'From Street to Home'

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1. Introduction

This document is the national report that includes the empirical base for the research carried out by the research team of the Public University of Navarre (Spanish acronym UPN) in Spain, within the framework of the project: "From Street to Home": Investigating how an integrated approach to housing provision and social support can reduce the threat of violence against women (From Street to Home, 2013). This is a project carried out jointly by researchers and professionals from five European countries[1], which is financed by the Directorate General of Justice of the European Commission within the DAPHNE III programme; a programme whose aim is to help protect boys and girls, young people and women from all forms of violence and reach a high level of health protection, well-being and social cohesion (European Commission, 2013).

The ultimate objective of this report is to provide an empirical base that will permit establishing resources that would offer both accommodation and specialised support services for women who are suffering high social exclusion, which will enable them to walk away from situations of violence and abuse in which they are immersed; and improve, in short, the quality of life.

On the one hand, this document presents concise results of the analysis of the needs of these women, called "women with multiple needs" in this study. On the other hand, it gives an outline of the support resources that currently exist for these women in the Regional Community of Navarre, the context where the research is focused. The above is carried out with a critical perspective, based on which, recommendations are made to politicians and professionals, in order to improve the effectiveness and efficiency of the efforts made to achieve social protection for these women, in whose lives violence and abuse are so prevalent. Finally, examples are included of resources earmarked for women suffering high social exclusion, which offer both accommodation and social support, and which are considered as good practices within the state context.

The details about the methodology used and the conceptual framework on which the study has been constructed are set out in the initial sections of the report.

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[1] Birmingham City University, Anawim and Midland Heart (United Kingdom), ALF (Norway), AVODP (Bulgaria), WIAD (Germany) and Public University of Navarre (Spain). More information can be found about each one of the research teams on the project website (http://www.streettohome.eu).

2. Objectives

The ultimate aim of the report is to provide data and recommendations, at a regional level, aimed at professionals and politicians who, in the last instance, will help establish services that will offer both accommodation and social support for women suffering high social exclusion.

To do this, a series of specific objectives have been established which are summed up below:

1. Examine and specified the needs of women suffering high social exclusion.

2. Analyse the way in which the existing services and resources adapt to the needs of these women with greater degrees of social exclusion.

3. Identify the main limitations of the social intervention with them.

4. Present consensus recommendations to improve the efficiency and effectiveness of social interventions with women with multiple needs.

5. Raise awareness of professionals and politicians concerning the considerable limitations of interventions with women suffering severe social exclusion and foster the creation of collective awareness about the need to improve this.

6. Offer examples of good practices of resources that offer both accommodation and social support.

3. Methodology

The diversity of the objectives has required combining different techniques and has given rise to a rich and complex methodological process, as we describe in this section.

In the table below, we present the techniques and/or procedures used to obtain each one of the objectives established:

Table 1. Objectives and Research techniques used

Objectives	Techniques and/or processes used
1. Examine and specify the needs of women suffering greater social exclusion.	- Bibliographical and documentary review - In-depth interviews with women - Semi-structured interviews with professionals - Focus group with professionals - Professional meeting during informative seminars
2. Analyse the way in which the existing services and resources adapt to the needs of these women.	- Bibliographical and documentary review - In-depth interviews with women - Semi-structured interviews with professionals - Focus group with professionals - Professional meeting during informative seminars - Telephone questionnaire with social institutions
3. Identify the main limitations of social interventions with them.	- In-depth interviews with women - Semi-structured interviews with professionals - Focus group with professionals - Professional meeting during informative seminars - Telephone questionnaire with social institutions
4. Present consensus recommendations.	- Focus group with professionals - Informative seminars

5. Raise awareness of professionals and politicians.	- Focus group with professionals - Professional meeting during informative seminars
6. Offer examples of good practices.	- Bibliographical and documentary review - In-depth interviews with women - Semi-structured interviews with professionals

Source: Compiled by authors

We set out below the technical details of each one of the techniques used.

3.1.Bibliographical and documentary review

The work involving bibliographical review, online consultation and review of documentation, which has been carried out in this study has had two different focuses. On the one hand, it has been aimed at framing the subject of study within a conceptual and contextual framework that has allowed us to both direct the all the research within a consistent theoretical line, and to situate the study, using secondary data, within a specific analysis context. On the other hand, an in-depth bibliographic review has been carried out online to undertake a first exploration phase in two basic parts of the study: the analysis of existing resources in Navarre and the search for examples of good practices throughout the Spanish territory.

3.2.In-depth interviews with women suffering social exclusion

The main objective of these interviews was to compile first-hand experiences of women suffering a greater degree of social exclusion, women whose voices are scarcely heard or taken into account: and who, however, are essential to discover what their needs are, as people and citizens, and what their opinions are regarding the existing services.

It is one of the key data collection tools for the study, which has required delicate work both in the search and recruitment of the people interviewed. The work has been delicate partly with respect to locating a series of profiles of women who were, on the one hand, homogenous, in the sense of suffering severe social exclusion, but, on the other hand, diverse, in terms of age, origin, administrative situation, etc, But, the work has been delicate, too, due to the sensitivity of the topics addressed during the interviews. Compiling stories of the lives of women suffering considerable marginalisation has required very subtle preliminary work, guided by important ethical tools and principles.

3.2.1. The Sample

A total of 16 women were interviewed. Research has been carried out through different social entities that work with them. The aim was to use the diversity of the entities contacted to search for variety in the women's profile, which, as seen in the table below, considers a broad range of different profiles.

Table 2. Profile of the women interviewed

Id.	Age	Ethnic origin	Mental health	Addictions	No. of children	GSL problems	G. Violence
ME-1	45	Spanish	Depression	Heroin, antidepressants	1	Holding pen. Several	Prostitution and GV
ME-2	46	Spanish	Depression	Cocaine, heroin, alcohol	1 (2 abortions)	Prison. Several	Prost. Abused by relatives and at work
ME-3	64	Spanish	Depression and hallucinations	?	0	No	GV, by partner
ME-4	51	Gypsy, Sp.	Depression	Cocaine	4	Prison. Several	Prostitution, GV by pusher
ME-5	62	Spanish	Depression	Alcohol	2	No	Mistreated by mother
ME-6	Approx. 45	Spanish	Depression	Alcohol and others	0	No	?
ME-7	61	Spanish	No	No	2	Prison. Several	GV survivor
ME-8	36	Colombian	Depression	No	2	Prison. Several	GV survivor
ME-9	30	Moroccan	Depression	No	1	Irregular ad.sit.	GV survivor
ME-10	36	Spanish	General SM problems	Alcohol	0	No	No
ME-11	Approx. 45	Spanish	No	Alcohol	1	No	She is aggressor to relatives and customers
ME-12	36	Brazilian	Depression	No	2	Yes	Abused by father and partner
ME-13	25	Gypsy, Sp.	Depression	Cannabis	0	No	Abused by partner
ME-14	20	Dominican	Anxiety	Cannabis	0	Yes	Abused by mother
ME-15	58	Venezuelan	?	Alcohol, cocaine	0	Irregular ad.sit.	Abused by partner
ME-16	43	Basque	Depression	Cocaine, alcohol and cannabis	2	Prison.	GV, by ex husband

Source: Compiled by authors

As we can see from the above table, the women interviewed were aged between 20 and 64; they originated from six different countries (Spain, Morocco, Colombia, Brazil, Venezuela and Dominican Republic) and belonged to 8 different ethnic groups. Two out of the five foreign immigrants are in an irregular administrative situation.

The majority, except for two, have addiction problems, the most common being alcoholism. Noteworthy is the fact that in some of the cases, addiction to antidepressants is indicated as one of the acknowledged addictions.

Together with the question of drug use, two characteristics appear that are shared by the majority of the women interviewed: the mental health problems they suffer and experiences of abuse and/or violence that they have also suffered: With respect to mental health, it must be pointed out that the majority of them (14 of 16) declared that they have a frequent problem, which is depression, but the interviews with professionals point out that the majority of them have more serious problems that have not been diagnosed. In relation to violence and abuse, noteworthy is the fact that all of them have survived gender violence. Many of them bring with them long histories of mistreatment and abuse since childhood and by relatives,

and later on, other abuse by partners and even customers or people with whom they have another type of relationship (the pusher who sold drugs to one of them, for example).

On the other hand, none of the ten mothers have custody over their children. Half of the women interviewed have spent time in prison and five of them have exercised prostitution.

3.2.2. The interviews

The majority of the interviews were held in spaces provided by the social entities where the women were being attended to. Furthermore, in some of the cases the interview has been held at cafeteria near to see area where the person interviewed lives and in another case, on private premises.

All of the interviews have been carried out by women interviewers and they were held at one single meeting. The length of the interviews varied between 25:14 minutes and one hour and 27 minutes, with an average of around one hour.

Following the ethical guidelines established and agreed within the research team, the meetings with the women began in all cases by informing them extensively about the project and its objectives[2] guaranteeing their anonymity and that their data would be processed confidentially. Furthermore, all of them gave their written consent to the interview and also to record it.[3] The script used by the team from the UPNA[4] was based on the one designed by the research team as a whole, although it has been extended, including an introduction with the explanation of the project and the development of some of the questions. In any case, it must be pointed out that this script has been used as guidance, and the interviews were adapted to the discourse and pace of the people interviewed. All interviews, except for one, were recorded and transcribed in their entirety, which has permitted an in-depth analysis of their content. One interview was not recorded due to express orders from the person interviewed, but notes that were taken that were supervised and admitted by the actual person interviewed.

3.3. Semi-structured interviews with professionals

The interviews with professionals who work with women suffering social exclusion were carried out with several objectives. On the one hand, it was a channel to be able to study in greater depth the diagnosis of the needs of the women targeted by this study, but also thanks to these interviews, it has been possible to complete the analysis of existing resources, which has acted as a base to study the entities considered as good practices.

More specifically, 14 semi-structured interviews were held with 17 different professionals, belonging to eleven different entities. Eleven of the interviews were held individually and three with pairs of professionals from the same entities. Eight of the interviewees were social workers who work directly with the women targeted by this study, and thus have a perfect knowledge of the realities experienced by them, as well as the existing resources. Six were held with directors or service coordinators and one with a psychologist from one of the entities (the script can be seen in Annex IV).

Out of the eleven entities analysed, ten are located in the Regional Community of Navarre, one in the Basque Autonomous Community and two in Catalonia. All of them are third sector social entities, and the majority can be divided between those that depend financially to a great extent on public financing and those that are practically financed in their entirety by Caritas; although there are a few entities of those analysed that support themselves with mixed financing, between public financing and contributions from private associates.

Five of the entities analysed are geared entirely towards women; two towards women and their families, and four attend to both men and women. Among those geared solely towards women, two of them focus on providing exclusive care to women who exercise prostitution; two towards homeless women, and one to treat drug use consumptions for women suffering social exclusion. The two entities geared towards women and their families, are basically for women suffering social exclusion, who have been victims of gender violence by their partners.

Of the mixed ones, one of them is specialised in offering care to people with HIV, to their relatives and to women prisoners. Another engages in providing mental health care both for men and women; another to homeless people; another is engaged in offering rented social housing to people suffering social exclusion.

Of the eleven, three were considered as good practices for the aim of this study, that is, as entities that offer both accommodation and social support, exclusively for women. The three are located outside Navarra. (See Annex V)

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[2] See in Annex I: Project information datasheet.

[3] See in Annex II: Consent form.

[4] See in Annex III: Interviews script for women.

Table 3. Interviews with professionals

Id.	Entity No.	Post in the entity	Group supported	Public/private	Accommodation	Social support
EP-1	1	SW	HIV, relatives, prisoners	NGO (70% PF)	No	Yes
EP-2	2	SW	Mental health	Private (100% PF)	No	Yes
EP-3	3	SW	Homeless	Private (PF)	Yes	Yes
EP-4	4	Director	Homeless	NGO (100% PF)	Yes	Yes
EP-5	4	SW	Homeless	NGO (100% PF)	Yes	Yes
EP-6	5	SW	Female victims of violence and social exclusion	NGO (100% Caritas)	Yes	Yes
EP-6	5	Coordinator	Shelter	NGO (100% Caritas)	Yes	Yes
EP-7	6	Director	Social exclusion	NGO (100% Caritas)	Yes	No
EP-8	7	Director	Drug use with the exclusion	NGO (100% Caritas)	Yes	Yes
EP-8	7	Coordinator	Drug use with the exclusion	NGO (100% Caritas)	Yes	Yes
EP-9	8	Coordinator	Prostitution	NGO (PF)	Yes	Yes
EP-10	8	TS	Prostitution and drug use	NGO (PF)	Yes	Yes
EP-10	8	SW	Prostitution and drug use	NGO (PF)	Yes	Yes
EP-11	8	Psychologist	Prostitution and high exclusion	NGO (PF)	Yes	Yes
EP-12	9	Director	Families, exclusion	NGO (Caritas)	Yes	Yes
EP-13	10	SW	Prostitution	NGO (Caritas)	Yes	Yes
EP-14	11	SW	High exclusion	NGO (Caritas)	Yes	Yes

Source: Compiled by authors

3.4. Focus group with professionals

In order to go deeper into the analysis of the women's needs, into the analysis of existing resources in Navarre and into the collective reflection upon the recommendations to improve the care of women suffering high social exclusion in Navarre, a focus group was set up with professionals. The aim

was not only to discuss and to attempt to reach a consensus on basic aspects related to the main topics set out,5 but also to create a collective awareness about the importance and need to improve, among others, the coordination between entities and raise awareness about the need to foster a unified demand for a change at a political level.

The focus group was established in mid-December 2013, holding one single session in the audiovisuals room of the Department of Social Work of the UPNA, which lasted for one hour and 43 minutes.

Image1. Focus Group with Professionals

Source: Compiled by authors

Seven people from six different entities took part in it, all of them located in Navarre6. The information related to the entities represented in the focus group is presented in the table below:

Table 4. Information of Focus Group with Professionals

People	Post in entity	Group supported	Excluded groups	Public/private	Accommodation	Social support
1	SW	HIV, relatives, prisoners	No	NGO (70% PF)	No	Yes
2	SW	Mental health	No	Private (100% PF)	No	Yes
3	SW	Homeless	With home	Private (PF)	Yes	Yes
4	SW	High exclusion	No	NGO (100% PF)	No	Yes

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5 See the list of topics dealt with in the focus group in annex VI.

6 The participating entities were: Sare, Argibide Foundation, Gaztelan Foundation, Xilema Foundation, Doctors of the World and Itxaropengune.

5	Director	Prostitution	No	NGO (depends on PF)	Yes	Yes
6	SW	Prostitution	No	NGO (depends on PF)	Yes	Yes
7	Voluntary	High exclusion and Prostitution	No	NGO (depends on PF)	No	Yes

Source: Compiled by authors

3.5. Meeting with professionals at Informative Seminars

As mentioned in the objectives section, the purposes of the project went beyond mere research and, right from the start, the objective established was to raise awareness, above all among politicians and professionals about the existing voids in interventions with women suffering very severe social exclusion and to try to foster collective awareness-raising regarding the need for change, both at a political and at an organisational level among social entities. Hence, not only the importance of the focus group, but of the roundtables with professionals that were held during the Daphne project Informative seminars.

The informative seminars took place at the beginning of November 2014 and they were aimed both at politicians, professionals and students from the UPNA as well as the people from Navarra as a whole. 213 people attended them, and they were able to listen to and reflect upon the major topic: Women, Vulnerability and Violence (see programme in Annex VII).

The aim was to guarantee the active participation of politicians and key institutions in Navarre, inviting them to participate in two roundtables on topics related to the conference. The first roundtable was called "Women suffering severe social exclusion in Navarre. Needs, problems and resources";7 and the second: "Accommodation with social support. Key tool to abandon the circle of gender violence and social exclusion in Navarre".8

3.6. Telephone questionnaire with social institutions

Finally, to be able to present a complete map of the existing resources in Navarre and an analysis on how these adapt to the needs of more vulnerable women, a documentary analysis was conducted, based both on the annual reports of the different entities, and on the information posted by them on their websites. However, in many of the cases, the information published was not sufficient, so a brief questionnaire was prepared on the basic information of the entities, asking those, that had not published the information required for our work, questions by telephone.

Questions were asked about the following topics: group they work with, services they offer, financing sources, if the management is public or private, the average stay, the excluding intake criteria and the number of people attended in the year 2013.

All of this formed part of the methodological process undertaken to obtain the necessary information to carry out the work included in this report.

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[7] With the participation of: representatives from the Homeless People Care Centre (PSH), Municipal Care Service for women of Pamplona City Council (SMAM) and Psychiatric day hospital I. Navarre Health Service -Osasunbidea.

[8] Participants in the second roundtable: Representatives from Dept. of Social Policies of the Government of Navarre, Shelter Resources of the Government of Navarre and Diocesan Caritas of Pamplona and Tudela.

4. Conceptualisation and contextualisation

The "From Street to Home" project: Investigating how an integrated approach to housing provision and social support can reduce the threat of violence against women" is constructed upon two basic pillars that we are going to define and contextualise in this section: a) women suffering major social exclusion as main players and ultimate targets of this research; and b) safe and affordable accommodation resources that are accompanied by social support, situated in places that are far away from where previous activities and relationships were developed, as a key instrument in the processes to escape from situations of violence.

In this section, we show the key concepts that enable us to define the subject of study as well as an approach to the analytical-contextual framework that has acted as a basis for the empirical approach.

4.1. Women with "multiple needs".

One of the main objectives of the research is the express analysis of the needs of women "with multiple needs". This requires a clear delimitation and definition of this term in order to know what the specific subject of study is.

The term "multiple needs" in Spanish academic literature is normally used and mainly applied to the education field in Latin American contexts (Neri de Troconis, 2001) with the abbreviated (Spanish) synonym of the term "multiple educational needs (NEM)" (Calderón Escobar, 2003). It is not used in the social field a great deal perhaps as a result of the great influence of the thinking of the Chilean economist, Manfred Max Neef, who defends that any person is *"a being with multiple and independent needs" (1993).* From that perspective, using the term "multiple needs" exclusively for a certain group of people would make no sense.

In this research, the term has been taken from the Anglo-Saxon context where the "From Street to Home" project was initiated, and therefore, a look at its literature is required to understand the concept that it refers to. As included in the bibliographic review of the term carried out by several authors in the United Kingdom, in Anglo-Saxon literature, the term "multiple needs" and "complex needs" are very hackneyed and used in several disciplines. This is sometimes done in a specific manner, but generally the terms are interchangeable (Keene, 2001; Rosengard et al, 2007). They are normally used as a context to understand **interconnected multiple needs** that cover **social and health questions,** which, in essence, imply both **extensive needs** (more than one need, with multiple interconnected needs) and **deep needs** (deep, severe, serious or intense needs) Rankin & Regan, 2004 in Rosengard et al., 2007).

More specifically, the conceptualisation used comes from the definition by Duncan and Corner, who define it as people who experience "two or more of the following characteristics: mental health problems; certain personality disorders; severe alcohol dependence; drug dependence; cognitive or learning disabilities, and neurological development disorders (2011). But, for the subject of this research, the conception has been extended to include a greater spectrum of women (MacDonald, et al, 2014).

In short, the leading players in this research are women, who, in this study, have been named "*women with multiple needs",* who simultaneously experience at least two of the situations expressed below:

- Women with mental health problems;
- Women with problematic drug use;
- Women with functional diversity9 or disability;
- Women who have experienced violence or abuse
- Women who are homeless;
- Women who have committed offences or have had problems with the criminal justice system;
- Women who have been trafficked;
- Women belonging to ethnic minorities;
- Immigrant women;

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9 The term officially used by the WHO is that of people with "disability"; however, in this work we have chosen to use the term of "functional diversity", as an alternative term, proposed by the group of affected people in the Independent Life Forum, in January 2005, in order to replace other terms, such as "disability" whose semantics may be considered as pejorative.

- Women who engage in prostitution;
- Women who form part of street gangs;
- Women with HIV.

It is, therefore, an umbrella term that represents a group of women in whom violence is very much present, either because they live with it, or because they have experienced violence and/or abuse from other people. As included in the study conducted by MacDonald and others, we observe that if we situate women with multiple and complex needs in a continuum, at one end, we find women who are able to manage their needs and who are able to mix in more or less stable lifestyles; and at the other end, we find women with lifestyles that, in Anglo-Saxon literature, are called "chaotic lifestyles" (Duncan & Corner, 2011). According to these authors, women with more chaotic lifestyles find it difficult to manage money and paperwork; they hardly have any formal education: they tend to have few social relations; to be unemployed; to have little income and have great mobility or little stability. These are precisely the women who are the subject of this study, women suffering from severe social exclusion, women in whose lives violence and abuse are very much present.

4.1.1. Women suffering severe social exclusion

The women with "multiple and complex needs", defined in the section above, can either be situated within the field of study of social exclusion as women suffering severe social exclusion. In this research, we have based ourselves on the actual analytical framework of social exclusion to closely examine the needs of these women; analytical and conceptual framework that is presented below.

The term *social exclusion* coined in the mid-70s in France, which purported to alert about the inability of the economic system to integrate groups such as "people with disability, mental patients, drug addicts, delinquents, etc. (Silver, 1994; Escorel, 1998) has been broadly used over the last four decades in the European context, and to a certain extent it has led to the construction of a kind of ambiguous conceptual terrain or a "relative conceptual draining" (Willadino, 2004). However, there is a minimally shared agreement that distinguishes it from other notions, such as inequality and poverty. Although the realities of poverty and inequality often emerge in social exclusion processes, the distinguishing feature of exclusion situations is the **weakening or rupture of the social bond** and also the **loss of the feeling of belonging**.

Broadly speaking, there are basically four typical aspects that must be highlighted about the social exclusion concept: 1) its multi-determination and multi-dimensionality, 2) its process-based and dynamic nature, 3) its cumulative condition, and 4) its structural foundation.

The importance of the social exclusion concept comes, in part, from its merit on proposing the analysis of poverty and unemployment together with other social, political and economic dimensions, due to its multi-dimensional nature. The dimensions, their combination and their specific expressions are very varied (Paugam, 1996; Commins, 1993; Pérez Yruela, Rodríguez Cabrero & Trujillo, 2002, Laparra: 2000), although, over the last few years a consensus has been reached among the main scholars of the area in terms of a single conceptualisation that conceives the combination of the following dimensions (Laparra et al, 2007):

Table 5. Dimensions of Social Exclusion

Economic dimension	Participation in production	Exclusion from normalized salary relation
	Participation in consumption	Economic poverty
		Deprivation

Political dimension	**Political citizenship**	Effective access to political rights. Abstentionism and political paralysis
	Social citizenship	Limited access to social protection system: health, housing, education and guarantee of income
Social (relational) dimension	**Lack of social bonds**	Social isolation, lack of social supports
	Perverse social relations	Integration into "diverted" social networks. Social conflict (anomic behaviours) and family conflict (domestic violence)

Source: Laparra et al., 2007: 28.

These dimensions have been the basis for the analysis of the field work undertaken related to the needs of vulnerable women.

On the other hand, exclusion is conceived as a **dynamic process, one of distancing** some people with respect to the centre of society, and not as a situation of static inequality that affects a group of people with different characteristics to the majority of people (ALTER, 2010). Hence, the time factor is an essential element to be analysed in order to understand exclusion processes and the relevance of qualitative techniques, such as biographical methods or in-depth interviews to develop this research.

In this sense, this process-based condition constructs a structure defined by **different zones** through which it can pass. The range of typologies of these zones is as great as the number of authors who have dealt with it. However, three main spaces can be located in the logical zones of the exclusion processes: integration zone, vulnerability zone and exclusion zone. Each one of them can be divided into different sub-areas, as for instance, moderate exclusion or severe exclusion.

Another of the characteristics shared by the majority of meanings of the term, exclusion, is that of its **cumulative condition of disadvantages**. Several theories indicate that having a disadvantage in one of the dimensions does not necessarily lead to exclusion, but it acts as an element of vulnerability as it increases the possibility of new barriers appearing in some of the other dimensions. This fact emphasises the need to attend to the different dimensions. In this sense, gender studies have gone deeper into the frequent accumulation of "exclusogenous" factors that occurs in the case of women: labour detachment, economic poverty, gender violence, etc.

The main sources of consensus point to the concept of exclusion as a **structural phenomenon** (and not a casual or singular one), too. This means that the possible transformations at the structural level (for example, process of change in the production system, in the balance of power in the political field, in the demographic structure, in the family model, etc.) may – and they do - condition the "exclusogenous" tensions and integrating potentialities of a society (Willadino, 2008). In this sense, the decisions taken at an institutional, political and ideological level, determine, at the same time, on which groups the excluding dynamics are channelled, how they are redistributed in society as a whole and what type of measures will be started up to cope with them. Furthermore, over the last few years, the introduction of the **individual or subjective dimension** into the analysis of social exclusion has been considered essential, which, in our opinion, is interesting, especially when applied to the analysis of social exclusion from a gender perspective.

4.1.1.1. Social exclusion from a gender perspective

Social exclusion in this project has been addressed from the gender perspective, which necessarily means critically analysing the patriarchal theoretical constructions; interrogating reality with a new approach; using a new paradigm and proposing both a structural and a personal social change (laws, beliefs, rules, etc). Bearing in mind that the gender system in research does not just mean introducing the sex variable into the studies conducted but it also means visualising the existence of a social gender system that interlinks with a system of classes, and which make up complex social structures and have an impact on their evolution (Blanca Fernández, 1998).

The crosscutting implementation work of the gender perspective throughout the entire project has enabled us to perform an analysis which, otherwise, would have gone unnoticed, and which focuses on the existence of common and diverging entry routes into and maintenance in social exclusion, in men and women. This entry into and maintenance in situations of social exclusion take place due both to structural type elements derived from the characteristics of the Spanish State in terms of its social, economic and political organisation (family-based and subsidiary welfare state; precarious labour market; limited benefit and pension scheme, in terms of the amounts and the time it is received: and regressive housing policy, among others) and to elements of a biographical, family and/or personal nature, which determine the dynamics and opportunities of the homes and of the people that integrate them (age, sex, origin, health situation,… etc). Both analysis levels (structural and biographical) are influenced by the mandates of gender and by the inequality systems that they themselves generate, showing important consequences in the access to well-being of these homes, and also of the men and women that integrate them, above all those studied in this research (Iturbide, REPS 2013).

The situation of the women targeted by this study has been analysed under this perspective, with respect to the situation of men, and it has been set out in the first section that analyses the results of this study called "common and specific entry routes of women into social exclusion", which acts as an introductory empirical framework to present the analysis of the women's needs and of the existing resources.

4.1.2. Homeless women

Based on the title of the project, "from the street to home" it can be deduced that one of the characteristics shared by the women targeted by this study is that they are in a homeless situation, understanding this (the home) as a place that is more than a pure shelter or accommodation and that it represents "a space of reference, protection and association" for the person. This conception, which is that used by the Federation of National Associations that Work in favour of the Homeless, defines people in a homeless situation as "*people who are unable to access or maintain personal and adequate accommodation using their own means or with the aid of the Social Services, as well as those people who live in institutions (hospitals, prisons, etc.) but do not have personal accommodation where they can go when they get out and people who live in infrahuman accommodation or in a situation of clear overcrowding"(FEANTSA).* It is a broad concept that combines a real mix of situations that, as underlined by Arza, more than the "lack of a roof", what currently characterises all these people and that makes them increasingly more vulnerable, is the lack of social bonds and family networks (Arza, 2008).

The European Typology of Homeless People proposed by FEANTSA, contains a great diversity of situations that are grouped together into four basic categories: the most normal being "*without roof*" (they lived in a public space or night shelter) and *"without home"* (shelters for the homeless people, penitentiary institutions, etc); but, it also incorporates situations that traditionally did not used to form part of this homeless category, such as "*insecure housing*" (living under the threat of violence, or with eviction orders, etc) and "*inadequate housing*" (housing with temporary structure, such as caravans, improper accommodation or in situations of extreme crowding). The last two categories considerably increase the framework that they fall within, incorporating situations that do not necessarily have to represent situations of severe social exclusion, but serve to express the great vulnerability that people living in insecure or inadequate accommodation are exposed to.

The latest statistics available with respect to homeless people in Spain state that there are 4,513 homeless women in Spain, who represent 20% of the total of homeless people in this territory.[10] Experts insist on pointing out that, despite the fact that there are proportionally less women who reach these situations, those that do so reach these situations in worse conditions (Arrels Fundació, 2013). A study conducted on homeless people in Barcelona, showed that there were differences between men and women in the type of accommodation used; in proportion, homeless women compared with homeless men, stay in residential centres more than in the streets. According to the authors of the study, this could be due to the fact that women are much more vulnerable and that they are more exposed to violence in the streets than men, which would lead them to accessing resources such as rented rooms, specific centres or hostels (Uribe & Alonso, 2009). The data of the INE confirm this exposure of women to violence, and they estimate that 40% of homeless women are attacked, whilst 61% have suffered thefts, and 24% have been victims of sexual aggression (INE, 2012).

4.1.3. Female survivors of situations of violence

There is an extensive collection of global studies that show the close relationship between living in situations of social exclusion and the experience of violence (Jasinski et al, 2010; Bassuk, E.L. et al 2001). Some authors insist on pointing out that no direct causal relationship can be established between violence and being homeless (Shinn, M., 2011); however, not even those authors question the close association between both variables. Hence, in this study, we have based ourselves on the principal that violence and abuse are very much present or they have been at some moment in the lives of these women with multiple needs, who suffer severe social exclusion. Hence, the need to enter the area of gender violence.

[10] Survey carried out by the National Institute of Statistics in 2012 (www.ine.es)

Gender violence that is exercised against women receives many different names: domestic violence, intra-family violence, sexist violence, male violence, etc., which respond to variables such as advances in the study and analysis of gender violence against women, but also to spatial, cultural variables, etc. In this research, we have chosen to use the term *gender violence against women* based on the definition agreed in the UN Declaration on the Elimination of Violence against Women, which establishes that: "the term *violence against women* means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993).

The conceptualisation of gender violence against women is underpinned by and originates from the so called sex-gender system, which produces and organises relationships between the genders (male and female) based on the interpretation of the sex (men and women in the classical gender theory). That is, this violence is established on a regulatory system that constructs meanings of the male and female, assigns positions, characteristics, male and female practices, creates a hierarchy and establishes relationships of power between men and women (Amigot, 2012). The use of this concept permits, on the one hand, visualising those structural elements, such as the social position of gender, or power, and those other individual structuring elements (psychic) such as gender identities or gender stereotypes; and on the other hand it permits questioning the relationship established between the two. This violence is, therefore, constructed and exercised from the position of gender, that is, based on the female position (subordination and care) and on the male position (domination and provision) in order to maintain the social relationship (interaction) established between the two. This is exerted and executed by men against women, and that is why this key element of violence should be incorporated to give greater visibility to the agents and recipients of this violence[11].

As stated by the WHO, violence against women can adopt different forms that go from violence by the partner; as well as sexual violence inflicted by unknown people; forced prostitution, trafficking of people or other forms of sexual exploitation, etc. reaching femicide or infanticide. All of them constitute a violation of the human rights and a public health problem (WHO, 2013a), which, on a global level is estimated to affect one out of every three women, who at some time of their lives suffer physical or sexual violence inflicted by their partners (WHO, 2013d). On a European level, the surveys estimate that 33% of European women have suffered some type of sexual or physical violence from the age of 15, a percentage which in Spain amounts to 22%[12]. Despite the magnitude and reach of violence against women, measuring it is complicated and poses challenges, due to the fact that "*the majority of the female victims of violence do not report their experiences either to the police or to an organisation that supports victims of this type of offences*" (FRA, 2014).

If we refer to the latest data offered by the State Observatory of violence, we find that in 2011 in Spain, 134,002 women reported that they had suffered from some type of violence, that is, 5.6 women out of every 1000. However, we insist that the reports are not a good instrument to measure violence, as only a small number of women disclose this situation before the courts. An example of this is that 73.8% of the women murdered in Spain due to gender violence in 2011 had not reported their aggressors (State Observatory of Violence against women, 2013). Furthermore the number of situations of this type detected by the public services is extremely low, and they focus on cases of physical violence (GIG, 2014), when the studies show statistically that psychological violence is greater (García-Moreno, G, 2005).

Exposure to violent experiences has a great impact on the health of those who suffer it and these effects can last for a long time after the abuse ends (WHO, 2013,b). Victims of physical or sexual abuse by their partners, for example, run a greater risk of suffering serious health problems (WHO, 2013, c). The consequences for health can be both physical (acute or immediate physical injuries such as burns, fractures, etc. or those that cause long-term health problems and even death); sexual and reproductive (in the form of non-planned pregnancies, miscarriages, infections even by HIV,

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11 It has been decided not to use the rest of the concepts initially mentioned as it is considered that they leave out some of the aforementioned elements. For example, domestic violence excludes those situations that occurred in other spaces other than in the home, such as in the street, and it does not refer, either, to the agents that exercise it and suffer it. Intrafamily violence does not explain who exercises that violence or the objective or underlying structural cause. And in the concepts of sexist or male violence, on the contrary, despite the fact that they explicitly refer to some more structural or executive elements, leave out the psychic structure and how this is determined by the social-cultural phenomena that extols the male values (manliness, virility, the power of men, the expression of this masculinity through violence, force,…) and that generates acts, either physical or verbal, by means of which underlying sexism is clearly seen in the social structure.

[12] The methodological note of the technical report of the survey "Gender Violence against women: a survey on a EU scale" must be taken very much into account, as it indicates that the differences between countries may be due to a series of factors, including cultural factors, that could lead to countries with higher levels of equality between genders and greater habits of talking more openly about situations of violence against women, showing higher levels of dissemination of information about violence against women (FRA, 2014).

sexual dysfunctions, etc): behavioural (harmful use of substances, multiple sexual companions, choice of abusive partners in later stages of life, or low rates of use of contraceptives and condoms) as well as mental (depression, food habits and owner disorders, stress and anxiety disorders such as post-traumatic stress disorder, low self-esteem, self aggression and suicide attempts) (WHO, 2013,b).

Noteworthy for this study is the fact that female victims of abuse by their partners have double the probabilities of suffering from depression than those who have not suffered this type of aggression; and those who have been sexually assaulted by people other than their partners, or 2.3 times more likely to suffer alcohol consumption-related disorders, and 2.6 times more likely to suffer depression or anxiety (WHO, 2013,c). On the other hand, it must be highlighted that the consequences of violence against women go beyond those who suffer it directly as it also affects those around them and society as a whole (FRA, 2014). Adults who grew up with violence at home have a greater tendency to commit or suffer acts of violence inflicted by their partners (WHO, 2013d). Having suffered physical abuse and having being abused as a child are also associated with a considerable number of later risk behaviours, such as early sexual activity, improper use of alcohol, use of tobacco and drugs, the tendency to have multiple sexual companions, the choice of abusive partners in later stages of life and less use of contraceptives and condoms (Bassuk, E.L. et al, 2001; et al, Dube SR et al, 2005 and Jejeebhoy S, et al, 2005 in WHO, 2013b).

Buckner, Beardslee and Bassuk, in a study where they analyse the consequences that the exposure to violence of boys and girls suffering from extreme poverty have on their mental health, and they found some consequences that must be taken very much into account in this research. The results indicated that 62% of them had been exposed to at least one form of violence. Furthermore, this exposure to violence was significantly associated with internalising problems (depression, anxiety, etc) among this population, but the relation was comparatively stronger among girls than among boys. A close relation was also observed between exposure to violence and externalising problem behaviours, although in this case no differences were detected between boys and girls. Finally, regression analyses indicated that self-esteem and a measure of perceived chronic danger may partially mediate the link between violence exposure and mental health symptom (Buckner et al, 2004).

Finally, it should be pointed out that the rejection by society of gender violence is in general very widespread and particularly so in the Spanish context. The latest figures that try to measure it indicate that 92% consider it unacceptable and that 98% reject physical and sexual abuse (Government Office for Gender Violence, 2014). But, what is the institutional response to this social blot?

4.1.3.1. The institutional response to gender violence

There is a whole regulatory pyramid based on a Human Rights approach whose aim is to combat gender violence. This pyramid is based on international treaties signed by the Spanish State, and include European Conventions or Directives, state legislations such as the Spanish Constitution of 1978 or Spanish Organic Law 1/2004 on Integral Protection Measures against Gender Violence, up to the specific regulation of the Regional Community of Navarre through Regional Law 22/2002, 2nd July, to adopt integral measures against sexist violence.

Regulatory frameworks are essential to be able to deal with such a widespread phenomenon in our society as is gender violence, as within these frameworks, not only are the conceptualisations or rights determined and defined, but also the obligations by the States, and therefore, what must be addressed to, protected or dealt with. These regulatory frameworks have gradually adapted to the existing social changes and to the new needs that have emerged with respect to gender violence, although with obvious difficulties due to the complexity of the question to be regulated.

The Spanish state has ratified the main treaties of the international Human Rights law[13], which means that these treaties are fully binding for the state and therefore it is obliged to diligently respond to gender violence. In addition to these treaties, there are European legal texts related to gender violence, including the Resolution of the U.N. Commission on Human Rights. which, in 1997, expresses the duty of the governments to *"exercise due diligence in preventing, prosecuting and, in agreement with the national legislation, punishing those who perpetrate violence against women and adopt all appropriate and effective measures with respect to acts of violence against women, either if they are acts perpetrated by the State or by individuals, and provide the victims with access to fair and effective redress resources and to specialised care* (United Nations, 1997).

At EU level, different measures have been adopted to prevent and combat violence against women both at a community and national scale. Noteworthy among them are Directive 2011/36/UE *on preventing and combating trafficking in human beings and protecting its victims;* Directive 2011/93/EU of the European Parliament and Council of 13 December 2011, *on combating the sexual abuse and sexual exploitation of children and child pornography,* and especially Directive 2012/29/EU of the European Parliament and Council, of 25 October 2012, *establishing minimum standards on the rights, support and protection of victims of crime 14.* In addition to the following treaties: *Convention on action against Trafficking*

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[13] To see the list of international regulations, see (United Nations, 2010).

[14] The deadline for its transposition is 16 November 2015.

in Human Beings, 16 May 2005 (Warsaw Pact)15; the *Convention on Protection of Children against Sexual Exploitation and Sexual Abuse 2007* (Lanzarote Convention)16 and especially the *Convention on preventing and combating violence against women and domestic violence*, of 11 May 2011 (Istanbul Convention).17

On a state level, the Spanish Constitution heads a series of regulations that force public institutions to take action against gender violence. Following that, other regulatory bodies regulate gender violence or some aspects of it. In addition to the Criminal Code, noteworthy is Spanish Organic Law 1/2004, of 28 December, on Integral Protection Measures against Gender Violence, which has represented progress with respect to the situation prior to its enactment, as it contemplates GV in agreement with the approach of international texts. This law has represented an essential milestone in the Spanish State with respect to gender violence as it has established an extensive catalogue of institutional obligations to combat it, in such essential areas as prevention, detection and intervention (attention, protection, sanction of aggressors). What it did not include, and whose omission we wish to underscore in this text, is the right to redress18. Furthermore, it must be pointed out that Spanish Law 1/2004 has a limited object of protection, as it is circumscribed within the area of the partner and former partner, excluding what is established in international texts, leaving out multiple forms of gender violence against women, such as harassment at work, rape, trafficking, etc.

There are other regulations, in addition to this framework regulation respect to gender violence (criminal classification and action framework to combat gender violence), that refer to the protection and care of female survivors, such as Law 27/2003, of 31 July, on regulation of the Protection Order of Victims of Domestic Violence, a basic legal instrument on integral and immediate protection of these female survivors and Organic Law 3/2007, of 22 March, for the effective equality between women and men19. The latter establishes occupational and union protection against sexual harassment and deals with gender violence as a consequence of the lack of existence of real equality between men and women in today's society, establishing it as an effect of gender-based inequalities and discrimination. The achievement of this equality is considered as a key tool for its eradication.

María Naredo, in her document of basic guidelines to prepare the new law to combat gender violence in Navarre describes the entire regional regulation related to gender violence in this community and highlights that, apart from the specific regulation of the Regional Community of Navarre, the autonomous government has competences that it must develop with respect to this topic. More specifically, she underscores, the start-up of equality policies with respect to the statistical field; prevention; detection and the intervention with female survivors; police support and protection; access to and obtaining justice, and redress through the establishment of a subsidiary compensation system by the regional administration. (Naredo, 2014). This entire regulatory pyramid regulates not just the conceptualisation or typology of gender violence, but it also establishes the existing resources, the rights of women who face violence and the intervention approach proposed by the public administrations.

However, despite these efforts made on the early creation, comparatively with the Spanish State, and the efforts made to implement a law to combat sexist violence in Navarre, the application of this law expressly and de facto includes and generates some exclusions, and therefore there is a lack of attention towards some women who are currently facing violence against them. The difficulties, the voids or loopholes with respect to the legislative application are mainly found, with respect to the subject of this research, in two areas: in the purpose of the law and in the guarantees of its application.

4.1.3.2.   Legal voids with respect to attention to women with multiple needs.

Legal voids refer to those loopholes which the existing regulation related to gender violence, either expressly or tacitly, generates in connection with the purpose of the law, and as such, with the attention or lack of attention to women suffering from multiple difficulties.

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15 Ratified by the Spanish State and in force since 1 August 2009.
16 Ratified by the Spanish State on 12 November 2010.

17 Currently in process of ratification by the Spanish Government.

18 Right to redress understood in its broadest sense: complete recovery, adequate compensation and guarantees of non-repetition.

19 Organic Law 3/2007, of 22 March, *for the effective equality between men and women* (BOE no. 71, 23 March 2007).

With reference to the purpose of the law, two things must be pointed out: on the one hand that, despite the fact that the Navarre law improves the definition limited to the partner or former partner regulated in the state law, understanding gender violence as a broader phenomenon; not all the forms of violence against women are included therein, and thus some are excluded from the purpose of the law, such as, for instance, femicide, trafficking of women and girls, traditional harmful practices such as marriages at earlier ages or forced marriages, female genital mutilation, etc.

On the other hand, the existence of several subjects that are currently not included in the protection. Mainly two groups: women with multiple needs (specific subject of this study) and minors. The latter, either because they suffer explicit violence by their mother or father (physical, sexual, psychological) or else because they suffer violence in cohabitation, in a context with frequent shows of aggressiveness, terror or intimidation against them or against other members of the family nucleus, such as the mother, but also other women mainly, or other men, partners.

Both groups that are tacitly excluded form part of this study; the first by definition, but the second, too, because as shown by the previously mentioned studies, the effects of experiences of abuse and violence at early ages have consequences that last throughout their lives. So, it is not difficult to find female victims of violence that have been victims throughout their lives. All of this leads us to place emphasis on the importance both of the prevention and of attention to situations of violence in minors.

This exclusion is made explicit, for example in article 21 of Regional Decree 16/2007, which regulates the access to care services of women who have survived GV, whereby it establishes that "access to these protection resources by gender violence victims who may require specific treatments that are more suitable to their needs, may be denied,"20. This exclusive provision has some very perverse consequences in practice for women with multiple needs, women who, apart from being victims, have serious mental health problems, or women who have active consumption problems or those who exercise prostitution.

Therefore, the legal vacuums in the legislation aimed at protecting female victims of gender violence, excludes women with multiple needs from some of its fundamental resources, as is the case of accommodation services.

4.2.Accommodation and Social Housing

Fort he aims of this Project, the spanish research team has based this section on the definition and coneptualization the the UK research team has done about accommodation and social housing. What is written below is based on that report (Macdonald, et al. 2014).

4.2.1. The importance of Housing and Accommodation

There is a huge literature on social housing and accommodation, which reflects the scale and importance of such provision. For example, Anderson highlighted the importance of housing as one of the complex needs of women offenders (Anderson 2011); Hunter et al found in UK that stable and secure housing has also been a crucial element in treatment for alcohol/drug use (Hunter *et al.*, 2004). In the same direction, lack of affordable and safe housing has been found to be the second most prevalent barrier to exiting prostitution (Bindel *et al.*, 2013).

As Macdonald et al cited in their report (MacDonald, 2014), not only is there a lack of housing, what exists is often inappropriate. For example, the Eaves research found that much accommodation is mixed sex or located in areas close to 'red light' areas. In addition, refuges 'tend not to accept women involved in prostitution and/or women who use substances because they are deemed to be too "high risk"' (Eaves, 2013).

Securing housing is a key concern for women offenders and a higher proportion of women are homeless at the point of release from prison compared to men (Social Exclusion Unit, 2002). Securing housing is a higher priority than gaining employment for women. Often, imprisoned women are under threat of losing their home, as they are less likely than male prisoners to have a partner to maintain a tenancy on their behalf. Women with multiple vulnerabilities often require a range of services to meet their complex childcare needs. Such interventions are often needed to prevent family breakdown as a result of separation from their children (Gelsthorpe *et al.*, 2007; Corston, 2007).

Loss of their home is a particular concern for women leaving prison who hope to regain custody of their children. They can find themselves in a 'Catch 22' situation, lacking appropriate housing and being ineligible to apply for an appropriate tenancy as they have not secured custody of their children. There is less evidence available concerning women who are not sentenced to custody. However, it is likely that a large proportion will have significant needs and would benefit from an integrated approach that addresses their complex needs (Corston Independent Funder's Coalition, 2011).

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[20] Article 21 of the Regional Decree 16/2007 26 February, which approves the implementing regulation of regional law 22/2002, of 2 July, for the adoption of integral measures against sexist violence.

4.2.2. Social Housing

The Daphne *From Street-to-Home* project focuses on the integration of support services with social housing support in particular for women at risk of domestic violence, so it is important to identify the key issues relating to the context of social housing. There is a huge literature on social housing, which reflects the scale and importance of such provision.

Social housing is an umbrella term to cover housing provided by the state or by non-profit making organisations. Social housing first appeared towards the end of the nineteenth century and has been characterised by a desire to provide housing of a good standard. Arguably, the 'mission' of social housing has been diluted or changed as some housing associations are increasingly behaving like the private sector.

Social housing is now the refuge primarily of the most vulnerable and marginalised in society, what Burrows (1999) referred to as the 'residualisation' of social housing. Social housing, according to Mullins (2011), used to attract tenants from a wide range of socio-economic backgrounds, 'including some people from the highest income decile'. However, it now caters almost exclusively for the poorest in society and this has important implications: 'access has tended to leave those with least bargaining power and choice in the least desirable housing' (Mullins, 2011).

Social housing, for Shelter, is affordable accommodation, allocated by need to people on low incomes. Shelter argues that social housing is protected and regulated accommodation for the most vulnerable in society and is managed and run by public and private organisations.

This change in mission has significant impact on estates and communities and places enormous pressures on social housing providers. It means, more broadly, that housing associations are now increasingly closely involved in supporting vulnerable people, especially in areas relating to health and well-being (National Housing Federation, 2010). The work of housing associations in this area, the National Housing Federation has observed, comprises a wide range of activities. Of particular relevance to this project is that the list includes working with homeless people with complex and multiple needs and providing refuge and support for victims of domestic violence (National Housing Federation, 2010).

One example of the work that housing associations do in this area is the Impact Housing Association in Cumbria, which implemented the 'On Your Bike' programme. The programme brought together local residents to cycle together and learn cycle maintenance. It was aimed at 'encouraging social inclusion for the most hard-to-reach'. A significant proportion of those were homeless and had drug or alcohol issues or had experienced domestic violence (National Housing Federation, 2010).

The National Housing Federation argues that housing associations can play a role in care pathways (National Housing Federation, 2010). They observe that some housing associations are already offering 'psychological therapies in partnership with another agency, or ... early intervention services, especially for people who are new to the mental health system. (National Housing Federation, 2010)

5. Data Analysis and Main Results

5.1.Women's needs in situations of severe social exclusion.

This section presents the results obtained on the identification of the needs of women in situations of severe social exclusion. The data comes mostly from ethnographic fieldwork conducted within the framework of this study, based on in-depth interviews with women in situations of severe social exclusion, semi-structured interviews with professionals assisting them with different resources, and on a focus group with professionals.[21]

We conducted the study by applying a gender perspective to the analysis of social exclusion, which enabled us to locate the analysis at a more particular level. By doing so we could study the needs of women as people in conditions of maximum social risk, while also considering their specific needs as women.

We therefore analysed these needs with regard to the entry routes to social exclusion according to gender and, as presented in this first part, we have established two general conclusions: 1) being a woman intensifies situations of social exclusion and needs that arise in both sexes; 2) there are "specific and exclusive routes" of entry and maintenance of social exclusion that come about as a result of the sex-gender system and women's position in the social order.

These points, which could be the subject of another study, act as a framework for understanding the needs of women in situations of severe social exclusion and for orientating the work to be done on the resources available to them.

5.1.1. Routes of entry to social exclusion common to both men and women.

There are entry routes to social exclusion that are common to both men and women. However, the essential dynamic brought to light by this study with regard to comparisons between the genders is that women in situations of severe social exclusion undergo an intensification of needs, which may be economic, health-related, lack of networks, etc..

"[…] the women that come here are definitely worse off than the men, with a lot more needs and in a social and health situation that is worse than for men". (EP-3)

One of the most important ideas to be highlighted in the study of these women is that their needs are **multiple, complex, inter-connected and profound.** Furthermore, on many occasions they are related to the position that persons in situations of social exclusion occupy in the social structure; located as they are on the "margins" or even outside it. This accumulation of needs is expressed by a professional working in a shelter for the homeless:

"When a women's in a mental health centre, when she's in a day hospital, she's in the network, she gets treatment, there's a follow up, she's better. Most of the women in the shelter are outside the network, they don't receive treatment or follow-ups of any kind, and their problems are many and diverse. Health, the family, they've lost all the family structure, if they ever had one, which isn't the case very often; they've lost everything, they have nowhere to live, their health is terrible; they have a lot of untreated mental health problems and a lot of addictions, dual pathologies are common, by that I mean people with problems of mental health and addictions (…) so normally when they come to the shelter they are outside the network, at some time they were and now there's no follow up and what's more with active addictions. (GFP)

Social inclusion in society is conditioned by structural elements as well as by others more closely related to family and/or personal biographies, which are common to both men and women.

Of these structural elements, this study found three principal ones that merit particular attention. The first of these, the so called "cycle of poverty"[22] which in the case of some of the women interviewed is made apparent by the development of life processes with the same

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[21] See methodology section for further information.

characteristics or poverty in the family home, both in terms of the economic sphere and the behaviour patterns linked to the structural situation that is experienced.

> *"[…] when I separated, the divorce came later, I'd never drunk before, I hated drink, it disgusted me, and I always thought, Lord make alcohol disappear. But it turns out that in my mind there was still this image of my mother drinking and not caring about anything, not caring about us, and when I separated it hurt me so much". (ME-5)*

The second, the education system, which in cases of social risk or vulnerability is linked to early abandonment of basic mandatory education or difficulties in homologating studies for persons from other countries, with the consequences that this might bring.

> *"[…] I finished my Law degree, homologating my qualifications here is the biggest problem. I don't know if there's an agreement with Morocco, there are other countries where it's easier (…) but it's very difficult, not even the secondary school qualifications. Now I just want the secondary school qualifications for a vocational course and if it's not homologated you can't do anything, the crisis and the new laws they are changing make it difficult. Latin American countries have it easier than us". (ME- 9)*

And the third, the labour market that is limited mostly by job insecurity, work in the hidden economy or undervalued jobs. This study goes on to consider the case of women whose job insecurity is based on payment for work in domestic service and cleaning.

Besides these structural factors, other elements have been discovered that are linked to the biographical and/or personal experiences of traumatic events or illness that affected the lives of the family group and the people that went through them.

> *"[…] I'll be honest with you, obstacles, the big problem, what I went through after the loss of my boy's father, it was very tough, thank God I got over it, your child's questions, where's dad, now my son's 13 years old, why did they kill dad". (ME- 8)*

Another factor to be included within those mentioned above, which although it is applicable specifically to people from other countries, is interesting within the framework of this study, as it arises both from the lack of support networks as a result of being in another country and from the situation of administrative irregularity, which often marks out descending routes of inclusion.

> *"[…] I lost my documents. [..] I had my papers, but because you're in prison you lose them, why? You have no right to papers because you have a criminal record. (…) I couldn't receive release benefits because I was illegal. […] I am not legal, but I pay national insurance, and to do that I'm not illegal, to do the tax declaration they send me every year I'm not illegal either, I don't understand that either." (ME-5)*

5.1.2. Routes of entry to social exclusion exclusive to women

As mentioned above, the entry routes to social exclusion have a twofold nature in terms of gender: on the one hand routes that are common for men and women and on the other routes that are specific to women as a result of their being women and that are closely linked with the construction of feminine identity in the current patriarchal system (Iturbide, REPS 2013).

On many occasions the social exclusion of women derives from greater vulnerability they suffer from in the patriarchal social structure. This has been detected basically in three areas: that of gender identity, sexual division of work and the structuring of the patriarchal family model.

5.1.2.1.   Gender identities:

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[22] Cycle of poverty: made up of a group of structural or biographical factors or events leading to poverty, unless there is external intervention, which can become endemic given that it is repeated from generation to generation.

Gender identities are mainly characterised by the formation within the existing patriarchal social structure of men as "beings for themselves" and women as "beings for others". In a context of devaluation and low symbolic and social recognition of women, this process gives rise to greater dependence by them on the existence of other persons who shall enable them to achieve the keenly sought after social worth required for human existence. This makes women perform acts of the feminine gender such as caring and men are disconnected or minimally connected with this life area, to focus principally on economic provision or protection. Therefore, prototypical and complementary structures are established for each one such as *madresposas* (mother/wives)23 (Lagarde, 2011) or "saving heroes" (Emakunde, 2012).

This feminine gender identity in the research presented has been acknowledged in three key areas: social evaluation of certain type of behaviour, gender violence and making life decisions based on "love".

a) Social evaluation of certain behaviours

Existing social evaluations of women are marked by what are called "double standards". In present day societies that are standards of behaviour, conduct and actions that are evaluated differently in men and women; especially those that either follow or break the mandates of gender associated with gender identities. The consumption of substances is an example of this, as amongst men it is encouraged as an activity demonstrating virility while amongst women it is prohibited, given that it does not correspond with the image of a "good woman". In the case of women that decide to consume substances, this can give rise to what is known as a **"double stigma"**, since they are judged for being women and for consuming.

> *"[…] a male drunk is not the same as a female drunk". (ME- 11)*

> *"[…] being in the street for a woman is a double stigma, because besides being a woman, she should have a home, have lots of children… well "what a bad mother, she's not even with her kids" and [..] she looks as if she's lost all her dignity and that everyone around her has the right to stamp on them, anyone (EP-2)*

This double stigma is confined in the case of women with children to the archetypal figure of the "bad mother". This element is noteworthy in the context of this study as it appears in interviews with women and professionals, especially in terms of the loss of relations with descendents and/or their upkeep and custody. Offspring are at one and the same time one of the greatest causes of suffering and one of the main reasons for living and carrying on.

> *"A good number of them have children that have been put in care, which turns into a festering wound... I mean, it really weighs on them, they're children that have been placed in adoption or are in foster care... you put all that together and it makes for a very difficult situation" (EP - 1)*

> *"[…] The little girl of 10 that doesn't speak to me, and that happened, I haven't seen her since, I don't want to die without seeing here, I ask God,… just let me see her, I ask for nothing else, I see her in Facebook, in photos my nephews have and all that, but to see her in person would be fantastic". (ME- 4)*

The women interviewed have undergone a double or even triple stigma (prostitution, prison, "bad mothers" whose children have been "taken away") because they have broken with the mandates of gender and are severely punished for it. They are punished with what most hurts women constructed as "beings for others", loneliness and abandonment. Professionals summarise the situation thus "*they're more alone than one*". (EP - 4); and women bear witness to this in their stories, and even attempt to justify it.

> *"[…]at the moment it's like I'm alone, I'd have to look out for myself, because it's pretty shitty not having anyone, especially having your father by your side, your people by your side, and my mum used to hit me with a hot knife, like, loving her, well, sometimes I ask God for support from my mum and dad, I'm alone in the world, I haven't got anyone". (ME- 13)*

b) Gender violence

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23 "Domestic angels and perfect wives" the maximum realisation of which is marriage and motherhood, nowadays dressed in other garments but present in the series under study.

Gender violence is the second key factor in this investigation relating to gender identities that mean a "specific" route of entry to social exclusion for women.

To understand the phenomenon of gender violence, it needs to be contextualised in a society in which exclusion is an essential characteristic and in which the patriarchal structuring locates women from the start in a position of less social value (both them and the activities, roles, identities or world views that they carry out or possess). This means that the possibilities in general, and especially amongst those that accumulate needs (unqualified, unemployed, functional diversities, mental health, substance consumption, etc) of receiving violence increase considerably. In fact this violence is the single common element found in all the cases analysed in this study, since, one hundred percent of the women interviewed have suffered from acts of violence committed against them, which in itself becomes a specific route of entry for women into severe social exclusion.

The women interviewed, despite being excluded from specific care services, tell the worst stories of abuse:

> *"These women have a background of much more abuse than the ones in the refuge, a lot more ruptures, a lot more abandonment […] the fact that women are victims of violence goes beyond having an abusive partner, they suffer from social abandonment". (EP-1)*

In the interviews, the stories of violence are linked to two situations: On the one hand women that have been subjected to violence by men, either members of the family or outside it, not only from a very early age but also repeatedly and intensely; and on the other as a result of unforeseen situations that led to them being victims of violence.

> *"I don't want to talk to my dad because I brought charges against him because he was always going at me and I rejected him, at the beginning when I was little". (ME- 13)*

> *"One day I felt bad, I didn't know what was wrong with me, I had no money, I'd sold all the gold, I was in a cheap hotel, I carried on doing business, I stopped going to the clubs because the marks on your arms are obvious and you can't be in a club with marks because the clients see them and that's not good, so I went on the streets, to work on the streets, they raped me, they pulled a knife on me and I got into a car, and they tied me up, this guy took me to a mansion and he tied me to a bed, and there was a moment when I was untied, and I had a knife in my bag and I could have untied myself and got the bag any time of the night I was there, there were moments when he had his back to me and I could have done it, but I was too scared to defend myself, he's going to stab me in the fight and he's going to kill me, I thought and then my mother will find out and I don't want that, all that came to my head and I stayed still, and the man left me, he raped me twice. (ME- 2)*

This leads not only to inter-generational repetition of family histories of violence but also to its reproduction in institutions that attend these women. They are once again the recipients of violence, or violence is not prevented inside places that supposedly protect them. Here is an example of sexual harassment suffered by a woman in a mixed prison:

> *"The other day a really shitty thing happened to me, I was so scared, not fear more like panic with a guy, he started feeling me up, ugh, and I get really nervous, you know, like I said, here you can't have any kind of relationship or anything, and this guy, had been more than a week following me and asking me to go out with him, yes, no, yes, no, and me - no, no, no -, up to last Friday when he asked me again, yes, no? and I said - look, kid, leave me alone, I've already told you to leave me alone -. and I left him there. And there I said – yeah, but leave me alone - but nothing else so he'd go away, and he grabs my hand and he said - look how it is -, and I said – I said no, kid -, and me – but what are you doing are you daft or what! -,and I didn't say anything to the educators until the day after". (ME- 13)*

> *"[…] Now there's a particular case of a girl that's protected by a head warden (at the prison in Pamplona) and it's common knowledge, she has sexual relations with the head warden so that he'll protect her. That happens and what's more the*

wardens know it. She's the shift grass, she grasses, of course, preferential treatment it's called, it's incredible that these things happen in the 20th century, and they do". (ME- 10)

This reiterated type of violence is not only made invisible as shall be studied in greater detail below in the analysis of resources, it is also de-legitimised, especially where women with mental illnesses are concerned.

"Gender violence with this kind of women is totally invisible because before being a victim of gender violence she's mad, she's a ...". (EP-2)

The violence experienced by these women is of all kinds: psychological, physical, sexual, economic, obstetric, against the under aged (daughters, nieces, etc.), their stories also bring together multiple, intense genealogies like the ones seen above and also in the fragments below:

Interviewer: You decided to leave home at 14 years of age

Interviewee: yes because my brother hit me, I was coming back from the beach, and my brother, may he rest in peace, hit me, he hit me in front of his friends and when we were alone too, he hit me a lot, he hurt me, I got tired of it and I had my ID card in my pocket and I left without taking anything, in short trousers, I was coming from the beach, I left and I was away for a week, I went from friend to friend, from house to house, and I stayed one night telling them that my dad let me, but the next night I had to go, and so on...". (ME- 2)

c) Making decisions based on love

Women are socialised in the existing patriarchal structure to "love" others above and beyond anything else,, including themselves. This "love" extends mainly to relationships between couples, but it is also noteworthy in care they give to others, mainly but not only men.

Within the context of making life decisions based on love, there are two main areas: that of "toxic relationships" and that of "caring".

- Establishing "toxic" relationships:

"Love" is regarded as a priority element in social organisation, especially where women are concerned. This structuring of love has not only been built historically but also as a key instrument to reduce or mitigate incoherencies or disruptions of gender in modern societies, which has important consequences for the lives of people and especially of women.

This love is not only based on a hegemonic model of love based on heterosexuality, marriage, procreation and durability of the couple, but also on what is called "the loving specialisation of gender" anchored in values of complementarity and unequal power between sexes, which is profusely promoted by cultural products such as literature, cinema, television, music, etc. This specialisation of love establishes that "love" for women, mainly the one in a couple, is central to feminine subjectivity and defines her as a "being for others". This places women in the position of givers and not receivers and establishes a mandate of love and pleasure that prioritises others before them *"We have been educated in love as beings in servitude"* (Lagarde 2001). By comparison men possess a model of love that is less "essentialist" in shaping masculine subjectivity, as they have structurally configured as "beings for themselves", self-centred, which places them in the position of receivers and not givers. (Emakunde, 2012)

"The thing is like my life has always been a bit... I fell in love with a guy, the one that wasn't to be, then I fell in love with Javier when I was young, he was divorced with his kids, he was a bit involved in drugs, I went out with Javier without my parents knowing, until I ended up my leaving my parents home, my parents pretty unhappy because they didn't like Javier, then they accepted him, then I got pregnant, then everything ended like it did, then I got to know Kike and I fell in love with him, who was very similar to Javier, but sure...". (ME-1)

The consequences of this gender construction are, according to the experts, mostly twofold: one the one hand it drives women into dependent relationships that they voluntarily seek.

"[..] sure, what happened then is that the neighbours reported him to the Guardia Civil, the local police (for habitual ill-treatment), they filed a complaint about him to the social workers, everyone reported him apart from me and I told them that if he went to prison I'd cut my throat, that I didn't want him to go to prison, and he didn't go, I was in love with him, if not I wouldn't put up with it, what a crazy thing

love is, how foul, that's why I sometimes say I prefer not to be in love. Now when I went to the detox centre what I said to my parents was, look I've been sentenced to prison for two and a half years but they've sentenced me to stay for one year in the centre, and the thing that most scares me is going there and falling in love with a drug addict, because I've had a bad experience from before and I don't want that to happen again, and my mum said don't worry we'll watch out that that doesn't happen and sure enough, it happened". (ME- 16)

On the other hand it pairs "women with men that do not suit them in two respects, they do not match their romantic expectations and they distance themselves from the status of a couple" (Simón, 2009).

Besides this hegemonic model of love and the "gender-based specialisation of love" men and women not only possess divergent expectations in partner relationships but also in the construction of sexuality between them ("sexual company" vs. "social company" (Simón, 2009). This generates on the one hand a situation where **men** are presented in the imagery of gender as always willing to engage in "erotic ecstasy" (more sexual activity/desire) and women are associated with a "tender and loving eroticism" (sexual relationships connected to affective links). There is also a construction of women as "sexual objects" and the indoctrination in men of "insisting to get them to say yes" and in women of "saying no to be more desirable", but finally acceding to their wishes. (Emakunde, 2012)

"[…] I also fancied a guy and he was older then me too, and like he talked about making love and I said no, no way, and I did at the end because I thought I was going to lose him, and I did because of that and it wasn't beautiful, he hurt me a lot, I told him to stop, and he didn't want to, and from the sofa to the bed and from the bed to the sofa and so on, until what happened finally happened, I realised then that he wasn't good, and I left him". (ME- 1)

It is within this context of a hegemonic framework of gender-based love that Elena Simón constructs here theory of the law of gratification vs. the law of domination (Simón, 2009). The relationship dynamic based on the law of gratification vs. the law of domination does not only explain the current form of establishing relationships but also the dynamics that take place in an unequal context and that therefore facilitate the use of violence, mainly by people placed in positions of power and domination, either within the couple or when the relationship is broken (Emakunde, 2012). This dynamic encourages the creation of "toxic relationships" that lead to major consequences for women, such as gender violence.

"[…] well I'd been at the psychiatric hospital for a month and a bit and then they sent me to the psychiatric section of the day hospital, and I left there and came back to the village and there I hooked up with Jokin and to begin with, it was OK with Jokin, he did nothing else but look at me, and I thought he can fuck off, because at the end you get tough, he drank a lot and got aggressive and started hitting me around but like really hard, and I thought like well because I'm depressed - maybe he hits me and I - , but then sure, you know what happens, he hit me once, he hit me twice, and the third time I got up and I said - fuck you, you fucking prick now it's payback -, I got up, I don't know how I got up because that day he almost killed me, I got up and got going, I punched his lights out". (ME- 16)

But also, not having another partner because they continue to be loyal to their ex-husband, leaving home before reaching the age of consent, taking responsibility for crimes committed by their partners, contracting HIV, etc.:

"I've never had another partner since I separated, I've gone out with other men, but when it came to making a decision about whether to form a couple or not, I remembered my husband and I couldn't decide". (ME- 5)

"[…] for example most Latin American women get into drug trafficking because they're married to or going out with or living with someone you shouldn't live with or you find out, you know, some of them do deal but most of them because your boyfriend goes down, you go down, if your guy is caught with 20 kilos you have to know about it, according to them you should know everything, well no… because in my case, I was supposed to know everything about his movements when I knew nothing". (ME- 8)

"I was unlucky enough to get it from a guy who said nothing about having it and we made love, he knew he had it, then I found out that he knew and he didn't tell me, and then, when I found out because I went to prison and they did an analysis and they said I was HIV positive, and I said that was impossible, that I'd been on a farm detoxing and that the results then were negative, and they requested a counter analysis and they did that and it came out HIV positive again". (ME- 2)

- Prioritising care for others over care for oneself:

The gender structure of love is established mainly with regard to couples but it can also be extended under the identity of feminine gender to the area marked by "being for others", to caring. This identify of the feminine gender is based on the wellbeing of others over and above one's one wellbeing, which leads women to prioritise others, place themselves in the lowest rungs of the ladder of needs in their environments and therefore pay a high price for doing so.

"[…] I've dedicated myself to others all my life, when we were at work it was the same, if someone needed something, needed to be there more time, if there had to be a change of working hours or whatever, I was the one that did it, because my family always told me to help others (…) if I'd been a man I would have employed people to look after my parents, I would have made a life, I would have got married, a family, a job, a business, like men do, no more no less". (ME- 3)

The desire to care for others is determined by gender socialisation and has a by no means negligible weight in the patriarchal social structure, as it gives shape to the conditioned desires of women. Despite this, some women on certain occasions allow themselves, after undergoing a process, to verbalise that caring for others has not always been desired and that they now have different scales of priorities:

"[…] then Andoni was born when I was 13 (son of his mother and new husband), because I didn't like school, and my mother said - I'm not going to pay someone so you can do nothing -, and so I started to look after the kid, I didn't agree with that but, what could I do?, I had no fucking choice, what could I do, so I started smoking joints with people in the gang". (ME- 16)

This care provided by women, an important aspect of which is that it is unpaid, includes the entire family from father, mother, in-laws to their offspring, and is often provided alone. This situation, which in a large numbers of the stories, in turn becomes a route of entry into social exclusion; tipping points in the downward paths to this condition.

"[…] I stopped working a long time ago, I lived with my parents, I worked, and had a completely independent life, I lived with them but I led a completely independent life. And one day when problems start to appear at home, I stop working and I dedicate myself to them, so I looked after my parents, who were ill, my father died of cancer and my mother … we had to move house, the change didn't suit her too well, I had to look after her, I had to travel long distances to earn a bit of money because I had no benefits or anything, and… and then when my mother passed away I left home and ended up in the street…". (ME- 3)

5.1.2.2.   Sexual division of labour:

The sexual division of labour is one of the key elements in gender inequality in our society. This sexual division of labour is based on the existence of two spheres, public and private, which are assigned not only to divergent genders but also segregated tasks: men and production in the first case and women and life sustenance (caring and domestic tasks) in the second. Although it is true that this model has been changing with time given the need for two salaries in the same home to maintain it, there now exists what is called the new sexual division of labour. This is based on two key elements:

The first is the segregation of work: feminised and masculinised. These jobs not only have different social evaluations but also worse labour conditions, which leads to them having no contract or social security, which may mean, and in fact does mean that they create situations of employment vulnerability.

"[…] well I entered prison and on the second day they said, María, are you interested in the job of laundry work?, well sure, of course I am, my daughter was

in the street with nothing, and the second or third day I stared work at the laundry and the salary was minimal, I worked morning, afternoon and night for 68 Euros a month, at least it helped get my family back on track, and I worked for 10 years in the laundry, in terrible conditions, lifting heavy weights, inhaling toxic gases, I've got a slipped disc thanks to that, I've go allergies to everything, I've got everything". (ME- 7)

The second key element in this new sexual division of labour, associated with the above comment, is that women's salaries are regarded as complementary to the main one provided by men.

All the above leads to vertical and horizontal segregation, but above all to what is called the double shift as a result of the absence or infinitely lower presence of men in tasks to sustain life. Therefore, when a woman has to choose between employment and caring, the most common decision is to prioritise the area for which she was socialised, or rather, the private sphere, performing tasks to sustain life (domestic and caring). This has been seen in a number of stories by the women participating in this project, with truly negative consequences for them. At the same time it should not be forgotten that making decisions to leave the labour market to carry out caring tasks is intimately related to the working conditions of women in the salary market. The poor salaries and irreconcilable working periods make many women decide to abandon their jobs to care for their families, given that in situations of need, it is women that adapt their life and professional careers to adjust to the demands of home. These circumstances are also affected by the employment and conciliation policies in Spain.

"[…] yes, right then, I'd just separated when my father got ill, I had to come to Pamplona, I didn't have a clue about the buses, the children on their own, well, I cleaned and cleaned, I lost my jobs, lost everything, well, but at least my father died and I was with him […] although he said you're going to lose your job, and I said, no, don't worry they'll keep my job for me, I'd already lost it, I didn't have a penny". (ME- 7)

There are also cases where the need to maintain a family alone has forced some women to continue working in jobs that are extremely bad for their own health, even disregarding the advice of health professionals in this regard.

"[…]they saw I had a slipped disk, and minimal bone mass, but I carried on working, they said I should stop working at the prison laundry, but I couldn't do that". (ME- 7)

The sexual division of labour is also reflected in the training these women have received, which is an essential element in today's society to form part of and remain in the labour market. The education system is a two-edged sword as it may become an agent for social change and transformation or a reproducer of the system.

Added to all this is the fact that the vast majority of work available to women are jobs such as cleaning, domestic work or prostitution. The conditions of such jobs are usually quite insecure, especially in a contributory system like that of the Spanish state, but they permit women to have a salary, albeit an insecure one, accommodation when there are little or no other resources available, or they are the only jobs where money is handed over when the service is provided, for these reasons women opt for this type of paid work. Prostitution, both concealed and open, is in many of the cases analysed here nothing more than a way out, despite the fact that in several stories this type of work has meant situations of risk and violence (kidnapping, beatings, rape, theft, fear for physical safety, etc.).

"We started talking and they said I should go to Tarragona, to a bar they were going to open. […] I trusted them, and it turns out that this bar was for prostitution, and when I got there I realised, because they pulled out a pistal and put it to my head and said that if I left they'd kill me, and I was like, that day I'd gone home with them to tell my mother and they knew where she lived, my mother lived alone then, and they said they'd kill my mother and my little sister, and me of course, and so I stayed because I was scared". (ME- 2)

Another factor that should be mentioned is that this sexual division of labour is also embedded in interventions that, in many of the resources provided, do quite the opposite of eradicating or minimising it and in fact encourage it to continue. The training or segregation performed at the prison of Pamplona is an example, as can be seen in several of the stories related by professionals and women:

"[…]A woman is a bit more restricted. For example with the courses, well if you want to do a hospitality course or whatever they say no, not for women, no, only for men. […] look, the courses we could do were sewing, handicrafts, but course like hospitality, food management, they didn't let women do them to keep them separate from the man […] the courses (for women) are daft, the sewing course, well that helps you with day to day stuff, because you can sew a button on,… but for example the others, daft because you're not a little girl, flower arranging, handicrafts. What do you do with handicrafts inside if you can't even keep what you make?". (ME- 8)

5.1.2.3.   Patriarchal family model structure

"The family" in Spain is not only the primal cell for socialisation, legitimising existing inequalities in many cases, especially those relating to gender, and is also one of the main mechanisms of social integration. This influence is especially notable in Southern European countries since the characteristics of their labour markets and the subsidiary nature of their welfare states make family support a compensatory factor.

Despite the integrative nature of the family in general, it should not be forgotten that in some cases these structures can become dysfunctional, and therefore not only not perform their role of social protection, but become factors for exclusion (negligent care, conflict, abuse, reproduction of habits and behaviours, negative influence with regard to access to education, etc) (Foessa, 2010).

What today is referred to as the "traditional family" is little more than a century and a half old and is built on a patriarchal model based on one single nuclear family, in which the main figure is the man as the father of the family, accompanied by a woman and a descendant whose needs are covered in a segregated fashion by some (providers) and by others (carers and performers of domestic tasks). These families are also characterised by their close knit nature (Izquierdo, 2000), which means that the family project takes precedence over the projects of the people that form a part of it. This has important consequences for family members, above all for women.

As can be seen in several of the interviews brought together for this research project, family ruptures, separations, divorce, widowhood, women with absent partners (in prison, in other countries) or single mothers, mean a route whereby women enter and remain in situations of vulnerability and social exclusion. The solitude and vulnerability after the loss of the family's economic provider and protector in those families defined as "traditional" mean a major turning point in the interviews that were analysed. In some case this was because there was nothing left for the woman after the death of the head of the family, in other cases because after the separation they fell into substance or alcohol abuse, or because they themselves pass away after the death of their partner rather than face what the future holds in store.

"My husband was good to me, we didn't get married, we lived together, I was very lucky with him, and well when he died I was in a situation where I was homeless, without help, without anything, so I feel alone […] I worked as a model, and I had to leave it all, I left it all, then I was a housewife, I went out with my husband every weekend, he gave me anything I wanted, I sometimes think he spoilt me a bit, that's why I say I was lucky to find the man I did. (ME- 15)

When these households have to care for minors after the provider's death, the situation becomes still more complex. According to studies (Foessa, 2008), the households with greatest difficulties are single parent families headed by women, regardless of whether they are widows, separated, divorced or single mothers. These households have a greater degree of vulnerability deriving from the difficulties in reconciling family loads for access to employment, incorporation into highly insecure feminised jobs that are intermittent and without social security coverage caused by the sexual division of labour, the impossibility of access to contributory benefits that can guarantee income it periods of insufficiency of other resources, which greatly aggravate situations of need. All this means that single parent families not only provide routes for economic and social descent, but also in cases where an emotional rupture took place, the fact that some fathers do not take responsibility for caring in the widest sense, can create an appreciable overload for the women that have to take responsibility for maintaining and caring for the home on their own.

By way of summary, the table below gives a schematic view of the common and specific routes of entry into social exclusion for women.

Table 6. Common and divergent routes of entry into social exclusion for men and women

1. ROUTES OF ENTRY INTO SOCIAL EXCLUSION COMMON TO BOTH MEN AND WOMEN	2. SPECIFIC ROUTES OF ENTRY INTO EXLCUSION FOR WOMEN
Social exclusion deriving from structural and family/personal factors	Social exclusion deriving from greater vulnerability of women in the patriarchal social structure
Elements that configure it	Elements that configure it

1) "Endemic" social exclusion: "Cycle of poverty".	**1) Gender identities:**
	
	a) Social evaluation of certain behaviours
	
	   * Loneliness and Abandonment
	
	   * Double stigma
	
	b) Gender violence
	
	c) Life decisions based on love
	
	   * Toxic couples
	
	   * Caring

2) Educational level and labour market
 	
a) Educational level:
 	
   * Early school leaving
 	
   * Homologation of qualifications
 	
b) Labour Market:
 	
   * Job insecurity
 	
   * Hidden or undervalued employment
	2) Sexual division of labour:
	
	a) Educational level
	
	   * Feminised vs. Masculinised
	
	b) Labour market
	
	   * Sexual division of labour
	
	   * Sexual division in resource intervention

3) Family and/or personal biographies:
 	
a) Traumatic events or illness
 	
b) Ethnic origins and migration
 	
   * Early school leaving
 	
   * Lack of support networks
 	
   * Legal administrative situation
	2) Patriarchal family structure: Family ruptures
	
	   * Separations and divorces
	
	   * Widowhood
	
	   * Absent partners
	
	   * Single mothers

Source: Prepared by the author.

5.1.3. Needs of women in situations of severe social exclusion

There are different needs that are repeated throughout the stories, interviews and working groups with professionals, which are brought together specifically in this section since they are regarded as essential to achieving a type of intervention with regard to gender that is based on the rights of women as citizens, on justice and the distribution of social goods.

5.1.3.1. Breaking the circle: The importance of accommodation and social support

The first thing that needs to be worked on in intervention with "endemic" situations of social exclusion is making visible the structural factors that determine its existence, mainly in terms of the cycle of poverty/social exclusion. Therefore it is necessary to create spaces of exit from the "trapping" cycle that, as shown in several interviews, is essential in order to start building improvement processes.

The cycle of exclusion is complex and on many occasions can be seen in the stories where toxic or perverse relationships are the only link that exists in the lives of these women, which means that leaving the circle and these relationships is not always a simple process, in fact it is usually really quite complicated:

> *"[…] and I said to people in the street, fuck, why can't I break the circle? […] when I take the urine sample to show them I'm not taking anything I say - I'm going to take another way out so I don't end up with anyone, but I go that way and I meet someone -, and I tell them – look, I can't stick around with you because, like… you start drinking, and the temptation's always there - […] so I try and find alternative, but I always end up meeting someone, it's like I'm magnetised, I've got a magnet".* *(ME- 16)*

The existence of resources that have accommodation included have been commented on both by professionals and the women interviewed as a key factor for everyone. The need for a space not only to sleep in but also where they can settle down is essential in today's society. Resources where there is accommodation included alongside social support are few and far between, in fact there are no services in Navarre with accommodation that work on dual problems for men or for women. However, there are more resources with accommodation for men or with a structure designed for them and their problems, difficulties or needs than for women. When women are accepted within these resources, have to adapt to them, and certain needs they have as women are not attended to, such as gender violence. Not only are there few resources exclusively for women but also those that exist have few places with accommodation. Despite this, there are Autonomous Communities such as Catalonia where pilot projects are underway that adapt to this reality of multiple needs, the results of which are highlighted by the women interviewed.

> *"I left home at 17 and went to live in rented accommodation (Processes of consumption) […] since then I've been in prison, on the streets, in bedsits, in shelters and also in rehabilitation centres. And now here in this Centre, this is luxury".* *(EM- 2)*

Professionals consider that residential intervention should be accompanied by a social support process, since, in much the same way as with the Basic Income, the existence of housing resources are essential but can only take place at the end of certain processes of social intervention adapted to the needs of women. It should be understood that having a place to sleep the night is not always enough to break the cycle of severe social exclusion.

Prison is established as a residential resource in some of the interviews, in comparison to the hard conditions on the street, prison is seen as an option. However, the dynamics that take place inside prison create distances from social support, for individual social work of cases and solely operates to perpetuate this "cycle of social exclusion".

> *"[…] well I reckon prison did nothing for me because it's come and go, I've seen girls enter three or four times which means that it's not insertion, it's not reinsertion, it's destruction, it doesn't have specific programs that each one needs, for drug addiction, for de-structured families, it doesn't have a program for life, it's like sticking the sheep over there, obeying some strict obsolete rules that make no sense […] besides, behind bars there's a lot of thought, idle time, thought, yes, but what happens is that you look around you and you say how inhuman, but like totally".* *(ME- 7)*

An added factor in the existence of available accommodation is the importance of the spaces being somewhere that women "want to live", **spaces that restore dignity**. The fact is that the resources available for people in situations of social risk or exclusion are poor, especially so in the case of women, which often leads to them being disagreeable spaces that do little to sustain processes of change.

5.1.3.2. Economic autonomy:

Financial autonomy is regarded as an essential element in intervention with women, either through employment or through social benefits. Any attempt to work on other life areas when basic needs are not covered has little chances of success, in much the same way as attempting to resolve cases of women in situations of social vulnerability or risk is unlikely to succeed using a solely economic approach.

At present, financial autonomy is achieved using two tools: employment and social resources.

As regards employment, a common theme throughout this investigation is the concern felt about the general situation of employment crisis and displacement that has taken place over the last two years in the labour market. This has led to the tacit expulsion of a large number of men and women that have been excluded from ordinary employment. The situation of women in this regard, as shown above, is even more difficult than for men. The lack of training or access to courses, previous work experience, occupational skills and administrative irregularities are added difficulties, especially in the light of the exponential increase in demands placed by employers in recent years. The need to train these women or create and promote social employment or special companies to employ them or awareness raising/promotion in standardised companies to employ or subsidise employment of these women are essential. Prioritising this area, given the pressing needs of this collective, should be a key point in any proposed intervention.

> *"These women need a job, but obviously the thing is that most of them are very, very excluded from the ordinary market, and increasingly so. At the moment, and it's nothing new, there's a general situation of unemployment, and when you go to the Navarre Employment Service (SNE) to see what training is on offer to jobless people, you can find all the kinds of training, all of them, with the exception of one course, are geared towards people that have completed mandatory secondary education, or the level 2 skills for language and mathematics. Now, that in itself acts as a sizeable filter to impede access due to previous basic education, to not access regulated training in the unemployed persons program, it makes it very difficult to get access to a job. (…) These people, who don't have any previous education, can't do anything at all. For example, we're giving a course to provide the basic skills". (GFP)*

Situations of administrative irregularity do little more than aggravate the problem where immigrant women are concerned.

> *"A lot of them get by without papers and survival is closely linked to being legal". (EP - 6)*

The realities of job insecurity can be seen as a common phenomenon in the life paths of the interviewed women. The difficulties are aggravated by the crisis, but on many occasions these same difficulties existed prior to the context of economic contraction ("cycle of poverty", "feminisation of poverty"). Both women and professionals regard intervention in this area as essential to carry out the processes for leaving social exclusion.

> *"To be independent I need work, it depends on that, on the financial issue. Now it's harder because of the crisis but it's always been difficult for me, it was before the crisis". (EM- 10)*

The jobs that these women have had, when they have had them, have mostly been occupations defined as "feminised" mainly in cleaning or caring, in irregular situations (without contracts, submerged economy work) or even socially excluded work (prostitution or selling drugs). This factor should not only be tackled at individual levels with each one, but also at structural levels by politicians and institutions.

This situation of employment insecurity when women are solely responsible for the upkeep of their children or family members is aggravated, given that problems accumulate as a result of the care required for minors or the responsibility for sustaining the entire family. The application of resources to attend to these needs of conciliation, or developing them by creating or maintaining networks in the community, family or friends is a key factor.

> *"Most of the women at risk of exclusion bear very heavy family responsibilities, they're responsible for their clan, their family, both the ones born here and the*

ones from abroad, they have tremendous economic loads, their children depend on them, their relatives.. that's a tremendous emotional load for them as well. […] when a woman has this load, working on this kind of thing, working on violence issues, self-esteem, making groups… it's complicated because their minds are distracted with they have to work, get their family out of a bind. It's difficult". (GFP)

However, this accumulation of problems on many occasions is not even included in the creation, management or structuring of the few courses they can attend that are provided by the Navarre Employment Service or by auxiliary companies contracted by public administrations. On the other hand, entities of social initiatives that specialise in these issues do take this factor into account. Previous employment experience helps, but given the current market situation, it does not resolve the added difficulties, therefore it should be taken into account and be tackled in any intervention, which does not always occur.

Professionals have also highlighted the need to accept that there are people that could not access the employment market under any circumstances due to a series of problems that make access impossible. To counteract this labour-business-based vision of social intervention there is the proposal to create "*diverse and diversified roadmaps*" that ensure economic independence for people that also form a part of the current social reality. This option involves improving social benefits, which, as shown above, goes against the recommendation of the professionals.

"The job market is in a terrible state for everyone, but there are people who are never going to access the labour market, even if tomorrow it was absolutely fantastic… this is a reality as well, which at the end means that having financial independence, accessing work, doing these courses for professional qualifications is all very well, fine for some but some others, other people are never going to be able to do it, never ever,.. the roadmaps need to be very diverse, very diversified". (GFP)

Besides employment, there is a second tool to enable a minimum degree of economic independence: social benefits. Some of the women interviewed receive these benefits either through the Social Inclusion Benefit, non-contributory pensions or minimum insertion benefits. On some occasions assistance is provided from the resources themselves as a result of having no right to receive any benefit (75 Euros a month given by a Foundation in one of the cases interviewed). The professionals highlight the fact that there are few benefits currently available and that the amounts they give are also negligible. An added factor is the reductions currently taking place in both cases due to the cutbacks in social services and the legislative trends in this area. Furthermore, there are requirements to be able to claim these benefits that increasingly stringent and more difficult to comply with for these women.

"In the new law for Social Inclusion Benefit, the amounts have gone down, and quite a lot, now a person has 85% of the minimum inter-professioanl salary… Now you tell me what anyone's going to do with 510 Euros to pay for the place where they're living and eating, the flat and food, I'll say no more,… more without sharing, because if you share with another person that's receiving Basic Benefit they reduce the amount too, you have to pay for a flat on your own. The likelihood of leaving situations like that, complicated, leaving a situations where there's violence, difficult". (GFP)

The need for flexible financial benefits that can respond to urgent needs is commented on in several stories. More flexible provision and payment periods should be a tool to be developed in any intervention.

"The thing is that it's a bit difficult at times, like the release benefit finished and then suddenly the Basic Benefit too some months before, and suddenly three months without money, that's a lot of time". (ME- 16)

At the same time, financial benefits have been commented on as crucial tools for leaving situations of violence and social vulnerability/exclusion:

"Over the years I've received the Basic Benefit I've been able to save and that way pass my driving licence and study. I also looked after an old lady who passed away and now I just study. […] Because my basic needs are covered (in the resource), if you get paid something, you can save it. [..] although I've got money saved, I don't invest it in a car because I have to manage things at a basic level". (EM- 10)

As shall be discussed in greater details below, on some occasions exclusively economic intervention does not have good results in work with people in situations of social exclusion as managing money may be problematic.

5.1.3.3.   Health care. A cardinal issue for these women

Besides the need for housing and a job to stat alive, there is another key element in the socio-political dimension of any proposed intervention: health.

The health of women that face multiple needs is usually marked by insecurity: mental health, HIV, chronic illnesses or having to work to the point of exhaustion because of the economic violence inflicted on them, are usually highly present. The life they have been obliged to lead has had serious consequences for their health, the violence inflicted has also had effects, in psychological and physical terms. The injuries and somatisation of this type of event puts women's health seriously at risk, during and after the process of violence and sometimes throughout their lives.

> *"I arrived in a terrible state, alcoholic, drugged, with severe depression. I can tell you that I was half dead. I spent two years drinking, crying, hiding in a room".* *(EM- 6)*

> *"With my ex-husband, from the beating he gave me, he dragged me all around a gravelled car park, I was dragged by my legs, with the car dragging me...(sighs), phew". ([...]EM- 13)*

Most of them are still receiving medication for the consequences, mostly psychological, of abuse (depression, anxiety, nervousness, etc.) but also for other added problems.

> *"I don't take medication, just an antidepressant in the mornings. I don't want to stop taking it. I don't think a tablet a day does you any harm". (EM- 1)*

Stories from prison highlight the abuse received by women from the institution in terms of the medication given them to keep them "calm". This practice is extended to other resources according to comments made by some interviewed women. This evidently has consequences for their health and should be controlled by the services whose practices with regard to health care in general and medication in particular should be beyond reproach.

> *"There are a lot of drugs in prison, a lot, a lot, because after all it suits them to be sedated, and so it's one tablet after another and then they don't take them and then it's - Oh no! I'm Jonesing, I want one, Buy me cigarettes and you can have mine". (ME- 8)*

Another important factor in the health area is the fact that in many cases psychological care has been provided as a basic tool in processes for leaving situations of violence, social exclusion and processes of change.

5.1.3.4.   Personal process based on individual and collective empowerment of women.

Besides the interventions that should be undertaken for general and specific routes of entry with regard to leaving the cycle of poverty, economic autonomy and housing, there is a key tool to work on the exclusively feminine routes that relates to gender identities, which is empowerment at an individual and collective level of all women, especially the ones that are the subject matter of this study. To do this, the aim proposed by professionals in collaboration with women in situations of multiple discrimination is to promote their self-management and life independence. This concept is a transgression in the current context of gender structuring and feminine identity based on collective projects and in being "beings for others" and, of course, the binomial of domination vs, submission. This self-management and independence enables women to construct themselves not only as citizens but also enables them to perceive themselves as priorities in their own lives. The need to work in this area is fundamental in leaving situations of violence and social exclusion, the results in this regard are slow but sure, as can be seen in some of the interviews.

> *"Now I feel great, I feel fantastic, I feel better now that when I was 20, because now I'm the one that holds the reins of my life and the other was subordinate to my mother, my father, work, bosses, if my friend minded, if my boyfriend minded". (EM- 3)*

Social support, understanding people's lives as a process, including concepts and approaches based in human rights, social integration or the redistribution of social goods should be provided in a context in which everything should be understood in terms of individual and collective empowerment of women as a whole. Consideration of the micro and macro social conditions is fundamental in enabling the creation of a more global and accurate perspective of the needs of each woman. It also enables a view of the tools that are needed to repair the processes of loss of dignity that they have lived through as a result of socially consenting and for not establishing instruments to impede them after many years of suffering.

The case of women with mental illness is especially unpleasant because the abuse they receive is invisible, or even "justified". This occurs in the families themselves or as a result of professionals not listening to their experiences, and also because they are structurally abused, due to the prejudices and stereotypes that are socially constructed around them and that end up excluding them general and specialised resources because their needs are always specific due to their mental illness.

> *"The women we work with have what they have, which is a situation of severe mental disorder […] some of the women are living in patterns of experiences of abuse, normally gender abuse, with a component of gender violence, but they're also abused in other areas, in fact many women with mental illness haven't built their own family so they live with their parents, victims of violence, not so much from partners, but from parents, brothers, abused by…. [….] some women have set up their own families and are abused by offspring, partners… […] the mental health professionals who see these people and we don't have the awareness to make out if there are situations of abuse […] the system imposes stereotypes, prejudices and a stigma in this collective and in fact the systems of protection that exist for women that are victims exclude them because there are prejudices and stereotypes that say that they need special things, which sometimes is true but often isn't necessarily the case". (EP - 4)*

The need to work on empowerment is crucial to leave situations of gender violence and social exclusion, without it any progress in this regard is impossible. Empowerment should not only be understood in terms of information, but also in terms of the intervention performed by services that should also work in this direction, although the dynamic is usually the opposite according to the interviews.

> *" […] impotence because you don't decide, they decide for you, you feel like a kid, for them it's like a nursery, you here, you there, do this, do that, do the other". (ME- 8)*

In some cases empowerment of users in resources is not looked on very kindly by the institution, which makes them pay a high price for defending their rights, which is experienced on many occasions as "rebelliousness".

> *"[…] I've appealed against all the things they've denied me and everything bad they've done to me, I've won and that really annoys them, that's why they see me in a bad light, they don't like me" . (ME- 7)*

5.1.3.5. Attention to the emotional and relational environment of women being cared for in resources and services:

The development of highly marked gender identities has appalling consequences for the lives of these women. Therefore it is essential to attend to the needs that arise from social structuring that are exclusive routes of entry into situations of social exclusion for them.

The relational and emotional environment of these women and therefore the aforementioned intervention in terms of personal, family and social networks is essential in any intervention carried out in resources where they are cared for, regardless of whether they are exclusive or mixed resources.

Dealing with the loneliness, incomprehension and tiredness that they verbalise, which is a key element in all the interviews in this research project, which are also ratified by the professionals are a key factor. Knowing that this is a consequence in many cases of double stigma, double standards or the experience of separation, divorce, widowhood or single parent maternity is fundamental to be able to conduct a holistic intervention with a gender based perspective. To do this, support with "personal issues" is considered to be essential to "be able to complete processes".

> *"Not all the users are the same, the demands are similar but people are different, everyone has some needs, has a structure… personal support is very important to support this person, to perform processes". (GFP)*

Intense feelings of loneliness and incomprehension frequently appear in the interviews. For women with few or no networks, this loneliness is evident. This is the moment when they speak of the need to have someone to speak to about what is happening to them, someone to ask advice, someone that supports them, even when they are being attended in other resources. This converts professionals of resources into their friends, even "their family".

> *Interviewer: What did you need at that time (when interviewee was coping with violence)?*
>
> *Interviewee: "Someone to talk to about what was happening to me". (EM- 12)*

In addition to the loneliness and incomprehension, there is the guilt that women have been socialised with. This guilt may be a result of multiple factors: parental behaviour (submission on the women's part, manipulation by the parents, etc), emotional ambivalence with regard to the aggressor, the repetition of behaviour patterns or maternal management stand out in several interviews.

> *"[…] most of the people here don't know about how badly I behaved with my parents, with my daughter and that you want to sort everything out now, and that's not possible either, what you've done is wrong, and you have to be aware, I'm aware of all the bad things I've done, and I regret it very deeply". (ME- 11)*

This loneliness increases when, although family relationships exist, they are not to be found in the country of residence. The migratory dynamic in itself not only reduces the possibility of creating stable affective links in both places, of origin and arrival, but rather both links, in cases of gender violence are a support marked by distance, which cannot be emphasised too much.

> *"Oh, at that time I needed people who could advise me, what to do, I always needed, good god, someone to talk with about my stuff, someone to guide me, you shouldn't have to put up with that and ... that hurts me now, because I had to put up with it, because there was no one by my side who... […] I needed another mentality I reckon, other advice or other, other support for other people, life experts or I don't know what...". E.M.S 8*

Another need to be added to this list is that it needs to be understood that these women are tired, tired of being the "guilty parties" of their situation where all the structural factors that lead to or have led to it are made invisible; tired of fighting with the aggressor that on many occasions finds strategies to maintain a high profile in their lives or whose impact has been so brutal that it is a constant factor; tired of fighting every day; tired of having to cope alone and on many occasions without much support, as is the case for many of them; tired of being solely responsible for their children when they accompany them.

5.1.3.6.   Dealing with gender violence and life decisions made because of "love":

Finally, but no less important, is the need to work on gender violence in all the resources that deal with women in situations of severe social exclusion and the gender identities that facilitate it.

The fact that gender violence is the only single common element in all the interviews analysed does not make it a trivial issue, neither in terms of its importance or the need for it to be made visible and dealt with in the first instance.

The questioning of Western discourse on romantic love and the highlighting of its consequences that it holds for women's lives is essential for working on the creation of couples based on the domination/submission binomial and on the laws of gratification vs. domination but also on the feminine identity constructed on the prioritising of the needs of other rather over their own. This is absolutely essential.

To conclude this study, an additional point in this key element is the need to work on gender violence when caring for women in situations of social exclusion as a priority, especially in the field of loneliness, but within the framework of situations of violence. This loneliness, verbalised in most of the interviews, the lack or incompleteness of networks, has not always been worked on as an essential factor in resources to respond to the need for reference points, affective and emotional links to continue to sustain life. It is not always simple for family and friends, or for that matter resource professionals, to support processes such as gender violence.

The difficulties inherent in understanding the phenomenon in all its ramifications, not understanding why the relationship is not abandoned, the emotional load that it means, leads to support being reduced and/or partial. The consequence is that women not only feel alone or not fully supported throughout the process of violence, but often also throughout the life process itself. The lack of these networks, of this support, is an essential factor.

5.2. Resources and social intervention with women suffering social exclusion in Navarre

In this section, we are going to try to show, on the one hand, a map of resources aimed at looking after women suffering severe social exclusion in Navarra, and on the other hand, an analysis of the way in which the available resources and support provided adapt to the needs of women in this situation. The first part has been based on information obtained from reports by the different resources and from telephone interviews held with these entities; and the second is basically based on the interviews held with women and the professionals who look after them.

5.2.1. Resources that support women suffering social exclusion in Navarre.

In the case of Navarre, the support that women with multiple difficulties receive is organised through three types of services: exclusive services for women and that offer both accommodation and psycho-social support; other mixed resources (for men and women) with the same characteristics as the above, and thirdly, services that provide social support but do not offer accommodation.

There are nineteen resources in Navarre that offer accommodation and social support services for people in precarious situations or who suffer social exclusion. Of these, seven are exclusive for women and twelve are mixed. The resources for women mainly focus on looking after women whose problems are either intensified due to being what they are (immigration, social risk) or they constitute, within the patriarchal system, specific routes of social difficulty (gender violence, prostitution, parenthood as a priority responsibility for women). Faced with this situation, we find mixed resources that are not only greater in number but the problems that they work with are also more varied and mainly affect men (homeless people, drug use, prison, etc.). The only exception that we find in these mixed resources is the Caritas Family Residence, which is used mainly (90%) by women with children in their charge.

In the case of these seven resources that exist for women, five of them do not just look after women but also the children who, in the majority of the cases, accompany them. Moreover, there is a specific resource for under-aged women who lack protection. So, there is only one exclusive resource for women (without children), which offers accommodation and social support, and this will stop operating in December 2014. However, in mixed resources, children are only admitted into those that are suitable for them, and into the Caritas Family Residence, so there are seven existing resources that do not admit children. These resources mainly look after men, as shown by the user statistics.

An analysis of the type of financing received by these resources shows us that, in general, it can be said that the resources that work with people in difficult social situations, have very limited financial resources, and they are highly dependent on subsidies and/or public agreements. Despite this, mixed resources have greater economic independence, as they have their own economic participation amount, and in quite a few of them, a fee is paid for admission and/or stay. The specific resources for women mainly have public financing (four of the seven resources), two have mixed financing but the majority of it is public, and only in one of the cases is the financing exclusively private. In the case of mixed resources, financing is mainly mixed, although the majority is also public (seven), in four of the cases it is exclusively public, and only in one is it private.

All the resources, both the specific ones for women and the mixed ones, are privately managed and in many of the cases they have emerged from associations and religious groups that previously worked with these groups, who they continue to support today. As it can be seen, the public responsibility in this sense has been delegated on private institutions, because, although the former provide money, not one single resource out of those studied is entirely public.

There is also another type of resource that do not provide accommodation, which work both with men and women in situations of difficulty or social risk, in the different areas of life, such as: Grassroots social services, the Navarre Institute of legal Medicine, hospitals and mental health centres, social rented flats, the Navarre Service of Employment or basic education centres for adults. Despite this, there are some resources that have these very same characteristics, which work exclusively with women on a priority basis, given their special situation of vulnerability under this social structure, based on the sex/gender system, which generates specific entry and maintenance routes for these women in situations of risk and/or social difficulty. These resources refer above all to the subject of gender violence (comprehensive care teams for women suffering gender violence, the legal support service for women) or to social-labour insertion (Gaztelan or Betania).

Table 7. Existing resources in Navarre that are exclusive for women with accommodation and psychosocial support

Name of the Resource	Group they work with	Financing	Management
Victims of violence shelter resource: Emergency Centre, Shelter and Protected flats	Women suffering violence and children if they accompany them.	Public	Private
Family intervention service (former DUO and Pregnant women)	Women in a situation of special vulnerability and children if they accompany them.	Public	Private
Itxaropen Gune	Women who have exercised or who are exercising prostitution, and children if they accompany them.	Mixed: 75% public and 25% private	Private
Caritas. Isha Betell Home	Women suffering social vulnerability and those who require urgent care, and with transitory nature	Private	Private
Red Cross: Shelter flat for women who reach the coasts or who are in settlements	Female African immigrants and children if they accompany them.	Public	Private
Red Cross: Shelter flat for female immigrants in social difficulty	Female immigrants in social difficulty and children if they accompany them.	Mixed: 95% public and 5% private	Private
Ilundain Foundation – Haritz Berri Fundazioa. Protection Home programme. Specific for under-aged women	Children who are protected by assuming their guardianship or trusteeship, in order to provide them with a protected space that will enable to acquire adequate emotional, psychological, training-occupational, intellectual and social development.	Public	Private

Source: Compiled by authors based on Reports from resources and telephone interviews with them.

Table 8. Existing mixed resources in Navarre for men and women with accommodation and psychosocial support

Name of the Resource	Group they work with	Financing	Management
Care Centre for Homeless people (Sp. Acronym: PSH)	Homeless men and women	Public	Private
Caritas: Family residence	Single-parent families or couples with children in their care in situation of vulnerability	Private	Private
***Proyecto Hombre* therapeutic community**	Men and women who use drugs	Mixed: 60% pub. 40% priv.	Private
Zandueta therapeutic community	Men and women who use drugs	--	--
Antox Larraingoa therapeutic	Men and women who use drugs	Mixed: 88% pub.	Private

community		12% priv.	
Egiarte therapeutic community	Men and women who use drugs	Mixed: 90% pub. And 10% priv.	Private
Sisters of Charity: Zoe Home	Men and women with AIDS in terminal phase or affected by HIV.	Mixed	Private
Salhaketa	Men and women who have been or are currently in prison	Mixed: 95% pub. 5% priv.	Private
Ilundain Foundation – Haritz Berri Fundazioa. Observation and Shelter Centre (Sp. Acronym: COA)	Centre for children who require foster care	Public	Private
Berriztu Educational Association Centre of compliance with judicial measures for children	Children (boys and girls) with measures of deprivation of liberty	Public	Private
Nuevo Futuro	Children suffering social risk.	--	--
Xilema flats for children	Children suffering social risk.	--	--

Source: Compiled by authors based on Reports from resources and telephone interviews with them.

In the next few paragraphs we are going to analyse the characteristics of the resources in terms of the number of people they look after, the profile of these people, the time of average stay and the admission requirements.

As mentioned in the previous paragraphs, and as observed in the tables below, in the majority of services with accommodation and social support for women there is room for the children that accompany them; in fact, there are resources where the children represent a higher percentage than the women looked after. This situation is the opposite of what occurs in mixed resources, where children are not looked after, with the exception of appropriate services for them.

With respect to the use of mixed resources, noteworthy, too, is the reduced presence of women in them, accounting for around 25%. The exception is found once again in the family Residence with 62% of women looked after, accounting for a total percentage of 90%, if we add the children that accompany them.

Apart from both characteristics in the use of resources by women, the progressive presence of women in two high exclusion resources must be pointed out, that is, Homeless people (Sp. Acronym: PSH) whose numbers increase year after year (11% in 2013) and Salhaketa, which looks after people who have been or are currently in prison (30%); above all in the latter, given the small number of women in the penitentiary institution. All of these data go to show that the situation is worse for women, compared with men, who suffer more severe exclusion. In addition, in the case of specific mixed resources for children, noteworthy is the high presence of under-aged women (62%) in the Observation and Shelter Centre, which urgently intervenes in situations of lack of protection.

The number of places in specific resources for women is quite limited, above all if the occupation of the children who usually accompany them is counted, which is what normally occurs. Accounting for a total of 129 places. Mixed resources have more than double the places.

The time of stay in specific resources for women is usually around six months to one year mainly, although in almost all of them, the time of stay usually depends on the objectives, but it never exceeds two years in any of them. In the case of mixed resources, the stays are shorter, between three and six months, sometimes reaching a year in some of them. Noteworthy is the exceptional presence of one of the services for terminal patients with AIDS or affected by HIV (11 places) where there is no limit to the time.

There are two exclusions that exist in the majority of specific resources for women: related to serious mental health and active drug use. In the case of mixed resources, serious mental health or dual problems (drug use and mental health for example) is their main exclusion in the majority of them, as in the previous case. Not so the question of drug use, as several of these resources attend to this type of pathology. In the latter, the exclusion of

not being able to peacefully co-exist in the resource is also included, or not being able to live or work in a group, given the type of intervention carried out.

The professionals, mainly women, who work in specific resources for women maintain a situation of labour precariousness, made visible in the services analysed through their working days (half-day, part time,...). Many of them even distribute their time, which is very little to start with, between several programmes/services of the same resource. The presence of volunteers is another element that not only makes visible this economic limitation, but also the type of intervention that is carried out in them (reduction of professionalisation).

In short, it could be said that there are few resources that look after women in a situation of risk or who are suffering social exclusion, and the only resource found, that works exclusively with them, is about to disappear, despite the waiting lists that this resource has throughout the year. The majority of them are "poor" resources that depend directly on public agreements or subsidies (in many cases yearly ones), whose management is, in all cases, private, and with professionals, mainly women, who are in a situation of labour precariousness, accompanied by a considerable number of volunteers, who are also mainly women. In addition to this, the fact that the structure and intervention of these resources responds to patriarchal elements as they do not just look after women and children who, in the majority of the cases, accompany them, - in some cases the children become priority (familist) -, but that they also must focus on protecting these women from the abuse they suffer at the hands of men (gender violence or protection of under-aged women). The majority of these resources for women do not look after women with serious mental health problems or with active drug use, both exclusions being priority in them.

It is also worth pointing out that not only are there few exclusive resources for women but also, in the so-called mixed resources, they scarcely account for 25% of the people looked after. Noteworthy is their presence in two severe social exclusion resources, namely, the resource for Homeless people (Sp. acronym: PSH) and the resource relating to penitentiary centres (Salhaketa). The women who reach these resources do so, not just in a worse situation than men, but also under the dual stigma: Homeless people and women, for example.

The resources that work with women have emerged mainly from religious or social groups from the civil field, and never, as shown in the tables enclosed, from the State. The State, although it supports them economically, does not assume any public responsibility for them, considering that the people, and more specifically women, who suffer social exclusion, are not priority, despite the fact that they have greater difficulties.

Table 9. Characteristics of existing resources in Navarre with accommodation and psychosocial support, exclusive for women

Name of resource	Number of people looked after (2013)	Resource capacity	Time of average stay	*Exclusogenous* admission requirements
Victims of violence shelter resource: Emergency Centre, Shelter and Protected flats	Total: 178 people;	Emergency centre: 12 places	E.C.: 1 week to 1 month	- Serious mental health
	90 women (50.6%)	Shelter: 12 places	Shelter: 6 to 9 months	- Active drug use
	72 children	Flats: Five flats	Flats: 1-1/2 to 2 years	
Family intervention service (former DUO and Pregnant women)	Total: 89 people	8 apartments and 8 flats: 40 places	2 years max	- Serious mental health
	34 women (38%)			- Active drug use
Itxaropen Gune	12 people:	2 flats: 8 places	9 months on average	- Serious mental health
	9 women (75%)			
Caritas. Isha Betell Home	7 women	7 places	Between 1 year and 1-1/2 years	- Serious mental health
				- Active drug use

Name of resource	Number of people looked after (2013)	Resource capacity	Time of average stay in them	*Exclusogenous* admission requirements
				- Functional diversity if care not allowed in the resource
Red Cross: Shelter flat for women who reach the coasts or who are in settlements	16 women: 6 women (37.5%)	12 places	Between 6 months and 1 year	- There are no exclusions
Red Cross: Shelter flat for female immigrants in social difficulty	16 women: 9 women (56%)	8 places	3 months and 1 year	- Serious mental health- Active drug use
Ilundain Foundation – Haritz Berri Fundazioa. Protection Home programme. Specific for under-aged women	24 under-aged women	10 places	Average stays of 1 year	- No exclusion is accepted

Source: Compiled by authors based on Reports from resources and telephone interviews with them.

Table 10. Characteristics of existing resources in Navarre with accommodation and psychosocial support, mixed

Name of resource	Number of people looked after (2013)	Resource capacity	Time of average stay in them	*Exclusogenous* admission requirements
Care Centre for Homeless people (Sp. Acronym: PSH)	Total: 1798 people;	25 people Itinerant programme	Itinerant p: 3 days a year	- Ability to care for themselves
	197 women (11%)	25 people Registered in Census programme	Registered in census P: 6 months subject to evaluation	- People sanctioned with expulsion from the resources whilst the sanction lasts
				- Documentary identification
Caritas: Family residence	Total: 33 people	24 places	4 months and a half max	No exclusions because the people who request the resource are quite normalised
	11 women (33%) accompanied by 19 children (57%)			
***Proyecto Hombre* therapeutic community**	110 people:	44 places	Short stay admissions: 3 months	- People not motivated to stop drug use
	25 women (23%)			
Zandueta therapeutic community	--	--	--	--
Antox therapeutic	64 people: 14	27 places	1 year with possibility of	- People who had a non-compensated mental pathology

community	women (22%)		extending or shortening according to objectives	and which was more important than the drug dependence.
				- People who cannot live in a group.
Egiarte therapeutic community	--	32 places	1 year with possibility of extending or shortening according to objectives	-Dual: They go to another specific therapeutic community for this
				- Functional diversity
Sisters of Charity: Zoe Home	--	11 places	Without limit, what is needed	- Mental health
Salhaketa	27 people:	5 temporary stay places	6 months that can be extended according to circumstances	- Mental health when impossible to coexist
	8 women (29%)	2 places for permits		- Drug use if there is no commitment to be treated
Ilundain Foundation – Haritz Berri Fundazioa. Observation and Shelter Centre (Sp. Acronym: COA)	128 people:	15 places	Month and a half	- There are none
	62 women (48%)			
Berriztu Educational Association Centre of compliance with judicial measures (Sp. Acronym: CCMJ)	12 people:	22 places	Between 6 and 9 months	- There are none
	1 woman (8%)			
Nuevo Futuro	--	--	--	--
Xilema flats for children	--	--	--	--

Source: Compiled by authors based on Reports from resources and telephone interviews with them.

5.2.2. Limitations of resources and social intervention with women in situations of severe social exclusion in Navarre

In this section, we respond to one of the main aims of this study: to identify the main limitations that exist with respect to social interventions with women in situations of severe social exclusion within the specific context of Navarre. And in this sense, a series of characteristics that exist in the different resources that intervene with women in situations of severe social exclusion, must be highlighted, which not only hamper this intervention but also generate problems and consequences, often irreparable ones, in the lives of these women.

The main limitations found in this regard are presented below:

5.2.2.1. Partial care and exclusion from the resources of people with multiple needs.

One of the most outstanding characteristics related to the existing resources and to the care of people in situations of social difficulty is that they de facto exclude people with multiple problems, precisely because they have multiple needs. This may seem strange, but it is as normal as it is real.

The care provided in the majority of the resources is aimed at solving specific problems (drug use, mental health, disability, etc) and they offer partial care. The problem is not only the lack of comprehensive care to cope with the complicated accumulation of needs of these groups in situations of greater vulnerability in, but also that the specialised resources establish access criteria to the services, results in the de facto exclusion of these groups.

> *"[...] they may have physical health, mental health, disability and addiction problems. In that case, the ones that deal with disability do not want to attend to those with mental disorders, and the ones that deal with mental disorders do not want addiction, the ones that deal with addictions, do not want disability" (EP-4)*

And as we have seen in the tables in the previous section, all these specific public resources for women, and all the mixed resources, (except for those who deal with drug use), include two key exclusion indicators: Having serious mental health problems and being in a situation of active use of drugs. This is especially problematic in the group targeted by this research, because as mentioned in the section on the analysis of their needs, one of the characteristics that these women share is that they have multiple needs and/or problems, noteworthy among which are, precisely, mental health and drug use problems.

These exclusion processes associated with access criteria to the services, derived from a lack of comprehensive care, restrict the entry of the more vulnerable population, making them extremely unprotected. This either means that their needs are not attended to and/or that they are attended to in resources that are not suitable for them. This is especially alarming due to the serious consequences that this lack of attention and lack of protection by the public entities has on these people, who are even excluded by the actual social protection system.

As we point out in the next point, one of the most notorious exclusions is the one that occurs in resources that care for women who are victims of gender violence.

5.2.2.2. Women who have suffered from greater violence, not cared for in resources for women who are victims of gender violence.

One of the most alarming exclusions and that entails neglect of women with multiple needs, is the exclusion that occurs in specialised resources for women who are victims of gender violence in Navarre and in all the public services within the national health system.

Despite the fact that, as shown in this study, women in situations of greater social exclusion often bring with them the worst stories of abuse throughout their lives, these are excluded from the resources that are specialised in caring for female victims of violence, because they do not comply with the existing access requirements (they do not have serious mental health problems, they do not have active drug use problems and/or they do not exercise prostitution at that point).

These are resources designed for women in better social situations. As mentioned in the diagnosis performed to draw up a new law against gender violence in Navarre, these resources address a specific and small number of women who face violence; those in a situation of precariousness or social vulnerability (calculated between 3 and 10% of the total). Thus, both those women in a situation of social inclusion (87%) and those with severe social exclusion (3%) fall outside the scope. The former generally do not make use of these resources because they do not feel identified with them and if they suffer violence from their partners, they choose to ask for help within their circle of close relations (relatives, friends, etc). However, women in situations of social exclusion do not usually access these resources because they do not satisfy the entry requirements (GIG,2014).

Chart 11. Estimate of women cared for at resources that are specialised in violence in Navarre, according to their social situation.
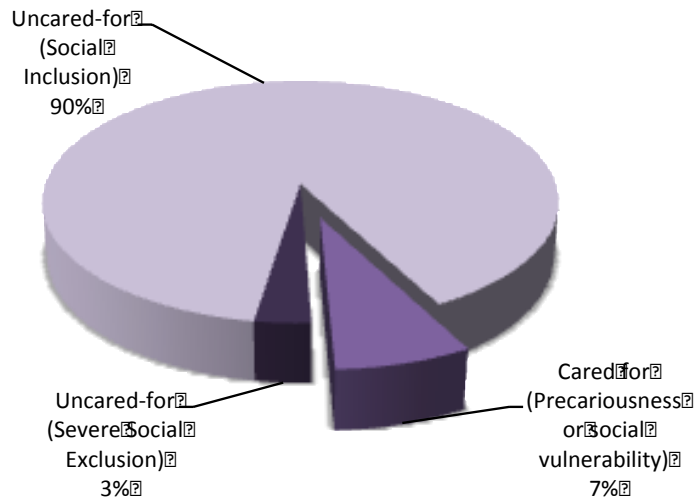
Source: Authors' own, based on data in from the Diagnosis conduced to draw up a new law against gender violence in Navarre (GIG, 2014).

These access and exclusion criteria of the most vulnerable groups has to do with the care provided for children in these services, as the entry of these children represents a restriction in care of women with dual problems or multiple discriminations. The need to choose when there are limited resources, usually the tips the balance in favour of children,

> *"The problem is that when you put a child into a flat, you restrict the access of other women a lot more, because in order to protect children you cannot let a person enter who has very serious problems (drug use, mental health…)". ((Professional Focus Group)*

The consequences of neglecting these women who have been classified by some professionals as "the greatest victims" have some very serious implications from the viewpoint of the care they receive, as these women, apart from not being treated as victims of gender violence, and cared for as such, end up being cared for in mixed services (for men and women) in Navarre. Therefore, these women who have had conflictive experiences throughout their lives with men, end up in mixed resources, characterised not only because they were designed and created for males, but which, occasionally and exceptionally house women; but also where gender violence is either not dealt with, or if it is, it is in the last instance and after having dealt with other types of difficult situations (drug abuse, prostitution,…). This circumstance is difficult to understand when gender violence is the common element in all women with multiple needs.

5.2.2.3. Lack of perspective and training in gender and in gender violence of resources.

Another deficiency that has been detected in this analysis of care provided is the fact that professionals from the resources not always have training in gender or in gender violence and therefore they cannot apply the gender perspective in the interventions they carry out on a day-to-day basis. This occurs both in mixed resources and in services that care for women suffering from gender violence.

As we will see in the quote below, that lack of training and sensitivity by professionals and the lack of protocols or programmes that detect situations of violence in resources, have serious consequences on the direct care provided to women with multiple needs. Hence, these women end up not being treated for one of the cardinal needs that they suffer, namely, as victims of gender violence. The lack of credibility granted by the professionals to their stories of abuse and the discourses that legitimise the abuse they may receive, has a direct impact on their becoming invisible as victims of violence.

> *(…) if we were to look at this in terms of dimensions, being victims of gender violence, suffering from mental diseases and disability or impairment, there is a clear correlation between the three things (…)* **But this is a reality that is absolutely invisible** *in the field of mental health. There is no sensitivity to make*

this reality visible, and there is no type of training or detection programme, either, or devices or resources that care for this group within the mental health structure. This lack of visibilisation of the public powers and of we professionals who work in the field of health, gets even worse with another two questions, which have to do with the credibility of women with mental diseases who say or tell a story about being victims of violence. And, on the other hand, they use a discourse of legitimisation, saying that these are people who have behavioural problems, disruptive behaviour patterns, aren't they? If we first have a look at what the conceptualisation of normal behaviour is, the abuse of this group becomes even more legitimised. This make it difficult to make it visible, quantify it and create sufficient sensitivity and structures to support, care for and give shelter to these people (EP-2).

This lack of training in gender and in gender violence among professionals from basic fields such as health, also occurs in specific services aimed at caring for women suffering violence. Despite the fact that the different legal texts point out that these specific services must include the gender perspective in their make-up, organisation and intervention, as well as provide ongoing training for professionals that integrate it and base their work on guidelines, protocols and ethical codes that guarantee comprehensive support to these women (Maria Naredo, 2014), in the case of Navarre, the professionals consider that there is no gender perspective either in the design of the resources or in the intervention (GIG, 2014).

It is surprising that professionals who work in resources that care for women who are victims of gender violence do not necessarily have to have specific training in that topic and that, in fact, the majority do not have that training.

"The care centres for women must be managed by professionals who have specific training in gender, because this is one of the failures that we see now in the system. If the professionals who look after these people do not have this training in gender they do not really understand the problem, that feminist aspect drops further down the list" ((Professional Focus Group)

5.2.2.4. They are not cared for in resources as victims of violence.

In many of the resources that care for women suffering severe social exclusion, and above all in mixed resources, gender violence is not dealt with, or if it is dealt with, it is relegated to the last place in because previously they attend to other problems considered as "priority". But faced with the existence of many different difficulties to be dealt with (serious mental health, drug abuse, functional diversity, irregular administrative situation, low employability and, lack of economic resources,…), gender violence is relegated and it is the last things to be addressed, or it may not even be addressed despite it being a common element in all of them. And in fact, the professionals comment that there are many obstacles to make this violence visible in female survivors, because the violence remains hidden by other problems that are considered as priority in the intervention, and which, in the majority of the cases, have no gender perspective.

"[…] these women, wherever they go, before seeing their gender violence problem, we see that they are drug addicts, that they are on the streets, they are mad… So, this covers up everything else, because they are to blame because of course..., the fact is that…, it is as if this justifies everything else…, and then, this type of women have become invisible before the law. It is not because they have not developed it, it is not because they wanted to make up a team to care for the victims and this has not been done, the fact is that they are not even taken into account. "[…] Gender violence in this type of women becomes totally invisible because rather than being victims of gender violence, they are crazy, they are drug addicts, they have lost all the dignity because they are on the streets ." (EP-2)

The lack of training in gender and in gender violence means that work is not carried out on violence because it is considered "secondary", but other types of essential structural elements are not prepared either in these interventions, such as gender identities, the hegemonic amatory model or the

existing myths with respect to women who face violence. Or, if work is carried out, due to the lack of a gender-oriented vision, it is not always the most appropriate. All of which gives rise to what is called victimisation 24.

> *"All the myths, the myth that abused women are abused because that is what they want still persists,.. because they want could be the result of this situation… If on top of this there are other circumstances such as economic dependence, lack of training, exercising prostitution, being an immigrant, having diseases…".* (Professional interview, no. 2)

In many of the cases, this violence is associated with processes that last for many years, with **serious consequences and implications in many/several areas of life of the women interviewed** and with repeated victim-violent binomial behavioural patterns in quite a few of them.

> *"[…] Due to their previous history, due to the circumstances that they are experiencing now, they are on their way to repeating the violence patterns with different partners.. And the needs that they have lead them to come out of one situation and get into another, don't they".* ((Professional Focus Group)

5.2.2.5. Care marked by the short-term; what about the processes?

In the interventions carried out with women suffering severe social exclusion, both the people and the services have limited resources which leads to the care being marked by temporary time periods. As a result, it is impossible to carry out this care with minimal quality standards as it is not possible to provide this care based on the process concept; carrying out interventions in the short-term, and not in the medium or long term, which would be necessary in such complicated cases as those that arise in the women targeted by this study.

> *"We would need some coverage,,[…] to have some guarantees, you need time a lot of time to work with a person and be successful, work must be carried out on many aspects, in a crosscutting matter, in terms of the resources that we have got is for so many months, the economic aid is for three months, in the shelter they can stay five days, in ours for three months, in X a four-week stay. That is not the correct way to work, with stop-gap responses, that do not cover everything. Time can be one month, one year or three years, in each case, we cannot set a time for everybody in exactly the same way".* ((Professional Focus Group)

The complexity of cases with multiple needs really require intense, coordinated and continued intervention processes. Not receiving them not only does not help them improve their situation, but it also has an impact on worsening it.

5.2.2.6. Care based on economic aid and not so much on social support

Faced with the commitment to medium-and long-term processes based on social support, the response that the administration usually gives is preferentially an economic one. Professionals consider that economic support is essential in any of the cases, but it should not be the only tool in social intervention or with the general population, or specifically for the women targeted by this study. Furthermore, the processing and assignment of this economic aid should be sped up, as in many cases it does not arrive at the cardinal moments of the intervention and the amounts are exiguous.

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[24] Re-victimisation or dual victimisation, also known as secondary victimisation, occurs when the effects that appear due to the first violation of rights, in this case and in terms of the topic that concerns us regarding these women, are in addition to those provoked or increased by the experiences that this/these woman/ women is/ are subject to once the process , albeit criminal or social has started (generalist or specialised intervention).

In fact, in this European project, in the case of the University of Birmingham, economic studies have been performed comparing specialised care for women suffering multiple discrimination and care that does not adapt to these discriminations, and the results are visible; specialised care turns out not only to be more inexpensive than the investment made in the repeated and repetitive path between several non-adapted resources (many of which have high economic expenses (acute unit of the Hospital of Navarre in cases of mental health, for example); but, furthermore, it is more efficient. As non-adapted services are a stop-gap response and do not end up solving the actual problem; often generating repairable consequences for the women "cared for".

Despite this, the solution proposed by the administration, to intervene in the most serious cases which do not even find a place in non-adapted resources, is an economic one and therefore not a psychosocial one, which in the last instance, is what the professionals and the surviving women request. These solutions that are proposed are, therefore, limited and have a mainly economic intervention strategic line.

> *"When we have found very, very serious cases, in the end the solution that the Government of Navarre has adopted is that I give you so much money and you sort it out; what have you solved with that? That you have left them out in the street? […] You're not going to give them money for ever, and what happens afterwards?". ((Professional Focus Group)*

It is considered that the social intervention that is carried out, therefore, does not commit to a long-term tool, such as social support. The professionals argue profoundly: "Support is missing".

> *"Support is missing, support and take the case and I'm going to follow this case and I'm going to see you today and I'll see you again in a week's time and we will go on from there… This has happened to me many times, but go there or you have already got a room… Yes, we get rid of them anyway! […] From the viewpoint of the professionals, I believe that we would have to reconsider how we are addressing the cases… I get the feeling that people who are in the resource x are undesirable anywhere they go, undesirable, they are inconvenient, the most difficult cases, the most… Then, the solution is to give them the Basic Income and for me that does not solve anything; if you give the person the Basic income that they are going to receive over a three-month period all at once, it will only last for two days, if we are lucky and they don't die of an overdose or something like that, and a month later they are back at the resource because they have spent everything, because they do not have anything… But the easiest thing is to write out the prescription of, let's see if they give you the Basic Income, when the last thing that the person needs is money; what they need is support, emotional aid, monitoring of their health,… And in the long run, I am convinced if somebody started to work out the figures, it would be less expensive and more effective, everything that is being thrown away, for example, in terms of the Basic income, to adapt this in the services that are needed". (EP-3*

5.2.2.7.   Lack of inter-professional coordination and networking

The lack of inter-professional coordination exists with respect to two fields; on the one hand, the development through social support of what was called **individual social work of cases** which, at times, the professionals interviewed refer to, is confused by some colleagues with one-off coordination is. And on the other hand, the topic of **referrals.**

With respect to the former, professionals complain of a lack of structure of resources that guarantees comprehensive care or, at least, and inter-professional coordination that fosters this. The coordination work that is carried out is mainly among professionals who know each other and have worked together previously on joint cases and who informally collaborate, and not so much between institutions, in more formal situations.

With respect to the topic of the referrals, the professionals consider that these should be more agile, with less paperwork and adapted to the real needs of the women to whom care is provided. And not only the most urgent cases should be sped up (although these, of course), but also those long, costly processes lasting for years whose result is not as simple as one could imagine. Establishing protocols of action for these cases or generating a sufficiently coordinated network that permits this are the proposals compiled by professionals.

"Facilitating the topic of referral of the networks, how to get the mental health network to appreciate what you see, but rather when we are in a situation of violence, how to refer to the specialised resources without having to pass through the shelter, because there are considerable delays with the first appointments with the neighbourhood units, if you have to pass through an ordinary pathway, that is not an emergency; it is all very complicated". ((Professional Focus Group)

5.2.2.8. Tendency towards the health-care approach opposed to considering women as individuals with rights.

The approach proposed by the public administrations, considered by the professionals and also some of the women interviewed, is a healthcare (welfare) approach compared with what is requested by these professionals and surviving women, of people with rights. This is what they consider is buried under non-comprehensive care, the commitment to an economist line opposed to a social intervention line or few and limited resources. Assistentialism is the pattern of intervention detected in the different resources, opposed to understanding women who come to them as people with rights, as citizens. Something that remains visible in their consideration as *"my users"* or "*as children, infantilised, lacking in power and authority to take their own decisions, not as survivors with the capacity to become empowered*" (GIG,2014); which reduces the control and power dynamics over them.

"(Resource X) offers me peace, tranquillity, hygiene, timetables, responsibility (that of getting up and not spending the whole day in the street) having meals at a time, doing everything as when you have a small child, it is the same thing". (Interview Woman, no. 4)

]…] I often feel as if I were 10 years old and that make me angry, because they supervise me, they are things that I don't really understand." (Interviewed woman , no. 13)

This circumstance generates not own a lack of exercise of citizenship and loss of quality in care, but also a series of dynamics such as the collaborative voluntary nature of the professionals providing the care, the opinion of the professionals regarding the women that they care for, or fostering the position of "victims" in them.

5.2.2.9. Impoverished resources and personnel suffering Labour precariousness (the professionalisation of social aid).

Services for people suffering a risk of social exclusion in general, and the services that care for women suffering multiple needs, are considered by professionals and some women interviewed, as poor and limited. They are poor in terms of the economic resources and the professionals available; the care they offer and also the places offered. All of this within a context of economic crisis marked by the hierarchy of "existing needs" and, therefore, of the services that are implemented or the allowances that the latter receive, depending on the place that they occupy in this hierarchy.

"Cuanto más pobre es la gente con la que trabajas, más pobre es el recurso. Los que se ocupan de los pobres, son pobres recursos, cuanto más pobres son las personas de las que nos ocupamos, más pobres somos los recursos y menos dotación tenemos para trabajar con ellos". (EP-5)

What is most difficult is that there are no services for those people who require specific psychological aid and the nuns cannot address.There are a lack of professionals in the centre". (EM-10).

In addition to all of this, we have the working conditions of the social workers, psychologists, social educators and other personnel who work inside this type of resourcs. The professionals who work and care for women suffering violence are strongly restricted by the working conditions that that

In addition to all of this, we find the labour conditions in which the social workers, psychologists, social educators and other people who develop their profession within this type of resource, have. The professionals who work caring for women suffering from violence are strongly restricted by the working conditions that have been established today for the social environment; as these have an impact on the quality of the care. Mainly due

to work overload, its precarious nature (hours, low salaries…) and personnel rotation. All of which leads to strong consequences on the intervention, such as the loss of trained people in the services or the high mobility of the reference figures.

The lack of stability of the professionals, the rotation, the bad working conditions, dependence on subsidies, the cronyism that this generates, social cuts… seriously hampers the social support processes as well as social intervention of cases, as, on the one hand, the reference people "disappear or constantly change" given these conditions or cuts in the services. And on the other hand, the oversaturation of the resources that is taking place lately, as the demand increases but the subsidies and therefore the contracts, decrease. This in turn generates the de-professionalisation of social aid which they try to offset with volunteers.

> *"[…] We are working in some conditions that… we are working, we get as far as we can, what we can cover". ((Professional Focus Group)*

> *"It is necessary to incorporate qualified people, technicians, not just nuns […] The nuns do courses and have a lot of experience but professionals are better because they cannot help with everything." EM-10).*

In this section, we must also include the impact that the cuts are having, mainly related to quality but also to the existing allowance within the resources that look after women suffering from multiple discrimination. The economic crisis and the cuts carried out in the social field have harsh consequences not just on the resources referring to specialised care for women who support violence but also and above all, on the social initiative entities that work with women suffering from social exclusion. The economic dependence of subsidies that undergo cuts year after year, do not guarantee either the programmes, or the maintenance of professionals, in many cases references, and in some cases they do not even cover the basic needs.

> *"The stability of the resources is very important, the reference of professional people. What is happening? The generalised situation of crisis, or, the cuts, the subsidies you do not receive or you receive half of it; what about the people we look after? When, on 31 December…. Well, look, we can no longer look after you! […] there is no subsidy, the programme has ended because there is no money. The resources that exist are precarious, but they are becoming even more precarious, less protective… because there is no stability; well, you can stay here for three months, but maybe within three months none of us (professionals) will be here, That is the problem. We are working when there are subsidies, not knowing if there is going to be any money this year; if there is not, in October, they bring out the January call… I think this is important for the people, there should be stability in terms of the person of reference". (Professional Focus Group)*

6. Main Conclusions and Final Recommendations

We would like to end by summarising the principal conclusions drawn from this study as regards the needs of women in situations of severe social exclusion and the characteristics of the current social intervention measures that are implemented for them in Navarre. We also include a synthesis of the proposals put forward to improve intervention with these citizens that have been agreed on by a group of professionals that work directly with them and researchers from the area of social exclusion.

6.1. Specific nature of the needs of "women with multiple needs"

- There is a wide range of situations of need to be found within the group of "women with multiple needs", which are diverse both in terms of configuration and in severity and intensity. At the same time most of them share a series of common characteristics and experiences that define them as a specific social group with particular needs.

- The needs of both men and women in situations of severe social exclusion, are usually multiple (they extend to several areas such as health, housing, education-training, employment, relationships, etc.); complex (mutually interconnected), severe (profound, grave) and accumulative (result of a process of dragging a set of needs to another set, which leads to a gradual deterioration in people's quality of life in every sense).

- Unlike men, women, who are socialised under the feminine identity within the sex-gender system and located in a position of greater vulnerability within the patriarchal social structure, present a number of particular characteristics in terms of their social needs. On the one hand, women in situations of severe social exclusion experience more intense needs than men in this situation (they find themselves in worse and more deteriorated conditions than men) and on the other hand they have a set of needs that specifically derive from their condition as women.

- Most, if not all women25, are survivors of gender violence (some since infancy) and experience long histories of abuse of different kinds (psychological, physical, sexual, economic, obstetric, etc.) that are perpetrated not only by their partners, but also by family members, resource sharers and even professionals working in these entities.

- Many have serious health problems and one particularly notable point is the high levels of presence of mental illness (closely linked to violence, but also related to problems of drug abuse, and unhealthy lifestyles). The few links they have with the public health service network shows that one of the principal needs they go through is the diagnosis of mental illness.

- Most mothers in situations of need tend to have their children placed in custody. Unlike men, this represents a major emotional load for them, a "festering wound" that requires management.

- Loneliness, the lack of support networks, the weakening or rupture of social links that is so common amongst people in social exclusion, take on a special form in their case. Socialised as "beings for others", the need to be loved converts them into more vulnerable individuals who often end up in toxic relationships, which do little more than worsen their situation (new experiences of abuse, HIV infection, etc.). The need for them to feel respected and loved as persons and to have healthy links (with normalised people) is a fundamental need that professionals define as fundamental for women and one that is essentially feminine.

- Considering that violence is so often present in the life styles of these women, it is therefore essential to understand their specific needs in terms of housing. In this respect, women's homelessness has its particular characteristics: they attempt to avoid ending up on the streets as much as they can, using a number of strategies such as living with toxic partners, leaving in cheap hotels, etc. The need to have affordable and safe housing that enables them to leaves the context of violence they find themselves in is one of the major needs common to these women.

- Other needs such as training or financial help are also important to be able to leave the cycle of poverty and exclusion in which they live. These needs are shared with men in this regard but women try to resolve the issue by entering into prostitution or relationships with toxic partners.

6.2. Problems identified in intervention with women in situations of severe social exclusion

- Some of the problems in intervention derive from the fact that many of the resources offer specialised and partial services. This means that integrated care is not provided in such a way as to deal with the complex bundle of needs of these women in a combined and coordinated

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25 The 16 women analysed in this study were victims of gender violence.

manner. Another problem is that this partial care goes hand in hand with access criteria that create exclusion, which comes from a de facto exclusion of people with multiple needs (the resources to tackle problems of substance abuse do not handle people with mental health problems, mental health services do not treat people with active substance abuse problems, etc.).

- By this same logic, these women, who have undergone long histories of abuse, are excluded from resources that specialise in caring for women that are victims of violence because they do not comply with the existing entrance requirements (due to serious mental health problems, active problems of substance abuse and/or not involved in sex work at that time).

- A general lack of information and preparation with regard to gender and gender violence in resources, which means that these women are not only unattended as victims in the resources that specialise in victims, in other resources they can go to they are not treated for one of their major needs, which is as a victim of gender violence.

- In general, given that it is impossible for them to go to certain resources, they end up being attended in others that are not adapted to their specific needs, such as mixed resources for men and women, to which they sometimes do not want to go, and where they run the risk of undergoing situations of abuse and violence, as has been noted in this study.

- In general, the attention they receive is short term in nature, which does not enable any serious treatment of the complex and serious needs suffered by these women, which require medium and long term processes.

- In response to any calls for medium and long terms processes based on social support, administrations usually provide resources that are primarily economic. The processing and assignment of such assistance should be made faster and more flexible and at present it is not accompanied by any psycho-social support, which is requested by both professionals and the women that have lived through these experiences.

- A lack of inter-professional coordination that could facilitate integrated attention has been observed. Any established coordination tend to be informal, between professionals that know each other and that have had previous joint cases, and not so often between institutions and more formalised contexts.

- There is a tendency in resources to take a welfare-based approach to women rather than considering them as subjects with rights.

- The lack of resources and the extent of job insecurity amongst professionals at the entities that care for these women (principally entities in the third sector), especially as a result of the crisis, are having major consequences for intervention, such as the loss of trained persons in services, the loss or high turnover of reference figures and the de-professionalization of social welfare in which attempts to offset this process are made via volunteering.

6.3. Final recommendations

- Society in general and the public powers in particular should visualise and recognise women suffering severe social exclusion, as survivors of gender violence and they should modify the laws and regulations necessary for them to be protected as such. Where redress, as stated by the United Nations Rapporteur, is a key tool for this purpose.

- The public powers must undertake to guarantee, complying with their social responsibility, care for women suffering severe exclusion, as citizens, their right to a decent life, without violence and to some services and resources that respond to the complicated accumulation of needs which, as women in their situation, they structurally experience.

- Apply the gender perspective both in the design and in the intervention carried out in the resources that intervene with women suffering the risk of and/or social exclusion.

- Guarantee a long-term and holistic intervention based on key tools, such as: Accommodation and social support; empowerment and networking, which, will attend to the different pathways of these women and will offer services that adapt to the intensity required in the life course of each one of them (case management).

- Create resources that will offer accommodation and social support exclusively for women who suffer from gender violence and severe social exclusion, which will attend to the specific needs of this group and will permit them to abandon the circle of violence and exclusion.

- Create an interdisciplinary working network by means of formal agreements, based on a comprehensive intervention through case management that will foster the recovery of dignity and quality of life.

- Conduct a study that will analyse the cost-benefit of establishing a holistic and long-term intervention in Navarre that will offer accommodation and psychosocial health support for women suffering high social exclusion.

- Boost continuous and compulsory training programmes for the different professionals who intervene in the care of women who have to cope with violence, both in generalist resources (health, education, social services, Judiciary, police corps) and specialised resources.

- Guarantee individual and collective work with women, with men, with professionals and with society as a whole with respect to the sex-gender system, stereotypes and gender roles, and gender violence in all those institutions that are socialising agents in this society: Education system, health system, media, legal system, social services, etc.

- Combine forces to prevent and detect gender violence early on and to prevent and reduce the harm caused in the pathways of descent towards social exclusion.

- Boost the establishment of networks and relationships between women who have survived situations of gender violence to favour both individual and collective empowerment as well as mutual support.

7. Tables and graphics

8. Bibliography

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