctoral thesis on the public stigma exerted by professionals who provide services to women survivors of intimate partner violence. She is interested in analyzing this stigma and identifying actions to combat it.

Francisco-Javier Saavedra-Macías, PhD, is a Tenured Associate Professor at the Department of Experimental Psychology at the University of Seville, coordinator of the master's degree in International Migrations and Health and Vice Dean of International Cooperation. His main research field is public stigma, its influence on the recovery of people diagnosed with severe mental illness and sociocultural settings involved in the process of identity re-construction. He has participated in several projects about violence against women and coeducation as well. He is interested in care practices and in the use of the arts and humanities as instrument to promote mental health.

Manuel L. de la Mata, PhD, is a Full Professor at the Department of Experimental Psychology at the University of Seville and the head of the Laboratorio de Actividad Humana (Laboratory of Human Activity) Research Group. His recent research is centered on the narrative construction of self and autobiographical memory in cultural context, self-identity in migration and gender, and culture. Recent publications are about the narrative construction of the self in situations of inequality and social exclusion, the relationship between sociocultural factors and autobiographical memories, and theoretical and methodological developments on cultural-historical perspectives.