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Domestic violence: An investigation carried out by a community of Ecuadorian people resident in London



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Summary

Domestic violence has increased all over the world, turning into the responsible factor for one of the principal causes of death (WHO, 2005). Recent literature review has demonstrated that there are only few investigations related to domestic violence suffered by Latin American people in London. The current investigation's target consists of exploring the aetiology and prevalence of domestic violence within a group of 210 participants having the Ecuadorian nationality, who have been selected in a non-probabilistic, accidental way, respecting the following inclusion criteria: ages between 14 and 75 years, of both sexes and educated. The investigation was descriptive having the design and layout of a questionnaire. The data collection tool used was a modification of the national inquiry carried out in Uruguay (2013). The results' statistical analyses are expressed as averages, ratios and percentages. Both socio-demographic and socio-economic variables have been examined. Other variables such as the conviction of having suffered domestic violence, the type of violence, specific situations, the abuse frequency, the type of aggressor as well as the violence lived through in the family of origin have been investigated. The conceptual and theoretical frame is based on Bronfenbrenner's Ecological Model regarding domestic violence (1987).

The obtained results indicate that 42% of the interviewed people confirmed being convinced to have suffered domestic violence. Out of the 42% of the affected population, 23% is female, 18% is male and 1% belongs to other categories. These figures suggest that 4 out of each 10 persons older than 14 years who took part in the survey reported having been victims of domestic violence. As far as the type of misuse is concerned, psychological and physical abuse prevail amounting to 58% and 5% respectively. Among the main causes of domestic violence, we highlight: lack of communication, machismo, abuse of substances, financial problems, jealousy and childhood abuse. The investigation has shown that women (14%) tend more to report these facts than men (6%) and that women (18%) have more often suffered violent situations during childhood than men (15%), which constitutes a risk factor for the violence used by the aggressors.

In this study the necessity of a more specific investigation based on the violence lived through by the interviewed people that examines the psychological aspects that may be harmful for the interaction between couples and their interaction with their children, is brought up. In addition, the vital need of establishing a social assistance centre specialised in domestic violence is put forward.

Key words: Prevalence, domestic violence, family violence, psychology.

Introduction

Domestic violence is a major issue as far as human rights are concerned. It goes beyond the intimacy or privacy of the victim's family environment and even becomes a social, health and public problem. Therefore, it is a collective responsibility as far as its impact on men and women as well as on children and adolescents is concerned.

According to the WHO (2005), domestic violence is a serious public health issue for which the organisation claims both political authorities and the public health sector to adopt measures in order to reduce the human and health care costs resulting from it, for instance by integrating violence prevention plans in various social programmes.

As we all know, domestic violence has, in each of its different types, a high prevalence as well as a huge impact on many people's health, and is, apart from the immediate consequences, responsible for the increase in mortality rates (homicide y suicide figures). However, even if physical violence has caused higher mortality as well as higher disease and disability rates, other types of issues such as psychological or emotional problems are very often put aside or no major attention is paid to them, which has obviously made the problem even worse.

The current investigation is based on surveys conducted within a group of 210 men and women from the Ecuadorian community in London, England. It shows violence experienced by both men and women, which is a violation of human rights. Therefore, it is important to dedicate broader and better public policies to domestic violence.

In the first stage of this investigation, domestic violence committed by any person in the different environments of the victim's daily social life - the family environment, work environment, educational environment, public services environment and other public environments - was quantified. In its second stage, the investigation concentrated on the magnitude and characteristics of the violence suffered by men and women including the violent incidents committed by their family and social environment. The study also examined the dimension of the different types of violence: physical, psychological, sexual, patrimonial, economic and work-related violence and investigated which effect various socio-economic factors have on the number of cases of domestic violence. Finally, the investigation examined how people reacted on the aggressions they suffered and how the abuse affected the lives of many people who took part in the survey. Nevertheless, the proportional number of cases reported to the authorities remains systematically low.

The aim of our recent investigation is to show people that domestic violence is a social issue of great magnitude that has started to catch the attention of different international communities - from European up to Latin American communities. Because of its high incidence, its negative physical and psychological consequences both for the victims as well as their family members and the seriousness of the facts, domestic violence constitutes a serious violation of human rights.

Chapter I. The problem

Definition of the problem

What are the main indicators for domestic violence - based on its aetiology and prevalence - in the Ecuadorian community resident in London, made up of people aged between 14 and 75 years?

Justification of the investigation

Contributing to institutional policies intended for integral health prevention through the detection of the aetiology and prevalence of domestic violence within the Ecuadorian community resident in London.

Legal Justification

One of the fundamental principles in the United Kingdom enacts the right on health care as a social and vital right and stipulates that policies and programmes intended for life quality enhancement, collective well-being and better access to services should be promoted and developed. This principle also confirms that everyone has the right to health protection and is obliged to actively participate in its promotion and defence. Health policies should be based on diagnostic studies that allow the authorities to make decisions based on detected facts.

The current investigation raises matters related to the right to human dignity (article 1), the right to respect for the integrity of the person, (article 3), to the principle of non-discrimination, including the principle of non-discrimination based on sex (article 21), to the right to equality between men and women (article 23), the right to effective

legal protection and the right to an impartial judge (article 47), taken from title I «Dignity», III «Equality», and VI, «Justice» of the European Union's Charter of Fundamental Rights.

Psychosocial and cultural justification

As far as the right on health is concerned, the WHO determined the following through its Constitution (1946): "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being ..." In this context, the Universal Declaration of Human Rights from 1948 mentioned health care being part of the right to an adequate standard of living (article 25), which was, in 1966, recognised again as a human right by the International Covenant on Economic, Social and Cultural Rights (article 11.1) saying "that everyone has the right to a standard of living adequate for the health and well-being of him/herself and of his or her family, including food, clothing, housing and a continuous improvement of living conditions. The State Parties will continue to take appropriate measures in order to ensure the effectiveness of this right, recognising to this effect the essential importance of international co-operation based on free consent." (World Medical Association).

Governments, being social-political structures, have a great potential as far as their possibilities to reinforce dishabituuation processes as well as social and cultural reintegration processes are concerned. This is the role that must be promoted to get all parties involved and make sure they collaborate facing a problem that affects a person in his/her physical and mental integrity, as well as other, broader social contexts.

Investigating the prevalence of domestic violence, in a systematic, stringent and scientific way, constitutes a significant input for the Ecuadorian consulate in London, as well as for institutions in the rest of England, as they intend to co-operate as far as the realization of future interventions in favour of the personal and social improvement of people affected by violence is concerned.

As a result, setting up cultural and psychoeducational support environments meant to stop health problems resulting from situations the victims have gone through, should be stimulated. These support environments, aiming at equality and the acceptance of each one of the persons without discriminating against them because of their gender, race, colour, age, religion, etc., may contribute to the victims' recovery of their confidence and habits.

Economic Justification

Domestic violence has a negative incidence on the victim's social and family environment and that is why special attention should be paid to it. Domestic violence has caused an increase in disease (both physical and emotional) and mortality rates, resulting in the human and economic costs associated with these facts.

Political Justification

An action plan has been set up in order to prevent, sensitize, inform and prepare the victims as far as the impact of domestic violence on their social, family and cultural environments is concerned. The action plan is also meant to reinforce the valid legal frame in the fields of integral prevention and to make sure that it is being respected.

From the theoretical and methodological point of view, the investigation has shown us the following:

From the theoretical point of view.

The results of this investigation contribute to the knowledge in the field of studies about prevalence in domestic violence and may contribute to current research between different social sciences as well as the elaboration of public policies, starting from gathering updated information about the investigation topics and establishing relationships with the Ecuadorian community in London. The gathered information will be used as an input for the area of attention of domestic violence in London and, by extension, the rest of England.

From the social point of view, the results of this investigation may establish new standards helping authorities to make adequate decisions as far as their intervention in preventing domestic violence is concerned. Authorities could set up prevention programmes as well as integral training programmes for the Ecuadorian community paying attention to the development of social skills and cognitive abilities. In this way, people from the community can learn the disciplines and norms enabling them to function in a socially useful way, giving them healthy lifestyles and reorienting their resources in terms of health promotion.

From the methodological point of view.

The course of this investigation has allowed us to validate the relevance of a diagnostic tool for domestic violence.

In this respect, qualified health care professionals cannot remain distant in case they are being confronted with this crucial public health problem. Our intervention becomes each time more relevant as far as prevention, detection, treatment and orientation in the field of domestic violence is concerned, for which an integral approach coordinated with other professionals and institutions in general is indispensable.

General target

Producing information and creating an early statistical approximation regarding the prevalence, aetiology and magnitude of the various types of domestic violence to which people from the Ecuadorian community resident in London, both in the public (school, work and social environment) and private environment (home, family environment and relationship with partner) are exposed to.

Specific targets

- Obtaining the first data about domestic violence allowing us to set up a base line and a system of criteria for monitoring and assessing policies, projects, programmes as well as the evolution of the problem.
- Providing quantitative information that can be used as a support for future investigations, innovation processes and awareness campaigns.
- Producing quantitative information giving us a better understanding of the reach and magnitude of the different kinds of violence in the Ecuadorian community resident in London.
- Disposing of statistical information allowing us to make a diagnosis about the situation of violence and the perception of the institutional response.
- Finding out whether the participants in this inquiry have been victims of domestic violence during their childhood.
- Obtaining information about the incidence of the different situations of domestic violence.
- Determining which types of aggressors are prevalent in situations of domestic violence.

Chapter II. Literature review

Referential frame of previous investigations

Domestic violence is a social phenomenon having multiple and different aspects, as a result of which it is considered a public health problem. Various international organisations and governments have developed strategies and carried out investigations in order to confront this dramatic situation.

In 1995, the ONU included the war on violence against women in its strategic objectives and in 1998, the World Health Organization (WHO) declared that domestic violence was an international priority for health services. In the same year, the first "action plan against domestic violence" was worked out in Spain. (WHO, 2002)

In 2002, the WHO presented a world report on violence and health, in which violence was described as one of the "main causes of death and non-fatal injuries all over the world". In the same year, the WHO brought forth an updated revision of the consequences of domestic violence for public health and published recommendations regarding prevention as well.

In this context, other authors emphasise that domestic violence involves serious risks for the victims' health both on a physical and psychological level. Its emotional carry-over effect may affect the state of mind of the victims, their family members as well as/or of those friends whom the victims' domestic violence experiences are shared with. (Fernández, M.ª.; Herrero, S.; Buitrago, F.; Ciurana, R., Chocrón, L.; García, J.; Montón, C.; Redondo, M.ª. y Tizón, J.; 2003).

According to the information provided by the Economic Commission for Latin America and the Caribbean (ECLAC, 2014), Uruguay is the leader as far as femicide as a result of domestic violence is concerned, amounting to 0,73%. The same rate is registered in El Salvador, country that was catalogued by the United Nations Development Programme (UNDP, 2012) as "the planet's most violent one" in 2012.

In 2014, the European Union Agency for Fundamental Rights carried out an investigation regarding gender-based violence in which the EU member states took part. The investigation showed that 8 % of all women had suffered domestic and/or sexual violence over the previous 12 months prior to the interview for the investigation and that one out of each three women had experienced some sort of physical and/or sexual aggression as from the age of 15.

The “NGO for integration” (2015), whose members worked together with women that had been victims of domestic violence carried out an investigation that showed that the mortality rates because of domestic violence in Uruguay were 10 times higher than in Spain and 5 times higher than in the Republic of Chile.

A national inquiry about family relationships and gender-based violence specifically meant for women in Ecuador, carried out by the National Council for Gender Equality in 2014, showed that gender-based violence is a social problem of large magnitude, given the fact that 6 out of each 10 Ecuadorian women of 15 years old or older have been victims of physical, psychological, sexual or property-related violence. (National Council for Gender Equality, 2014).

On the other hand, according to a study made in Spain, most of the victims do not longer live together with their aggressors (66%). As far as the victims' educational level is concerned, most of them have not completed primary school (43,4%). The investigation also showed that most of the victims have an average or even low socio-economic status (75%). Nevertheless, Zarzan y Frojan (2005) found out that 41,3% of all women that have been victims of domestic violence had completed high school. 58,2% are economically active whereas 38% remain financially dependent on their aggressors. 72% of all victims have an average of 1,69 children. (Labrador, Fernández, y Rincón, 2010).

The above-mentioned information tells us about investigations regarding violence against women. However, recent investigations have shown that also men can be victims of domestic violence.

The Domestic Violence Care Centre in Mexico (CAVI) informed that in the first half year of 1997, one out of each 10 victims of domestic violence was male. However, according to CAVI and DIF (Agency for Integral Family Development), by 2006, these figures had increased up to 14,1% in the capital of the republic. In 2004, the National Institute for Women in Mexico, confirmed that 73 men had been taken care of because of domestic violence in Mexico City only. (Trujano, Martínez y Camacho, 2010).

In another study carried out in Colombia, the declarations of six men that had been victims of marital violence in an interview during which pictures of violence against men committed by women were shown, were analysed. The results showed that women tended to use verbal violence in order to claim their partners to behave themselves in accordance with the hegemonic model of "man", questioning their masculinity by doing so. (Rojas, Galleguillos, Miranda y Valencia, 2013).

In Lower California in Mexico, an investigation was carried out in which the fact that women also use violence against men, was evidenced. In this case, the violence was empirically proven among young couples in Lower California. (González y Fernández, 2014).

Unfortunately, and despite of the progress that has been made regarding this social problem in recent years, a lot of wrong ideas or myths regarding domestic violence persist, a fact which complicates and affects the lives of the victims and makes their potential separation from the aggressors even more difficult (a). One of the naturalised myths up to today is the pretending to believe that only women can be victims, minimising by doing so the possibility that men can also suffer domestic violence.

Conceptual theoretical frame of reference

Domestic violence

Definition

According to the WHO (2002), domestic violence is defined as “physical, psychological, sexual or any other type of violence or aggressions, committed by persons in the family environment, generally on the most vulnerable members of the family: children, women and elderly persons”.

On the other hand, the American Psychological Association, APA (1996) defines domestic violence as a pattern that includes a wide range of physically, sexually or psychologically violent behaviours committed by someone having an intimate relationship with the victim and who uses violence against the victim in order to obtain power, control and authority. (Walker, 1999).

However, in Spain, the term “**domestic violence**” is used to refer to any type of aggression committed by the offender against his/her life companion and “**family violence**” to refer to any sort of violence committed against other members of the family such as children, elderly people and even to refer to violence committed by children against their parents and/or brothers and/or sisters. (Zarza, September 2001).

In other words, domestic violence covers all kinds of violence committed by one or even different members of the family against other members of the same family. Violence against children, women, dependent individuals and elderly persons are the most common types of violence used in a family environment. The offenders aren't necessarily the physically or financially strongest members of the family, although the victims are often held back to defend themselves because of psychological aspects.

Types of violence

As far as the classification of domestic violence is concerned, this investigation concentrates on the type of violence and the identity of the victims. Subsequently, the **types of domestic violence** according to Buvinic, Morrison, Shifter, (1999), as well as the definitions made by the Ecuadorian National Council for Gender Equality (2014) will be described.

- **Physical violence:** Any intentional use of physical force causing harm, pain or physical suffering to the assaulted individuals. It does not matter what means are being used and what the consequences are nor how much time is needed for recovery. Physical force is used in these cases including beating, pushing, kicking and causing injuries by using different objects and weapons. Cases in which the victim is being strangled, physical pressure on any part of victim's body is being exercised, burning marks are intentionally being caused and the victim is being held against his/her will also occur. This type of violence may, in some occasions, end up in suicide or homicide and is manifested by the appearance of haematomas, bruises, ecchymoses, wounds, fractures, dislocations, knife wounds, stab wounds, internal injuries, suffocation and drowning.
- **Sexual violence:** without prejudice to cases in which the victim is being raped and other crimes against the victim's sexual liberty are being committed, it is considered that in cases of sexual violence the victim is being forced in his/her sexual behaviour and that the victim is being compelled to have sexual contact or accept sexual practises with the offender or offenders who are using physical force and are intimidating, threatening or using any other means of coercion.

Sexual violence is an aggressive act during which the victim is being forced to have sexual contact and in which the offender's interest is to denigrate, humiliate and offend the victim and to have control over the victim. Sexual harassment, sexual abuse, rape and incest are different types of sexual violence.

1. **Sexual abuse:** is defined as touching and caressing the victim's body against her/his will. This type of violence happens at work, on the streets and at home.
2. **Rape:** is defined as penetrating sexual organs or putting fingers or any other objects into the victim's vagina, anus or mouth against the victim's will. It is an extremely violent act and in these cases the aggressor very often expresses death threats against the victim's beloved ones or even the victim itself.
3. **Incest:** is defined as sexual contact between members of the same family or relatives even in case the victim (up to 16 years of age) gives in and has sexual contact with the aggressor.

- **Emotional/ Psychological violence:** any action or omission causing damage, pain, emotional disturbance, psychological changes or weakened self-esteem to the female or the assaulted family member. Emotional/ Psychological violence also means intimidating or threatening by using moral compulsion against another family member and inspiring fear and anxiety by saying that something very bad will happen to the victim or the victim's relatives in ascending and/or descending line or even to relatives of the second degree.

The aggressor's intention is to cause emotional damage or weaken the victim's self-esteem which very often ends in depression. Emotional or psychological violence is manifested in different ways such as insulting, making offensive remarks, giving destructive criticism, being uninterested, blackmailing, abandoning, humiliating, etc. Emotional or psychological violence is the ability to destruct through gestures, words and actions. This type of violence leaves no immediately visible traces although after some years it may become a real problem for the victim.

- **Economic violence:** any behaviour that constitutes control over and absolute abuse of financial power within the family. In cases of economic violence, the victims are being financially punished by their aggressors. The aggressors may also

prevent the victims from going out working, even in case it is necessary for the support of their households.

- **Patrimonial violence:** any behaviour that constitutes damage to or loss, transformation, withdrawal, destruction, retention and/or removal of objects, working instruments, personal documents, properties, assets and economic rights or resources intended to satisfy the victims' necessities.

In Ecuador (2014), **psychological** or **emotional violence** was reported to be the most frequent type of domestic violence as 53,9% of all women reported to have been victims of this type of violence. **Physical violence** was found in the second position amounting to 38%; followed by sexual violence amounting to 25,7% and finally, by patrimonial violence amounting to 16,7%. (National Council for Gender Equality, 2014). These results about physical and psychological maltreatment are similar to the results of another investigation regarding domestic violence carried out in Spain which showed that most of the female participants (54,4%) had been victims of both physical and psychological maltreatment. (Labrador, Fernández, y Rincón, 2010).

Causes

When we talk about the aetiology of domestic or intrafamily violence, we refer to a wide range of usually very complex and multifactorial aspects as:

- Sociocultural attitudes (gender inequality and different cultures)
- Social conditions
- Financial situation (poverty, unemployment, number of children, financial dependency)
- Level of education
- Marital relationships
- Family conflicts

- Biographical aspects
- History of abuse and violence in the family of origin
- Consumption of alcohol and other kinds of drugs
- Specific personality types, etc.

These aspects may, without being immediate causes of violence, constitute risk or precipitating factors for violent behaviour between couples or in the family. Many authors have reported these aspects as both risk and precipitating factors for violent behaviour against family members and for violent behaviour on a social level in general (Echeburúa y Corral, 1998; Walker, 1999).

Jewkes (2002) believes that the two most important epidemiological factors for domestic violence are the unequal position of women both in social and personal relationships and the existence of a “culture of violence” in which violence used for solving conflicts, is accepted.

Violence between couples may become some kind of “normal” interaction (verbal, physical and/or sexual violence) that seems to have its origins in the family and culture of reference during childhood and adolescence. (Zarza y Froján, 2005).

The investigation carried out by the National Council for Gender Equality in Ecuador (2014), shows that gender mandates are being transmitted, instructed and “moulded” by the family and educational establishments, religious institutions, people on the streets, fairy tales, games, books, any means of communication and any possible means of diffusion of the hegemonic ideology of any society. This is how subordination and the disadvantages which women are being confronted with during their lives have become natural.

Thanks to the social changes of the last decades with respect to the role of women both on a private (couple, family) and public (social) level towards a more equal relationship between men and women, the problem of domestic violence has come to

light. This is partially because women have become more aware of their rights and their roles as wives or life companions, their roles within the family and in society. It is also due to the fact that there is a higher incidence of domestic violence. (Richardson J, Coid J, Petrukevitch A, Chung W, Moorey S and Feder G., 2002).

Violence has been and is used as an instrument of power and dominion by the strongest ones against the weakest ones, by adults against children, by men against women throughout the years, and by women against men, although this last case has been reported less often because of its repercussion on others from the social point of view.

Recent studies have shown that domestic violence does not necessarily mean gender violence, in this case against women. Men can also be victims of domestic violence, which can be proven by a study published in May 2016 in England and Wales, in which it was estimated that 8,2% of all women and 4% of all men had experienced domestic violence. (Woodhouse y Dempsey, 2016)

Since the pioneer studies of Walker (1979) it seems that there is a consensus that domestic violence does not consist of isolated facts. Domestic violence involves a pattern of oppressive behaviours in order to gain power and control over the victim, which increases in frequency and intensity throughout the years. (Wolf-Smith y La Rossa, 2001).

Cycle of violence

Violent behaviour generally tends to persist and escalate throughout time. Typical for violence is that it becomes a cycle of which the density increases throughout the years. This cycle is classified into three phases during which periods of violence alternate with periods of affections and regrets. According to the studies and

investigations that have been made, the cycle of violence is made up of the following phases:

- **Tension-building Phase:** typical for this phase is an increase in tension, hostility and anxiety between couples which varies in intensity and frequency. In this stage, the victim manages to tolerate the conflicts resulting in an accumulation of tension. There is an increase in aggressive behaviour, though it happens rather against objects than against the aggressor's partner. Slamming the doors, throwing objects and breaking things into pieces are some examples of this kind of behaviour. The violent behaviour is reinforced by the relief of tension that comes afterwards. The aggressor's violent conducts shift from objects towards his/her life companion and there may be an increase in verbal and physical abuse. The aggressor's life companion tries to change his/her behaviour in order to avoid violence. Trying to keep the house each time cleaner than before and trying to keep the children each time calmer than before are some examples. Both the physical and verbal abuse continue. The victim begins to feel responsible for the violence. This situation may last days, weeks, months or even years.
- **Acute or Crisis Phase:** In this phase, sudden "explosions" occur because of the tension that was built up during the first phase (tension-building phase) which can be very dangerous. These "explosions" vary in seriousness. In some cases, we notice that the victims are just being pushed. In other cases, we see that the victims are even being murdered by their aggressors. Typical for this phase is that these "explosions" cannot be controlled nor predicted.
- **Calm or Honeymoon phase:** In this phase, the aggressor behaves amorphously and shows regret and promises that this kind of facts or violent acts will never happen again while he/she behaves in a loving and well considered way. In this stage, the terms of a relationship are being renegotiated.

Typical for this stage is a period of calmness during which there is no violence at all and the aggressor shows love and affection. In this phase, the aggressor may take his/her share of the responsibility for the acute or crisis phase and give his/her life companion hope for a different situation in the future. The aggressor usually acts like nothing ever happened, promises to look for help and promises to never do it again, etc. If no one acts and the relationship goes on, there is a great chance that the violence escalates and its severity increases. Unless the aggressor gets help in order to learn appropriate ways to manage his/her stress, this phase will only last for a while before the cycle begins all over again. After some time, the aggressor and his/her victim end up in the first phase again.

In short, domestic violence tends to appear in a cycle consisting of three phases (tension-building phase, acute or crisis phase and calm or honeymoon phase) in which the aggressor shows both aggressive behaviours and regret or even tenderness, which confuses the victim and does not allow him/her to see the whole of the situation in which he/she is involved. Domestic violence increases in a progressive way until it becomes a real spiral of violence in which the periods of aggression are each time more intense and dangerous. (Rincón, 2003).

Consequences

Domestic violence has serious consequences for the victims' physical and mental health. As far as the victims' physical health is concerned and unlike what people may think, the most common consequences are long-term functional disorders such as spastic colon, fibromyalgia, gastrointestinal disorders, etc. (and not just physical injuries) (Rincón, 2003).

In 2002, the World Health Organisation (WHO) published a global report about violence and its consequences for health on different levels, which are described below (Krug, E. G.; Dahlberg, L. L.; Mercy, J. A.; Zwi, A. B. & Lozano, R. (2002).

Consequences of domestic violence for health:

On a physical level: injuries of all kinds, traumas, wounds, burning marks, forced sexual relations, sexually transmitted diseases, high-risk pregnancies, forced pregnancies, abortions and death.

Physical consequences

- Abdominal/ chest traumas
- Haematomas and bruises
- Syndromes of chronic pain
- Disabilities
- Fibromyalgia
- Fractures
- Gastrointestinal disorders
- Spastic colon
- Lacerations and abrasions
- Eye traumas
- Decrease in physical activity

On a psychological level: post-traumatic stress disorders, somatization disorders sexual dysfunctions, using violence against his/her own children.

Psychological and behavioural consequences:

- Alcohol and drugs abuse
- Depression and anxiety
- Eating and sleep disorders
- Feelings of shame and guilt
- Phobic neurosis and panic disorders
- Physical inactivity
- Low self-esteem
- Posttraumatic stress disorders

- Psychosomatic disorders
- Tobacco abuse
- Suicidal and auto destructive behaviours

Sexual and reproductive consequences

- Gynaecological disorders
- Infertility
- Pelvic inflammatory diseases
- Complications during pregnancy/ abortion
- Sexual dysfunctions
- Sexually transmitted diseases, including AIDS
- Unsafe abortions
- Unwanted pregnancies

Of all the above-mentioned problems, the most common ones are depressions and posttraumatic stress disorders (PTSD), amounting on average to 47.6% and 63.8% respectively. Victims of domestic violence suffer from post-traumatic cognitions, low self-esteem and are unable to solve problems because of the situation they live in. (Rincón, 2003)

On a social level:

On a social level, the following kinds of behaviour can be related to cases of domestic violence: social isolation, job loss and poor work attendance.

Consequences for children witnessing domestic violence

Here are some of the consequences for children who are witnessing domestic violence: risk of disordering their integral development, feelings of threat (their emotional balance and physical health are at risk in situations of violence and stress), learning difficulties, socialization difficulties, violent behaviour against schoolmates, higher frequency of psychosomatic diseases and concomitant psychopathological disorders. They are often victims of abuse committed by their own parents.

On a longer term: transgenerational violence: a relationship has been built between the misused children and the violence they have witnessed and they may recreate this experience in the future. They also show a high tolerance for situations of violence.

Fatal consequences:

- Maternal mortality
- Homicide
- Suicide

In short, domestic violence has serious consequences as far as the mental health of its victims is concerned. We highlight the following consequences, which are the most important ones: global deterioration typified by severe adaptation problems in daily life situations, posttraumatic stress disorder, depression, drugs abuse or dependence, low self-esteem, posttraumatic cognitions, problem-solving deficiency and suicide or suicidal thoughts. (Golding, 1999).

The aggressor's characteristics in cases of domestic violence

The essential characteristic in cases of domestic violence is the existence of a close relationship of dependence between the victim and his/her aggressor (a) because of which the victim remains in a circle of violence even though the victim has been abused (o) over a long period of time resulting in vulnerability and defencelessness from the victim's side and, from the aggressor's side, in some kind of unpunished intentional control in order to dominate the victim.

In 1995, the first classification was brought forth by the North Americans Gottman and Jacobson in which the existence of 2 categories of aggressors was described: pit bulls and cobras.

Boira and Jodrá (2010), made a comparison between those types of aggressors, where they were described as follows:

Pit bulls:

The aggressors belonging to this category:

- behave themselves violently against their beloved ones;
- are jealous and suffer from fear of abandonment;
- control their life companions and attack them in public;
- their bodies react violently during discussions;
- do have potential to rehabilitate;
- have not been accused of any crimes.

Cobras:

The aggressors belonging to this category:

- behave themselves aggressively against everyone;
- may threaten people by using a knife or a revolver;
- calm down in proportion to his/her aggressive behaviour;
- are difficult to treat with psychological therapy;
- may have been accused of crimes;
- are prone to alcohol or drug addiction;
- tend to insist in order to have his/her life companion done what he/she wants him /her to do.

On the other hand, Corral and Echeburúa (2009) made the following classification according to the:

1. Extent of violence:

- Types of aggressors behaving violently only within their own families: they use violence exclusively at home. The most important stimuli for their behaviour are: alcohol abuse, pathological jealousy and frustrations out-of-home.
- Types of aggressors behaving violently in general: these aggressors have been frequently abused during childhood. They are aggressive persons, both at home and out-of-home and they

have a lot of misperceptions as far as using violence as an acceptable way of resolving problems is concerned.

2. Psychopathological profile:

- Types of aggressors having a lack of interpersonal skills: they usually develop insufficiently during the socialization process resulting in a deficit of interpersonal abilities. They tend to use violence as a coping strategy.
- Types of aggressors who do not have control over their impulses: These aggressors go through phases of rough, unexpected and uncontrolled violent behaviour but do have better interpersonal skills and seem to be more aware that violence is an inadequate coping strategy.

The victim's characteristics in cases of domestic violence

Victims of long-term violence undergo a pathological adaptation process:

- **Loss of control:** means that the victim is convinced that he/she is not capable of solving the aggression problem by him/herself. The victim becomes passive and waits for guidelines given by third persons.
- **Low behavioural response:** means that the victim decides to no longer look for strategies to avoid the aggressions and that the victim's response to external stimuli is passive. The victim's apparent indifference allows him/her to demand less from him/herself and blame him/herself less for the aggressions he/she suffers. Unfortunately, it also reduces the victim's capacity to withstand the aggressions.
- **Identification with the aggressor:** means that the victim believes to have deserved the aggressions and even justifies the aggressor's behaviour when criticism is being given by third persons. On the other hand, pauses between violent periods and a constant switch between violence and tenderness,

intensifies the victim's dependence which becomes even worse in case the victim is also financially dependent on the aggressor.

- **Syndrome of Learned helplessness:** means that the victim ends up believing to have deserved the aggressions, after having failed in his/her attempts to keep the aggressions under control and because of his/her low self-esteem which decreases even more because of his/her incapacity to put an end to the situation.

In some occasions, the victims do not leave their violent partners because they believe the alternatives to be worse than their own situations. They convince themselves that the situation is not that bad after all and they even believe to have caused the violence themselves by not having remained silent. They blame and censor themselves. Special attention should be paid to the **syndrome of learned helplessness** as there is never a concrete reason for abuse. The victims paralyse and freeze when they realise there is no way to avoid the abuse. This is why the victim often gives the impression that he/she is not prepared to solve the problem.

Violence is progressively built up in relationships. In some cases, the victim allows the abuse he/she suffers because he/she considers him/herself to carry the main responsibility for the family's well-being which he/she believes to depend on his/her own capacity to avoid conflicts, violent situations or marital breakdown.

The main reason why the victims do not leave or are held back from leaving these situations of aggression, is the fear of reprisals, followed by the victim's financial dependence and the fear of losing his/her children.

Some of the characteristics of the victims of domestic violence are:

- they believe all myths (religious, cultural, family and social) regarding domestic violence;
- they suffer from low self-esteem;
- they believe they are to be blamed for the aggressions (o);

- they believe to have failed (o) in their different social and family roles;
- they suffer from anxiety and panic attacks;
- they have a lack of control over their own lives;
- they think they are incapable of solving the situation;
- they believe that nobody can help them solving the problem;
- they feel responsible for their aggressors' behaviour;
- they isolate themselves socially;
- They are prone to addiction.

Immigration and domestic violence

Definition of an immigrant

According to the International Organization for Migration (IOM, 2015), emigration and immigration can be defined as follows:

Emigration: means leaving one country in order to settle down in another. The international human rights regulations determine the right of every person to leave any country, including his/her own country. Only in specific circumstances, governments can restrict the right to leave the country. Prohibitions to leave the territory are generally found in judicial mandates.

Immigration: is the process of foreign people entering a country with the intention to live there permanently.

In an immigration context, migrants feel uprooted: they are in a foreign country with different habits and another culture, without their families, in many cases even without their children and most of them only have poor prospects.

Characteristics, Syndrome and Factors:

Characteristic for the Immigrant Syndrome with Chronic and Multiple Stress is the fact that the individual suffers from certain stressors or afflictions on the one hand, and a series of mental and somatic symptoms on the other hand. (Achotegui, 2005).

Achotegui emphasises the existence of 7 sufferings related to migration: the migrant's family and beloved ones, the foreign language, culture and country, his/her social status, his/her contact with the group of people they belong to and the risks for the migrant's physical integrity. These sufferings are present - though to a higher or lesser extent - in all the migratory processes. However, having to live through them in good conditions or in extreme situations is quite different.

Stressors related to the migratory syndrome:

- Loneliness and forced separation from family members and beloved ones;
- Sorrow because of the failure of the migratory project: feelings of desperation and failure that grow in case the immigrant does not get the smallest chance of making any progress in life;
- Struggle for survival: food and shelter;
- Fear: physical risks because of the migratory journey and apart from that, fear of detention and expulsion in all cases.

Factors that strengthen the effect of the stressors related to the Immigrant Syndrome with Chronic and Multiple stress (Ulysses Syndrome):

- the multiplicity of stressors;
- the stressors becoming chronic;
- the intensity and relevance of the stressors;
- the lack of feeling of control;
- the absence of a social support network;
- the classic examples of stressors related to migration: a foreign language, culture and other landscapes.

One of the factors that may affect the migrants in their host countries may be the poor acceptance or low tolerance of these changes; the fact that what some people took for granted (control and power) is now in danger may be a stimulant for violence.

In this sense, Castillo y Mazarrasa (2001) warn for the impact of the adaptation process on the health of immigrants as a result of a qualitative study that was carried out in Spain in which women that had arrived from Morocco, Ecuador and the Philippines took part. "In case the psychological readjustment these women experiment during the adaptation process is insufficient, several psychosomatic problems and psychological and mental alterations occur, that, in many cases, are responsible for the depressions those people suffer from and the fears they have."

In a nutshell and quoting what the Family Violence Prevention Fund - FVPF- USA says: the obstacles a misused immigrant is confronted with can be attributed to a combination of language and cultural barriers, legal status and difficulties to reach the services they are aiming at. The FVPF classifies the means abusers use against their victims into seven categories:

- Isolation: the offender prevents the victim from learning the host country's language and tries to isolate the victim from his/her family and/or friends and prevents the victim from talking to anyone from his/her country.
- Threats: the aggressor may threaten the victim with deportation. He/she may withdraw the request to authenticate the victim's immigration status.
- Intimidation: the abuser may hide or give away belongings from the victim's country of origin, such as souvenirs or legal documentation. He/she may also destroy necessary documentation, such as the victim's passport, residence card, medical insurance papers or driving licence.
- Manipulation as far as the victim's citizenship or residence is concerned: the aggressor may take away the victim's residence card or may never hand in the documents. Furthermore, in some cases, the offender may even threaten the victim by lying to the victim that he/she may lose his/her citizenship in case he/she denounces him/her to the authorities.
- Economic abuse: the abuser may cause the victim's dismissal or prevent the victim from receiving education. He/she may also call the victim's boss to report that the victim has no papers even though this is not the case.

- Emotional abuse: the offender may write lies to the victim's family and friends and may use racist insults against the victim as well.
- Involving children: the aggressor may threaten that the victim's children will be harmed or taken away in case he/she calls the police or decides to go away. (López, 2007)

Models of intervention

Morgan (1999), who made a summary of the models of intervention in cases of domestic violence that were set up by Quiroz in 1997 - about the evolution of intervention and the influence of different changes of ideas in theoretical currents, mentions some of these models of intervention in intrafamilial or domestic violence, which we refer to subsequently:

- Ecological model;
- Intrapyschic model;
- Model of expression;
- Model of interaction;
- Social learning model;
- Gender sensitive model.

This study is based on the ecological model of Bronfenbrenner (1987), in which the different environmental systems which an individual interacts with are being identified. The **macrosystem** describes the culture in which individuals live. It refers to the overall patterns of ideology and organisations that characterize a given society or social group in particular. The second level, the **exosystem** or **mesosystem**, describes the individual's closest community, including school and church communities, the different means of communication and work environments. The third level, the **microsystem**, describes the face-to-face relationships that make up the individual's closest circular network. The final level, the **individual** level considers the behavioural, cognitive and psychodynamic dimensions (See Fig. 1).

The idea regarding the determining factors is immediately connected to the proposed strategies. Some of the actions that are being derived are the following:

- Revealing cultural myths and stereotypes
- Raising the community's awareness of domestic violence
- Providing alternative, more integrated models of functioning
- Encourage adequate legislation
- Orienting towards a resources network
- Setting up treatment and recovery programmes
- Using the numerous means of communication
- Setting up training and prevention programmes.

Fig. 1: Ecological model of intervention in cases domestic violence

SOCIETY MACROSYSTEM	COMMUNITY MESOSYSTEM	FAMILY MICROSYSTEM	INDIVIDUAL INDIVIDUAL
Social representations Relationships and use of power Structural violence Institutional violence Social inequalities Impunity	Social problems identifiable at school, in neighbourhoods, areas or social groups Situations of poverty Lack of opportunities Unemployment Urban deterioration	Marital conflicts Violent family environments Socialization	Personal history Low-self esteem Dependence Indifference Poor communication Lack of affection
RISK FACTORS	RISK FACTORS	RISK FACTORS	RISK FACTORS
Feeling uprooted and lawlessness Acceptance of violence to solve conflicts Idea of masculinity associated with dominance, honour and aggression Strict roles for both sexes	Association with delinquent peers Isolation of women and families Violent practices in neighbourhoods and within groups Violence at school	Violent neighbourhoods	Domestic violence during childhood Absent parents Childhood abuse Alcohol and drugs consumption

Chapter III. Methodological approach.

Methodology background

Considering that epistemology is the branch of philosophy that studies nature, diversity, origins, objectives and limits of scientific knowledge, it is important to conduct a rational and critical pre-analysis of the investigation that has to be carried out, which is in this case about domestic violence.

The scientific method follows a series of sequential steps for which it is necessary to set up a definition of the problem or for which we need to ask ourselves questions about the phenomenon that has to be investigated from which, subsequently and by using research designs, verifiable hypotheses in practical terms will be derived. Conclusions confirming or disputing the brought-up theories, questions and hypotheses will be obtained afterwards. (Pitarque, 2013).

In this respect, the scientific model in which we develop ourselves, is the model of Augusto Comte (1789 – 1853), or positivism, a theory of science, a change in society stating that reality, which is organised as a system of regularities between which causal relations exist, exists independently from the subject that investigates it. (Fuentes, 2006). In the same order of ideas and taking the valid epistemological models into account, we are dealing here with the systemological model, the investigation of which is more a holistic kind of study.

In the case of psychology, the intention is to establish general and positivistic laws allowing us to obtain, to the best extent possible, a better understanding of human behaviour (Nuñez, S/F). Our interest is to be pioneers in an investigation about domestic violence in an Ecuadorian community resident in London.

Investigation type and research design

Arnau (1995a) explains that in psychological science two models exist: the experimental and the associative model. In the current investigation, our focus will be put on the *associative model* which is characterised by a minimal degree of intervention by the investigator. This means that the investigator neither causes nor isolates the phenomenon he wants to study but restricts himself to the investigation itself while it follows its natural course. In methodological terms, this is translated into "the absence of manipulation of the independent variable and a minimal or zero control of foreign sources of variation". (Nuñez, S/F).

The investigation methodology in the current study is non-experimental, this means that we do not have the independent variables oscillated in an intentional way. What we do is observing phenomena the way they occur in their natural contexts in order to analyse them afterwards, as defined by Kerlinger (1979, p. 116): "the non-experimental and ex post facto investigation is any investigation in which it turns out to be impossible either to manipulate variables or to assign the subjects or conditions in an aleatoric way." (Hernández, Fernández y Baptista).

This investigation was exploratory and descriptive, because its main objective was to obtain a global vision of a certain reality, for which information was collected in order to answer questions concerning the current state of natural, individual or social phenomena: shape, structure, activity, change in weather, relation to other phenomena. Individual variables were also measured or characterised in order to obtain information about preferences, attitudes, practices, etc. of a group of individuals in particular. (Fuentes, 2004).

The *research design* was a kind of field study in the shape of a questionnaire.

In inquiry methodology, its aim is to describe and analyse relations between data by means of surveys, tests or questionnaires in large (e.g. $n > 200$) and representative samples of a population. (Pitarque, 2013).

According to the information provided by Fuentes (2003), “an inquiry is one of the most common procedures used to collect information about many fields in social sciences, like, for example, knowing the general opinion on a subject...” “Basically, inquiries consist of a series of questions that are answered by those who participate in the analysis”.

He thus makes a distinction between an inquiry and a questionnaire: “inquiry” is the technique or procedure according to which the survey is being conducted whereas “questionnaire” is the tool used to carry out the investigation.

The aim of this study is to explore the aetiology and prevalence of domestic violence within the Ecuadorian community resident in London.

Population and Survey

The population was made up of people from the Ecuadorian community resident in London. 210 Individuals who attended at the Ecuadorian Consulate between May and June 2016 and who met the inclusion criteria, were selected according to a non-probabilistic sampling procedure: accidentally or casually, as the selection criterion depends on the chance to meet them (Kerlinger, 1979).

The inclusion criteria were the following:

- Members of the Ecuadorian Community resident in London;
- Age: between 14 and 75 years;
- Gender: of both sexes;
- Level of education: educated.

Individuals suffering from mental retardation, visual, sensory, auditory and motor disorders were not selected as this could have interfered with the process of collecting reliable information.

Tool

The tool used was a questionnaire containing a series of items complying with the nomenclature developed for data collection: country, municipality, city, date, age in years, gender, highest degree, marital status, employment status (See Addendum A) (Inquiry on gender and generations-based violence, Uruguay, 2013)

The team of investigators consulted people from the Ecuadorian community in charge of politics, professionals, investigators and experts as far as the layout of inquiries and the subjects that should be broached by them are concerned. A draft questionnaire was made out and tested by some individuals from the Ecuadorian community. The results of this draft served as a basis for the final questionnaire that was implemented between May and June 2016. All questions were answered in private and in locations assigned by the Ecuadorian Consulate. The female interviewers filled out all questionnaire forms using the techniques for individual and group interviewing (on paper).

The inquiry examined personal experiences related to physical, sexual, psychological, economic and patrimonial violence, the type of situation the participants had been through and who had been their aggressors. The survey also investigated whether the participants had lived through any violence during childhood and examined their knowledge about and perception of domestic violence. The investigation also tried to find out about the causes and consequences of domestic violence. A series of questions were made about the participants' age, degree and employment status and the answers were used to analyse the connections with and risk factors for victimisation in more depth.

Chapter IV. Analyses of and comments on the results

For the purpose of this investigation, statistical analyses were carried out and expressed as averages, percentages and proportions of the total number of participants who have, among other factors, suffered domestic violence.

With regard to the socio-demographic characteristics of the study carried out between May and June 2016 among a group of Ecuadorian people who currently live in London, in chart # 1 we can see that out of the total number of 210 participants, 58 participants are aged between 38 and 43 years old, - corresponding to 28 % and making up the majority -, 38 participants are aged between 44 and 49 years and 30 participants are aged between 32 and 37, - corresponding to 18 and 14 % respectively. This may be an indication that most of the participants are part of the active population and contribute to the country's economic development.

Chart # 1: Distribution of the participants according to their age

Age group	Participants
14-19 years	12
20 -25 years	17
26 -31 years	14
32 -37 years	30
38 – 43 years	58
44 -49 years	38
50 – 55 years	21
56 - 61 years	14
62 - 67 years	3
68 - 73 years	1
74 years or more	1
No response	1
Total	210

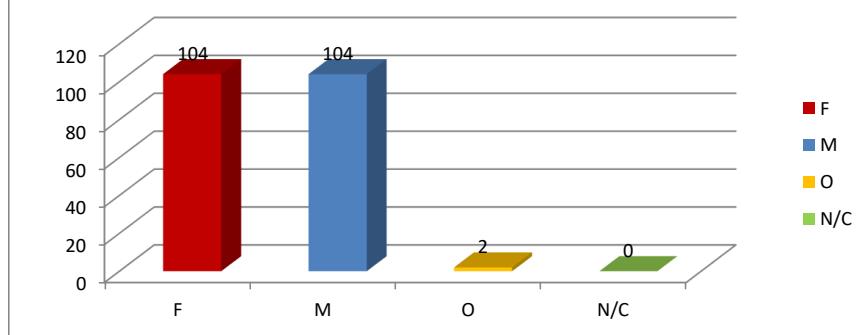
When we have a look at chart # 2, we notice that the participants are equally distributed in terms of gender. In other words, out of the total of 210 participants, 104 participants were female, another 104 participants were male and 2 participants said to belong to other categories without specifically mentioning which ones. In this sense, we could say that 49,52 % of the population is female, another 49,52 % of the population is male and 0,96 % of the population belongs to other categories. (See graph # 3).

It is important to emphasise that the 2 participants who did not specify their gender may have done so because of cultural and social restrictions as far as sexual orientation is concerned.

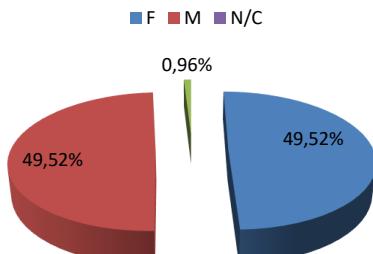
Chart # 2: Distribution of the participants according to their gender

Gender	Participants
F	104
M	104
O	2
No response	0
Total	210

Graph # 2: Distribution of the participants according to their gender



Graph # 3 : Percent distribution of the participants according to their gender

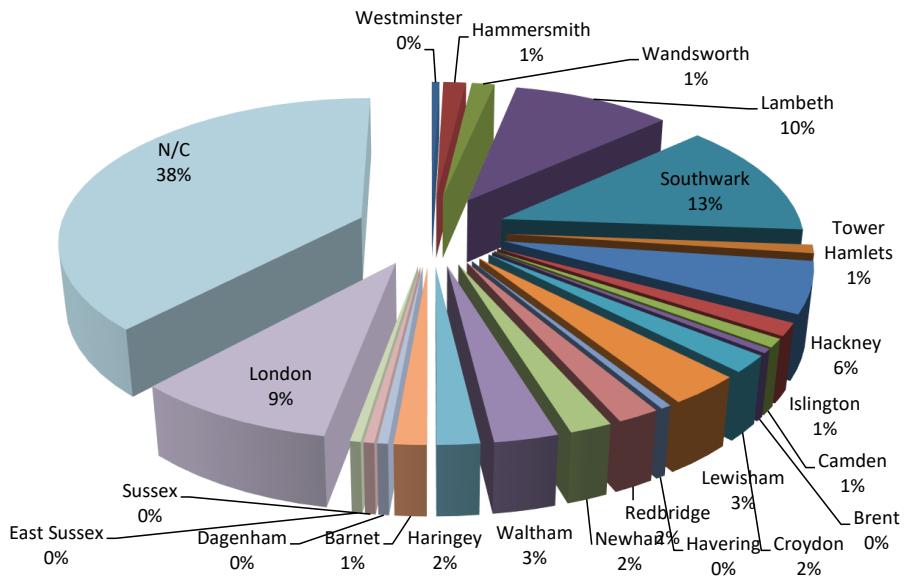


As far as the participants' area of residence is concerned, we notice that 13 % of them live in Southwark whereas 10 % are resident in the council of Lambeth (chart # 3 and graph # 4), from which we can conclude that 23 % of the participants live in the south of London and only 0,25 % of the participants live in the London suburbs, more specifically in Croydon and Sussex. Nevertheless, this larger number may probably be due to the fact that the surveys were conducted in the south of London, more specifically in Southwark. What really catches our attention, is that 80 participants left this question unanswered, from which we can deduce that a) they are not familiar with the name of neither the council nor the area they live in. b) They are not interested in sharing their area of residence with other people who they consider as "unknown". c) They are not willing to share their area of residence because they are aware of their privacy rights described in data protection legislation.

Chart # 3: Distribution of the participants according to their area of residence

Area of residence	Participants
Westminster	1
Hammersmith	3
Wandsworth	3
Lambeth	21
Southwark	27
Tower Hamlets	2
Hackney	12
Islington	3
Camden	2
Brent	1
Croydon	4
Lewisham	7
Havering	1
Redbridge	4
Newham	4
Waltham	6
Haringey	4
Barnet	3
Dagenham	1
Sussex	1
East Sussex	1
London	19
No response	80
Total	210

Graph # 4: Percent distribution of the participants according to their area of residence

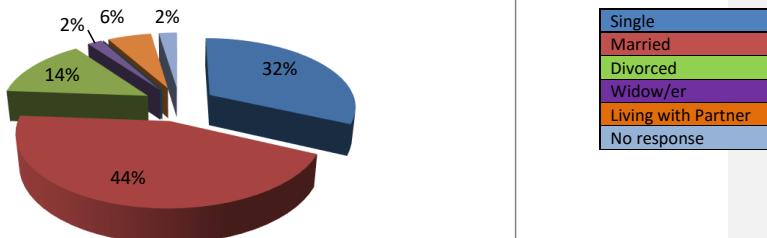


As far as the participants' marital status is concerned, (chart # 4 y graph # 5) we notice that most of the Ecuadorians that were interviewed for this investigation are married (93 participants, representing 44 % of all participants), whereas 67 participants are single (representing 32 % of all participants) and 29 participants are divorced (representing 14 % of all participants). We also notice that 12 participants are living together with their partners (representing 6 % of all participants). All of this has enabled us to identify the grade of kinship or link between the participants and their social and family environment.

Chart # 4: Distribution of the participants according to their marital status

Marital status	Participants
Single	67
Married	93
Divorced	29
Widower/Widow	4
Living together with partner	12
No response	5
Total	210

Graph # 5: Percent distribution of the participants according to their marital status



As far as the topic of sharing a residence (Chart # 5) is concerned, the purpose is to know the social, family and demographic aspects that allow the participants to integrate in this country and become connected with it. In this respect, the survey has shown us that 20 % of the parents (41 persons) live with their children and 12 % of them live alone with their partners (25 participants).

It is important to emphasise that there is a large variety of family compositions. 37 Participants answered that they live together with their children and partners, corresponding to 18 % of all participants. We have also noticed that 45 participants did not specify whom they live with. However, in these cases we can conclude that they share their residences with friends, unknown people and other relatives.

Chart #5: Distribution of the participants according to whom they share their residences with.

Shares his/her residence with	Participants
Mother	9
Father	2
Brothers and sisters	5
Children	41
Partner	25
Children, father	2
Children, partner	37
Mother, father	2
Mother, children	3
Mother, brothers and sisters	5
Mother, father, brothers and sisters	3
Mother, father, partner	1
Father, brother and sisters	2
Partner, others	1
Father, brothers and sisters, children	1
Children, others	2
Mother, father, children	1
Others	45
No response	23
Total	210

As far as their partner's nationality is concerned, in chart # 6 and graph # 6, we notice that - and this is not a surprise - 108 participants have a partner who is an Ecuadorian citizen which means that 51 % of the interviewed participants still prefer to be in a relationship with someone from their own country of origin which may be due to the need of maintaining and pursuing the values and traditions of their own culture. We also notice that 7 participants are in a relationship with a British citizen. Other nationalities in this investigation were the Spanish, Colombian, Bolivian and Portuguese nationalities which can be considered as the most representative ones in this investigation. On the other hand, 73 participants (35%) preferred to remain anonymous as they decided not to provide any information as far as this topic was concerned. This

may be an indication that there are participants younger than 25 years old and older than 55 who are probably single.

Chart # 6: Distribution of the participants according to their partner's citizenship

Their partner's citizenship	Participants
Ecuadorian	108
Colombian	3
Spanish	5
Portuguese	2
British	7
Norwegian	1
Albanian	1
Bolivian	3
Hungarian	1
Russian	1
New Zealand	1
Irish	1
Czech	1
Romanian	1
Peruvian	1
No response	73
Total	210

As far as the socio-economic characteristics are concerned, we notice that 48 % of the participants either obtained a high school degree (68 participants) or not (34 participants). Moreover, we notice that out of the 26 % of those who started university studies, 13 % managed to complete those studies, whereas the remaining 13 % did not. (See chart # 7 y graph # 7). This is a significantly important fact, as the participants in this investigation have a good academic level which gives a better chance on development and guarantees a higher performance at school and work.

Chart # 7: Distribution of the participants according to their level of education

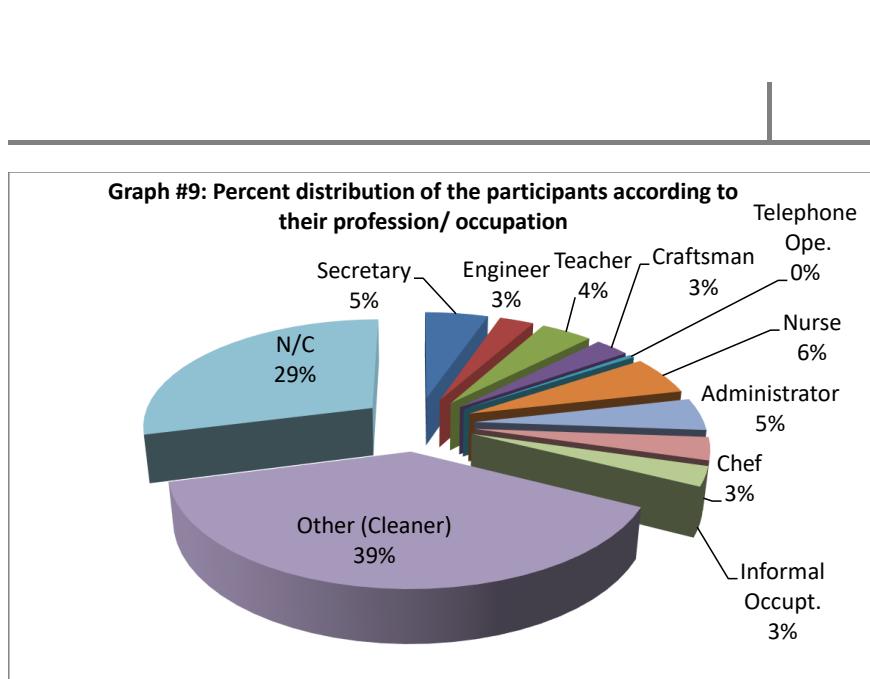
Level of education	Participants
Illiterate	0
Did not complete primary school	3
Completed primary school	11
Did not complete high school	34
Completed high school	68
Did not complete middle-level technician studies	6
Completed middle-level technician studies	12
Did not complete higher technical university studies	1
Completed higher technical university studies	4
Did not complete university studies	27
Completed university studies	28
Did not complete postgraduate studies	2
Completed postgraduate studies	10
No response	4
Total	210

As far as their profession or occupation is concerned, in chart # 8 and graph # 8 we can see that 81 participants (39 %) are working as cleaners or cleaning supervisors. The list related to the participants' current occupation mentions the following activities: nurse (6%), secretary and administrator (5%). (See graph # 9). It is worth mentioning that the participants' educational level is usually higher than the level of the job they are currently doing. This may be due to the fact that one of the problems the participants are facing with when they are looking for a better job related to the studies they completed, is that they may miss the job opportunity in case they are not fluent in

English. On the other hand, we notice that 61 participants or 29 % of the participants did not answer this question which may be due to the fact that minors who are still at school and elderly people who are currently retired or professionally inactive also participated in this survey.

Chart # 8: Distribution of the participants according to their profession/ occupation

Profession/ Occupation	Participants
Secretary	11
Engineer	6
Teacher	9
Craftsman	6
Phone operator	1
Nurse (male nurse)	12
Administrator	10
Chef	7
Informal trader	6
Other (Cleaner)	81
No response	61
Total	210

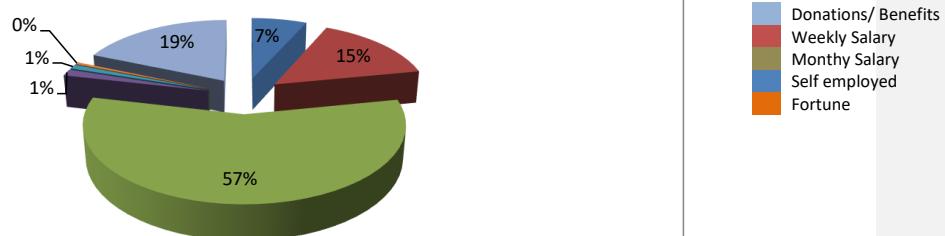


As far as their source of income is concerned, 119 out of the 210 participants (57%) answered that they receive a monthly income, whereas 15 % of the participants receive a weekly income and 7 % of the participants manage to survive thanks to benefits or support received from the British government. When we have a closer look at chart # 9 y graph # 10, we notice that 19 % of the participants prefer not to share this kind of information by not answering this question.

Chart # 9: Distribution of the participants according to their source of income

Source of income	Participants
Support and benefits	14
Weekly salary	32
Monthly salary	119
Do not depend on a salary	3
Support, weekly salary	2
Fortune	1
No response	39
Total	210

Graph #10: Distribution of the participants according to their source of income



In addition, in this investigation, several aspects related to the participants' awareness of domestic violence have been taken into consideration. The first topic that must be assessed is the **definition or concept of domestic violence**, which is described by the majority as "physical and psychological abuse". Others define domestic violence as "the mistreating of women" and in these cases it is evident that the majority tend to connect domestic violence with gender violence, which is an important topic to clarify and demystify. At the same time, there is still another group of participants who are defining domestic violence as "insulting, humiliating, threatening, knocking down the victim and screaming at him/her".

The participants listed the following **causes** of domestic violence (in descending order of entry): "lack of communication, machismo and alcohol abuse". Apart from these causes, the participants also mentioned - though, to a lesser extent -: "underestimating domestic violence or simply not being familiar with it, financial problems, jealousy, consumption of substances and abuse during childhood."

The following **consequences** as a result of being exposed to domestic violence were listed by the participants: "death, separation/divorce and physical aggression/damage." The participants also mentioned the following aspects, though to

a lesser extent: "physical and psychological abuse, adults and children suffering from traumas, mental disorders (depression, anxiety, etcetera) and suicide".

From a qualitative point of view, the answers obtained by this investigation show us which information and adequate knowledge level the participants have as far as the definition, causes and consequences of domestic violence are concerned.

With regard to the Ecuadorian participants who affirmed having suffered domestic violence, the results demonstrate that **42% (88 persons)** of them show a considerable level of obedience and vulnerability. These figures indicate that 4 out of each 10 participants older than 14 years of age reported having suffered domestic violence (see graphs # 11-12). These results are consistent with the results of the study carried out by the United Nations (2013), in which Ecuador was considered to be a country with a high violence rate in the region of Latin America.

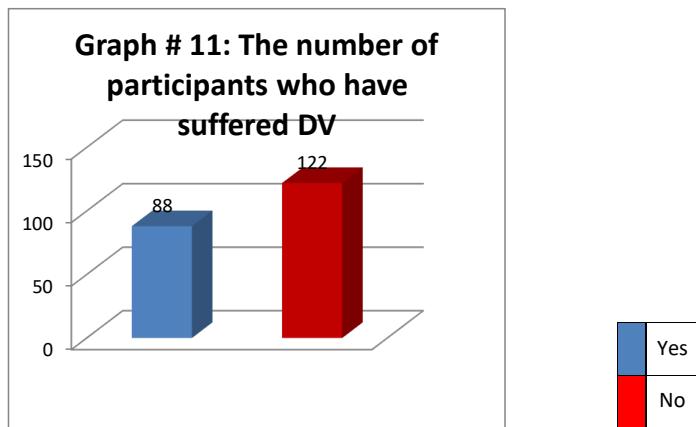
After analysing this topic in detail, we found out that out of the 42% of the participants who had suffered domestic violence, 23% were women and 18% were men, which means that 2 out of each 4 women reported having experienced domestic violence. These results are similar to what was demonstrated by other studies carried out in Ecuador about family relations and gender violence (2014), which showed that 6 out of each 10 Ecuadorian women had suffered domestic violence. Our investigation as well as other studies that were carried out previously have shown that women are more often victims of domestic violence.

On the other hand, the percentage of male participants who reported having suffered domestic violence - which is not that much lower than the percentage of Ecuadorian women, catches our attention - as out of each 4 persons who suffered domestic violence, 1 person turns out to be male – 1 of these men who paradoxically dared to make clear that they had also experienced domestic violence.

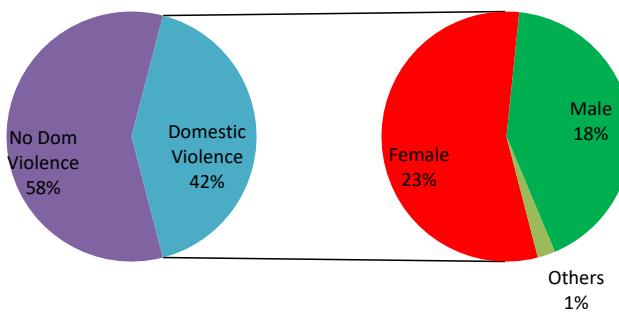
In an investigation carried out by Woodhouse and Dempsey (2016) in England and Wales, 8.2 % of the female participants and 4 % of the male participants considered themselves to have been victims of domestic violence in 2014/2015. The results from that investigation show that both men and women may be victims, considering that violence against men has been an investigation subject in recent decades.

Our society's perception about domestic violence is that, in general, its victims are women, as a result of which several measures have been taken. Even though these measures are intended to stop domestic violence, they tend to hold men responsible for it. This study shows that there is no doubt that men have also experienced periods of domestic violence which is a fact that has also been confirmed by other investigations such as the following: Trujano, Martínez and Camacho (2010) Rojas, Galleguillos, Miranda and Valencia (2013) in Colombia and González and Fernández (2014) in México.

On the other hand, we notice that the remaining **58 % (122 participants)** confirmed that they have not been victims of domestic violence. These figures may suggest the fact that those participants were not prepared to share this kind of information or even that domestic violence is still normalised in certain cultures (See graphs 11 and 12).



Graph # 12: The number of participants who have suffered domestic violence, expressed as percentages

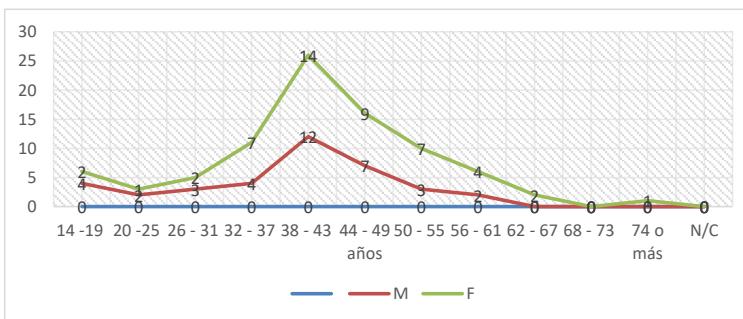


In graph # 13, we notice that most of the participants who reported that they have been victims of domestic violence are between 38 and 43 years old, which means that the average age is 40 years and 3 months for both sexes, whereas the average age is 40 years and 2 months for women and 40 years and 3 months for men.

In a study carried out in Spain by Labrador, Fernández and Rincón in 2010, the average age of women who had suffered domestic violence was 36 years. These figures are close to the results of our investigation.

Graph #13

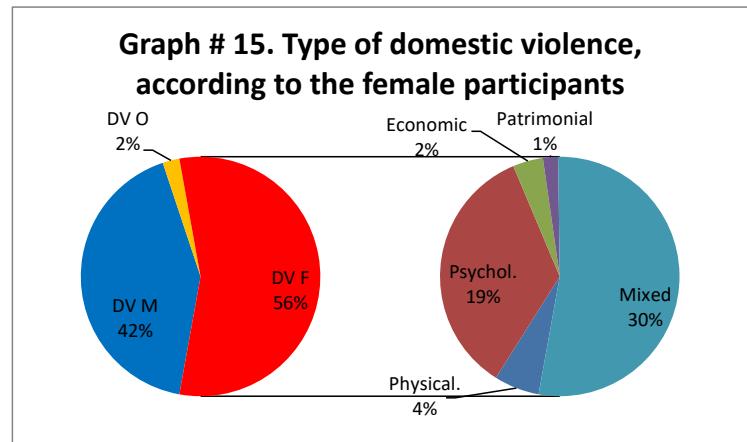
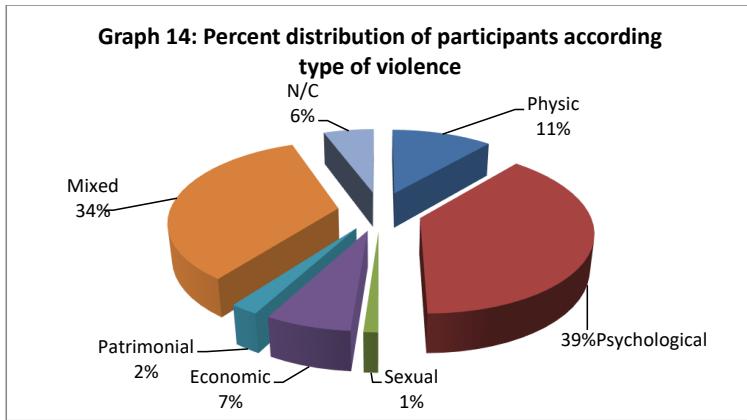
Distribution of the victims according to their gender and age

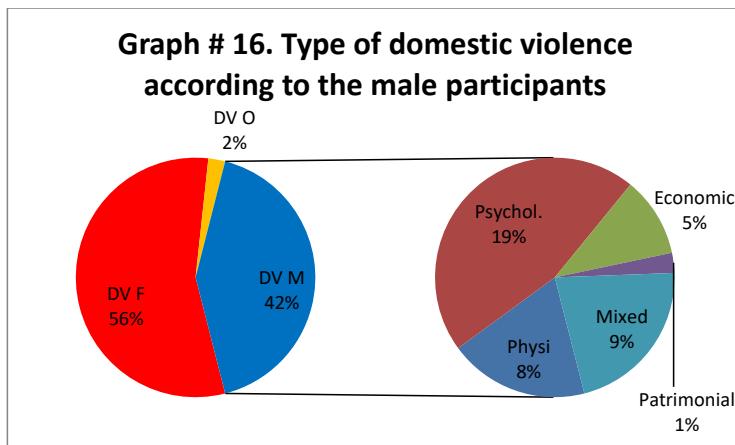


As far as the type of violence is concerned, 39 % or 34 participants confirmed that they had suffered psychological violence), 11 % or 10 participants reported having suffered physical violence, 7 % or 6 participants had suffered economic violence, 2 % or 2 participants had experienced patrimonial violence and 1 participant had been a victim of sexual violence (1%). Graph # 14 shows that 30 participants confirmed to have been abused and suffered various types of violence simultaneously (mixed violence). Most of these victims have suffered physical and psychological violence (11 participants or 5%). According to the National Council for Gender Equality, these results are consistent with the outcome of studies conducted in Ecuador in 2014, from which resulted that psychological violence prevails, immediately followed by physical violence.

For this investigation, we will make use of the information provided by the participants who in fact reported having experienced a specific type of violence. As shown by graphs #15 and 16, this kind of information is gender-related, as the **female participants** who had experienced domestic violence were more likely to mention the type of violence they had suffered (**56%**), whereas only **42%** of all **male participants** really mentioned it. In this context, 19% of the female participants indicated having suffered psychological abuse, 4% confirmed having experienced physical violence, 2% economic violence and 1% patrimonial violence. Mixed violence, consisting of different types of maltreatment also prevails, amounting to 30%. As far as domestic violence suffered by men is concerned, the most prevalent type appeared to be psychological maltreatment in 19% of the cases, followed by physical violence (8%), economic violence (5%), patrimonial violence (1%) and finally mixed violence (9%). An important fact that catches our attention is that, compared to women, men have more often experienced physical violence and that, compared to men, women have more often suffered different types of violence at the same time.

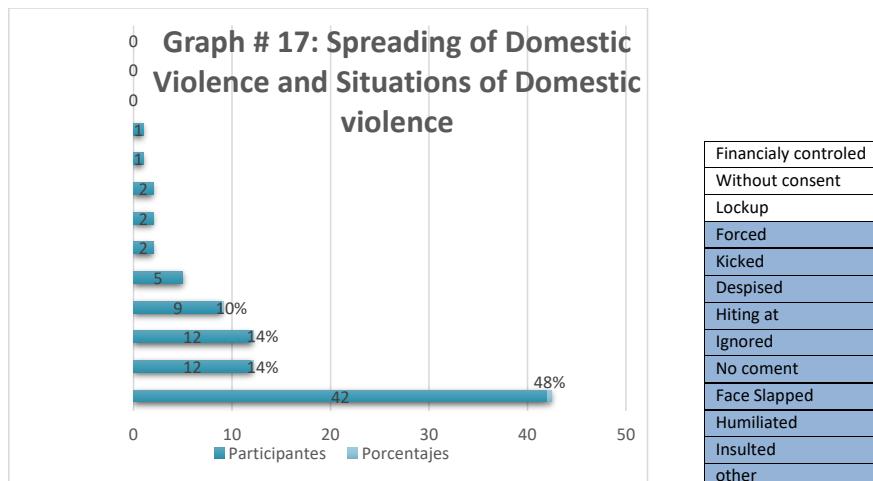
As mentioned in the theoretical frame, another study about domestic violence shows us that most women have suffered physical and psychological maltreatment (54,4%). (Labrador, Fernández y Rincón, 2010).



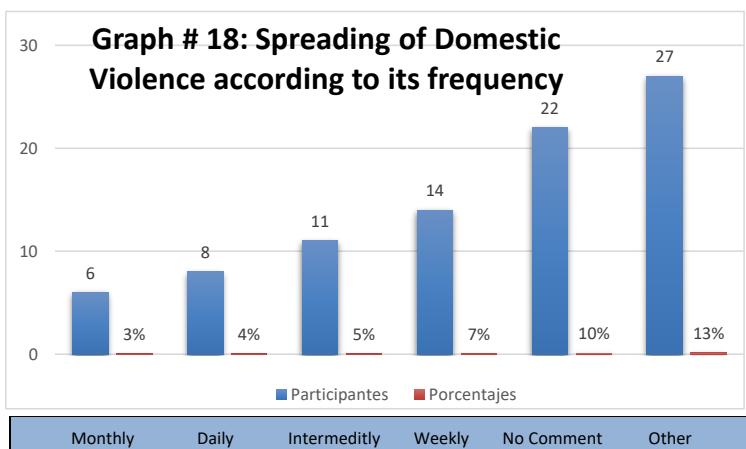


As we can see in graph # 17, **psychological abuse** consists in most of the cases of insulting (12 cases) and humiliating the victims (12 cases), slapping the victims into their faces (9 cases), despising or ridiculing (2 cases) the victims and ignoring (2 cases) them, whereas **physical abuse** consists of knocking down the victims (2 cases) and forcing (1 case) the victims and kicking (1 case) them.

It is important to emphasise that there is a relevant number of 42 cases in which the victims suffered a combination of both **physical and emotional abuse** and had been slapped into their faces, knocked down, humiliated, insulted, despised or ridiculed, forced, financially controlled and forced to do things (See addendum B). These results match the outcome of an investigation carried out in Ecuador (National Council for Gender Equality, 2014) from which it resulted that 43% of the participants had experienced psychological violence. At the same time, in many cases, the victims had also suffered humiliations or other types of psychological abuse.

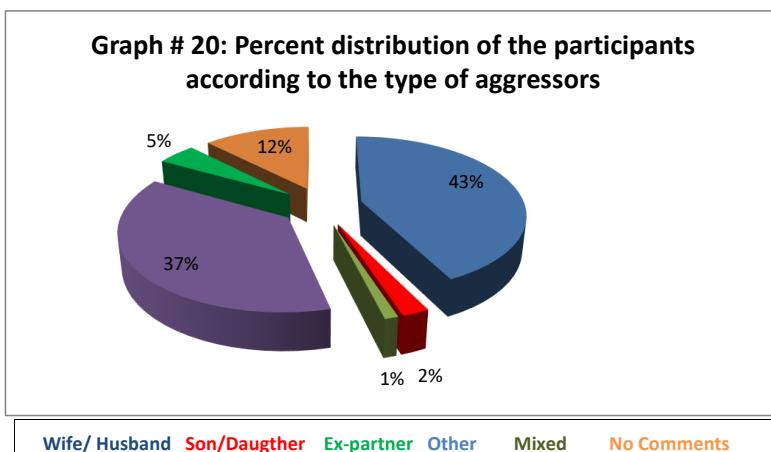
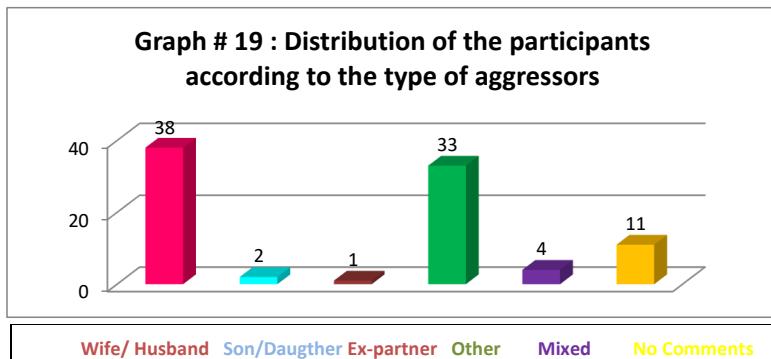


As far as the frequency of the abuse is concerned (graph # 18), we notice that in most of the cases, the abuse has a weekly frequency (7%), whereas 5% of the cases occur every 2 days, 4% happen on a daily basis and 3% on a monthly basis. 10 % Of the participants preferred not to provide any information as far as this topic is concerned, which may be due to the fear related to denouncing the aggressor (a) or to the fear of being hurt again (o).



As we were investigating the kind of aggressors the participants had been victims of, 38 participants (43 %) confirmed that, in general, their aggressors were their wives or husbands, whereas 12% (11 participants) wished to remain anonymous which may indicate their fear of being assaulted again. Recalling these painful facts may result in their rejection to answer these kinds of questions. The victims may also be ashamed to talk about it (See graphs # 19, 20).

33 Participants (37 %) answered "other". In those cases, "other" was related to situations of abuse experienced at work committed by the victims' employers or colleagues. In case the victims suffered violence within their family or social environment, the victims referred to stepfathers, grandmothers, mothers-in-law, ex-husbands and girlfriends being their aggressors.

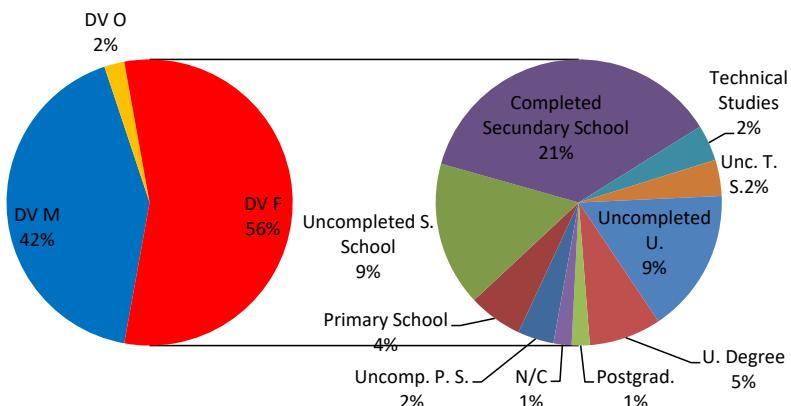


Graphs # 21 y 22 regarding the victims' level of education and domestic violence show us that both male and female participants who did either finish high school or not were more likely to become victims of domestic violence (between 25 % and 30 %). These results are consistent with the results obtained by the study conducted by Zarzan and Frojan (2005), which confirmed that 41.3 % of all women who had suffered domestic violence had finished high school. Nevertheless, in another study carried out by Labrador, Fernández and Rincón (2010), the participants who did not complete primary studies were more likely to suffer domestic violence (43,4%),

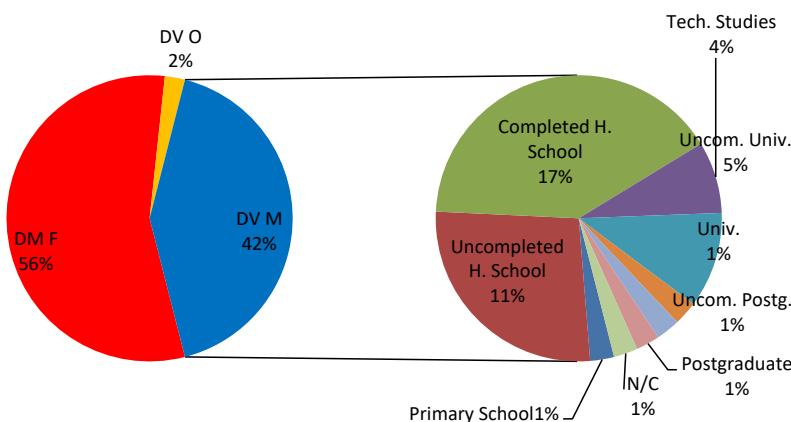
On the other hand, we notice that 14 % of all female victims studied at universities (and did either complete their university studies or not) whereas only 6 % of all male participants studied at universities (and did either complete their university

studies or not). This seems to indicate that even in case of having obtained a good educational level, emotional and personality aspects seem to have an influence on situations of domestic violence. Briefly, even those who have a good academic level still have the chance of becoming victims of domestic violence.

Graph # 21. Percent distribution of female participants having suffered domestic violence and their level of education

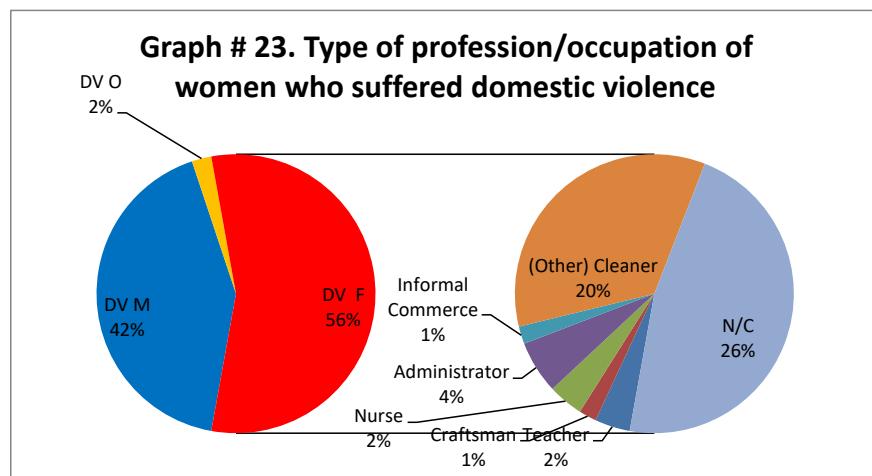


Graph #22. Percent distribution of male participants having suffered domestic violence and their level of education

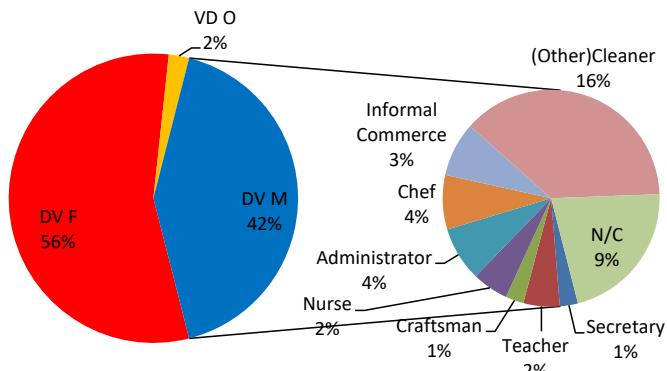


Accordingly, the statistical results about the relation between domestic violence and the victims' profession/occupation (graph # 23 and 24), show us that 20% of all female victims and 16% of all male victims work as cleaners or cleaning supervisors. These results may suggest that those who work in the cleaning business are more vulnerable to end up in violent situations because they are financially dependent and have low self-esteem. The inadequate conception of themselves, the poor feeling of self-worth and the idea of not being capable of doing anything, seem to be character traits of those who have suffered domestic violence (Labrador, Fernández y Rincón (2010)).

Nevertheless, there are other aspects that demonstrate the importance of progressing professionally reflected in the following professions that are showed in order of highest percentage: administration (4%), teaching (2%), infirmary (2%), management (4%) and informal trade (1%).



Graph # 24. Type of profession/ occupation of men who suffered domestic violence



The following graphs (25 and 26) show the marital status of both the female and male participants in this study who are Ecuadorian citizens and who have experienced domestic violence. 17% Of both the female and male participants are married, whereas 16% of all male participants and 15% of all female participants are single. We have also noticed that 4% of all female participants and 2% of all male participants are cohabiting.

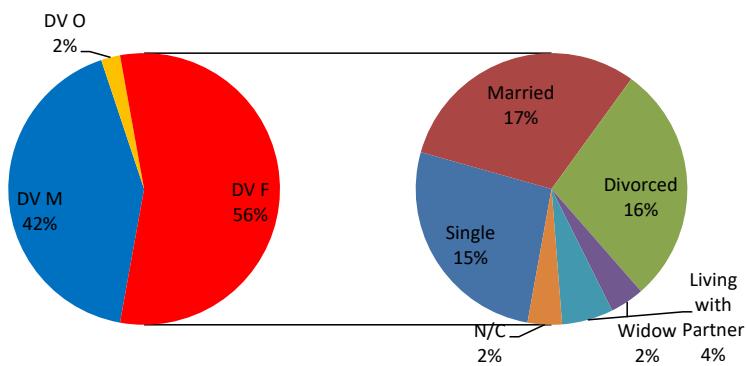
For comparison, an investigation carried out in the United States of America has shown that a range between 960.000 and 3.9 million of women (on a yearly basis) had been physically abused by their official or cohabiting partners (U.S. Department of Justice, 1998).

Nevertheless, we notice that one of the differences with men is that, in our investigation, women are generally divorced (16%), a fact which is consistent with the outcome of a study carried out by the National Council for Gender Equality (2014) in Ecuador that has shown that the general percentage of women that have suffered domestic violence committed by their sentimental partners is a lot higher among the divorced (81,1%) and separated (69,2%) women, which allows us to conclude that their

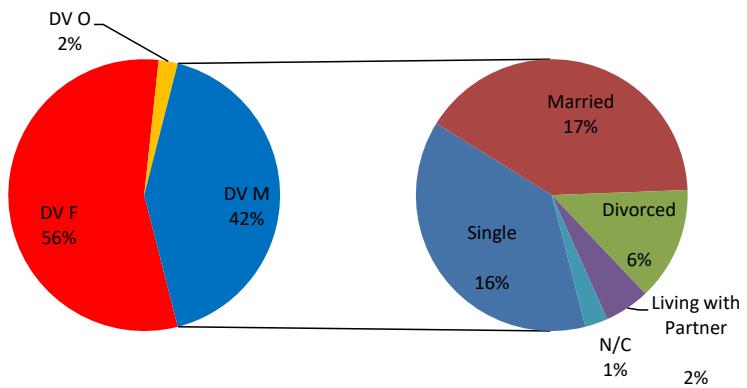
actual civil or marital status strongly depends on the violence they suffered during their marriage or previous cohabiting relationship.

In this sense, the European Union (2014), defines domestic violence as that kind of violence, either physical, sexual and/or psychological suffered by the aggressor's husband or wife or any other person the aggressor has an affectivity or family relationship with. This definition matches the results of our investigation.

Graph # 25. Marital status of women who suffered domestic violence



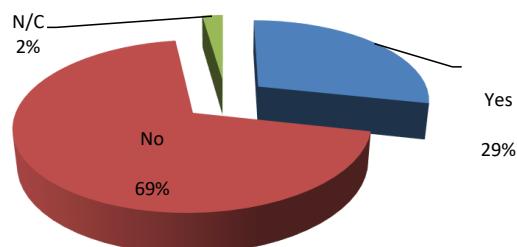
Graph # 26. Marital status of men who suffered domestic violence



Only 29% (25 individuals) of the participants in this investigation who told us that they had suffered domestic violence went to some specialised centre for advice or help,

whereas 69% (61 individuals) decided not to look for any help and the remaining 2% did not answer the question. This kind of attitude shows us that there is a complex variety of aspects that influence the victims whenever they want to report what has happened to them such as the awareness of the existence of this kind of services in the area, the resources those organisations dispose of and the most immediate needs that may be health-related.

Graph # 27 Percent distribution of the participants who received help



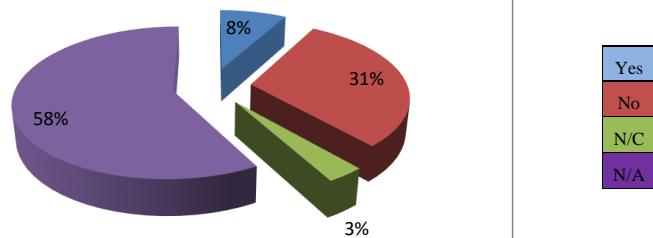
On the other hand, the vast majority (31%) of the victims did not report the domestic violence they had been submitted to (graph # 28). Only 8% did so and this is consistent with the outcome of previous studies in which victims who had experienced domestic violence did not report the problem, which might be due to the fact that this type of events had become natural (Rincón, 2010) to them during their relationships. This has also been confirmed by the study carried out by the National Council for Gender Equality in Ecuador (2014) that mentions the following: "subordination and negative aspects faced by women during their life cycles have become natural" (pp. 31)

Reporting this kind of incidents means setting up legal actions against their partner, resulting in a higher emotional and traumatic pressure for those who are involved in situations of domestic violence. As a result, reporting the incidents might be

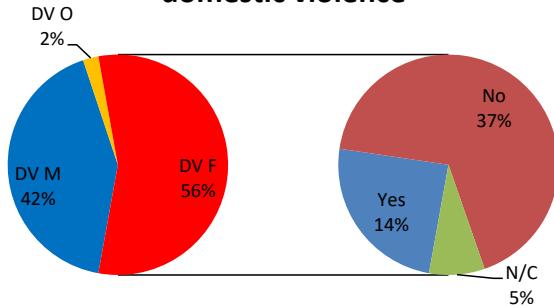
seen rather as a complication than a real liberation as it might result in being chased by family and/or friends, which would finally mean that the victims would suffer even more.

Out of the 56 % of all female participants who had suffered domestic violence, only 14% reported the incidents, whereas out of the 42 % of all male participants who had suffered domestic violence, we notice that only 6 % reported those events (See graphs # 28 and 29).

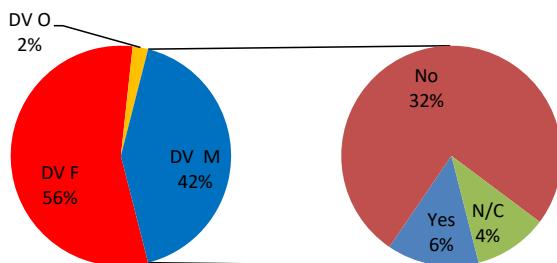
Graph # 28: Percent distribution of the participants who reported the incidents



Graph # 29. Percent distribution of the female participants who reported domestic violence



Graph # 30. Percent distribution of the male participants who reported domestic violence



Exposure to violence during childhood is one of the aspects which may cause domestic violence. One of the topics in this investigation dealt with this matter and showed that 29% of the participants did suffer violence during childhood.

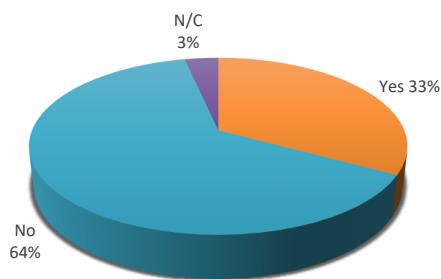
When comparing men to women, in graph # 32 we notice that out of the 57% of all female participants who suffered domestic violence, 18% confirmed that they had been abused during childhood whereas 15% of all male participants who suffered domestic violence, confirmed that they had been abused during childhood (graph #33).

All the above confirms the outcome of studies that indicate that having been abused during childhood may be a pathognomonic condition for domestic violence in later life. According to the European Union Agency for Fundamental Rights (2014), if physical, sexual and psychological violence are all considered, 35% of all women indicated that they had been victims of at least one of these three types of violence before they had reached the age of 15 and that it had been committed by an adult. Zarza and Froján (2005) stated that domestic violence may have its origins in childhood or adolescence in the family and culture of reference.

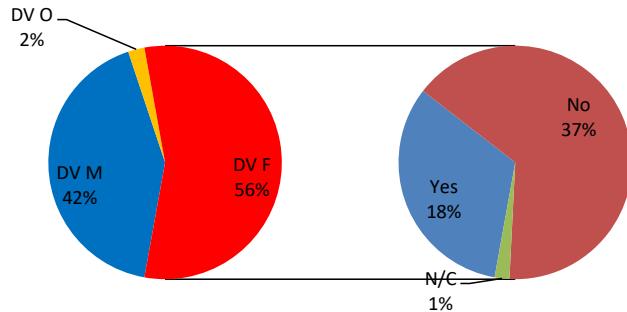
In this sense, in most of the cases, family members turn out to be the perpetrators of physical violence during childhood. More than half of the female victims who had suffered some kind of physical violence before the age of 15 identified their fathers being the perpetrators (55%) and almost half of them identified their mothers (46%) as such (the participants did have the possibility to indicate more than one perpetrator). Almost all perpetrators of sexual violence during childhood are men (97%). One out of each two female victims of sexual violence during childhood confirmed that the perpetrator was a man they did not know.

Camacho (2009), emphasises that the culture of punishing is so deeply rooted in the Ecuadorian society that physical and psychological violence is often used and catalogued as a necessary practice as far as the education of children is concerned.

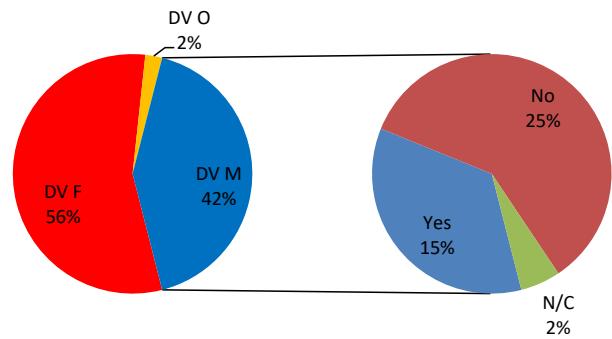
Graph # 31: Percent distribution of the victims of domestic violence who suffered violence during childhood



Graph # 32. Distribution of the female participants who suffered domestic violence during childhood



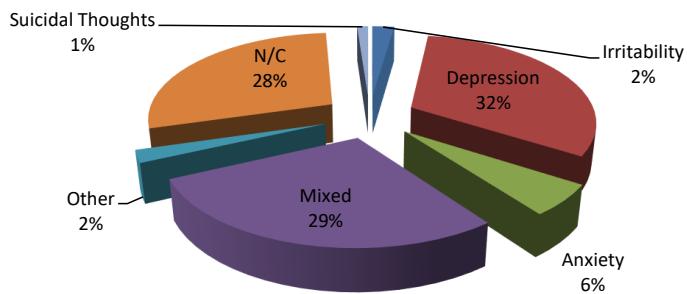
Graph #33. Distribution of the male participants who suffered domestic violence during childhood



As far as the psychopathological conditions of those from the Ecuadorian community who suffered domestic violence are concerned, we learn that 32 % of the victims suffer from depression, 6 % from anxiety, 2 % from irritability and 1 % from suicidal thoughts. It is important to mention that 29 % of the participants confirmed to have several types of emotional problems such as: suicidal thoughts associated with other pathologies such as phobic neurosis, convulsive movements, depression and anxiety (14,2%), anxiety and depression (31,4%) and irritability associated with other kinds of problems such as phobic neurosis and psychosis (25,71%) (See graph #34). All these problems demonstrate that the emotional (in)stability on a family, social and professional level has deteriorated the way they normally function and has limited their personal projects in its very many diverse aspects.

The outcome of an investigation carried out by Labrador, Fernández and Rincón (2010), according to which depression and anxiety are the most common pathologies, is similar to the results of this investigation. Apart from depression and anxiety, the study conducted by Labrador, Fernández and Rincón also emphasises that the victims are at higher risk for committing suicide and draws the attention to the victims' low self-esteem as well as the difficulties they may experience to catch up with their social lives again. On the other hand, a higher frequency of the Post Traumatic Stress Disorder was detected.

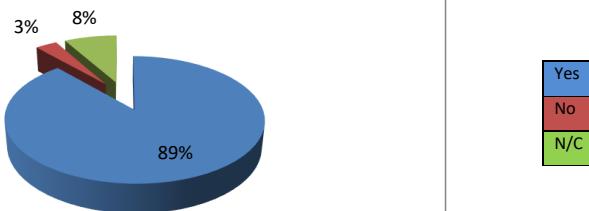
Graph # 34. Percent distribution of the participants who suffered domestic violence and who show psychopathological changes



Finally, most of the participants believe that a specialised centre for emotional help and support for victims of domestic violence should be created (graph 35). In this context, we notice that 89 % of the participants agree with this statement and bring up the necessity of support on a family and social level, whereas 3% of the participants do not consider this kind of assistance to be necessary and 8% did not answer the question (No response). This may be due to the fact that they are aware that specialised centres providing resources and means to prevent and treat domestic violence exist for Latin-American people but not specifically for people from Ecuador.

The study about domestic violence shows us that there is an increased demand for attention related to this kind of problem. However, when it comes to support in cases of domestic violence, Spanish-speaking persons seem to have only few opportunities. That is why it is necessary to set up centres specialised in domestic violence in order to raise people's awareness of the problem and to take care of the affected individuals. Those specialised centres also must provide quick access to support entities for Spanish-speaking persons in London.

Graph # 35: Percent distribution of the participants who consider the foundation of a support entity for domestic violence to be necessary



Conclusion

The current investigation has shown that domestic violence remains a serious problem of human rights in the whole world and has demonstrated that domestic violence has a considerable impact on the lives of thousands of women, men, children and adolescents.

The results of this investigation indicate that 42% of the participants (88 persons) confirmed to have suffered domestic violence whereas the remaining 58% of them (122

persons) confirmed not to have experienced domestic violence. Psychological abuse is prevalent, being responsible for 58% of the cases. The same rate applies to both men and women. On the other hand, only 5% of the participants (10 individuals) suffered physical violence which may indicate that approximately 6 out of each 10 persons have suffered psychological violence. Other participants confirmed that they had been abused in both ways: both physically and psychologically, representing 5% of the cases.

As far as the kind of violence is concerned, we notice that the most common ways are insulting (6%) and humiliating (6%) the victims as well as slapping them into their faces (4%), all of these free-standing. On the other hand, we notice that 3% of the participants have simultaneously been insulted, humiliated and despised by their aggressors. It is crucial to set up campaigns related to the values scale and the necessity to find ways to increase its importance, in order to re-evaluate the role of working, equality, solidarity and support. In addition, governments should consider domestic violence as a public and not as a private problem.

In line with the abovementioned, its magnitude is even larger as the system that registrates and produces information shows a considerable subindex of cases of domestic violence, some of which cannot be detected because they are hidden by other circumstances or by the fact that men tend to refuse to report domestic violence.

The results of this survey show us that domestic violence is a widespread violation of human rights. Nevertheless, people generally do not tend to report it. Some victims do not have the courage to report cases of family violence or perhaps they do not report those cases because they have become used to it. This is what we can conclude from this investigation as only 8 % of the participants did in fact report domestic violence whereas 31 % of the participants preferred to keep their problem "protected" refusing to go to a support centre to report it.

What catches our attention, is that out of all victims who had suffered domestic violence, 29 % (25 participants) went to some centre for help/guidance, whereas the

remaining 69 % (61 participants) decided not to look for any help and 2 % did not answer this question. This kind of behaviour shows us that different aspects play a role whenever domestic violence is being reported: the victims' awareness of the existence of this kind of organisations, - which may depend on the place where they live and the availability of this kind of organisations in that particular area -, as well as the resources those organisations have - which influences their capacity to provide good quality services and their ability to meet the most immediate needs which may be health-related. There is an urgent need in the whole European Union to provide more resources to specialised victim support centres in order to meet the needs of those who are victims of domestic violence.

Out of the 210 members of the Ecuadorian community who took part in the investigation, 40 of them (19 %) confirmed that they had been abused during childhood whereas 156 participants (74%) answered that they had not been abused during childhood. Intergenerational transfer of behavioural patterns in the family are characteristic and fundamental aspects that must be brought up by both public and private entities, considering that this is a significant issue that both governments and organisations must deal with in order to demystify and discourage this negative kind of intergenerational transfer.

On the other hand, aggression against individuals who have suffered domestic violence may also be perceived as something common or exceptional in their countries according to their personal experiences with violence both on a family and social level and the extent to which they are aware that some family members and/or friends are victims of domestic violence.

As far as the psychopathological characteristics are concerned, 32 % of the participants suffer from depression (28 individuals), which is a frightening fact and requires a more thorough analysis in order to determine how serious the depression is.

We have noticed that 6 % suffer from what they consider as anxiety and 2 % seem to be irritable. It is important to mention that one of the victims tried to commit suicide as a result of situations of violence.

During their free time, 20 % of the participants (18 persons) practice sports and 11 % (10 individuals) attend activities with Latin American people for their entertainment. It catches our attention that 38 % either work, study or watch television when they have time off.

Briefly, this survey shows the first results of an initial and general investigation of the different situations of violence both men and women have gone through. We hope that governmental institutions and society in general consider the conclusions of our survey and implement changes accordingly and defend them in order to face domestic violence as each victim of domestic violence deserves attention, respect and support. Their suffering and pain are equally legitimate, and it does not matter whether the victim is a woman or a man, a child or an elderly person.

Recommendations

1. Individuals who have been victims of violence rarely report to specialised support centres what has happened to them. Nevertheless, when they finally find the courage to do so, they go through a process of bureaucratic questioning and they are forced to give up because of various social, work- and family-related, cultural and linguistic barriers. That is why campaigns in order to raise people's awareness of domestic violence and in order to stimulate freedom of speech as far as this problem is concerned, need to be set up. Specialised support centres should get the resources they need to look after the victims' needs.
2. Specific target campaigns as far as prevention, education and psychological treatment in Latin America as well as the European Union is concerned, are essential to raise people's awareness and consciousness of domestic violence in the community. These campaigns will encourage people to report what they have been through, will offer a better protection to the victims and will allow people to work in prevention of domestic violence.
3. Domestic violence is a subject that may be dealt with as a public problem of general interest. Campaigns and resolutions related to this topic should be directed at people of both sexes. It is necessary that men participate positively in this kind of initiatives.
4. In the absence of information about domestic violence in the Latin American community in London, the results of this survey can be used to raise people's awareness of domestic violence and to improve the way governmental entities act in this respect.
5. A more exhaustive inquiry among both men and women should be carried out in order to deal with the situations of domestic violence they have been through.

6. It is necessary to study the perpetrators' characteristics and behaviour in order to detect possible risk factors that may contribute to partner violence. By means of questions regarding the aggressors' characteristics and behaviour, professionals may be able to detect possible warning signs of imminent violent actions.

7. The aim of this investigation is to produce information and set up hypotheses that make up the "raw material" for future more accurate investigations.

8. Considering everything which has been explained above, we believe that setting up a specialised support centre for Ecuadorian people who are or have been victims of domestic violence, is very important.

Bibliographic references

Achotegui, J. (2005) *Estrés Límite y Salud Mental: El Síndrome del Inmigrante con Estrés Crónico Y Múltiple (Síndrome De Ulises)*. Revista Norte de salud mental de la Sociedad Española de Neuropsiquiatría, Volume V, No. 21. p. 39-53

Agencia de los Derechos Fundamentales de la Unión Europea (2014) *Violencia de Género contra la mujer: una encuesta a Escala de la UE*. Belgium: p. 1-48.

APA. American Psychological Association. (1996). *APA presidential task force on violence and the family report*. Washington, DC: Author.

Arnau, J. (1995a). *Metodología de la investigación psicológica*. En M. T. Anguera, J. Arnau, M. Ato, R. Martínez, J. Pascual y G. Vallejo (Eds.), *Métodos de investigación en psicología* (p. 23-43). Madrid: Synthesis

Boira, s. y Jodrá P. (2010) *Tipología de hombres condenados por violencia de género en un contexto de intervención psicológica en la comunidad*. Zaragoza (Spain) Universidad de Zaragoza

Buvinic, M. Morrison, A. y Shifter, M. (1999): *La Violencia en América Latina y el Caribe: Un Marco de referencia para la acción*. Washington D.C.: Banco Interamericano de Desarrollo.

Camacho, G. Hernández, K y Redrobán, V. (2009) *Las Comisarías de la mujer ¿Un camino hacia la justicia?* Quito: CEPLAES – IDRC – Municipalidad de Cuenca.

Castillo, S. y Mazarrasa, L. (2001) *Mujeres inmigrantes hablando de su salud*. Idex Enferm (Gran) 2001;34:9-14

CEPAL (2014) *Encuentro Internacional de Estadísticas de Género en Aguascalientes*. Observatorio de Igualdad de Género de América Latina y el Caribe (OIG) de la CEPAL (Comisión Económica para América Latina y el Caribe). Mexico.

Consejo Nacional para la Igualdad de Género (2014) *La Violencia de Género contra las mujeres en el Ecuador: Análisis de Resultados de la Encuesta Nacional sobre Relaciones Familiares y Violencia de Género con las Mujeres*. Quito (Ecuador), p. 1 -114.

De Corral y Echeburúa (2009) *Hombres violentos contra la Pareja: Trastornos Mentales y Perfil Tipológico*. Pensamientos Psicológicos. Redalyc. 6 (13), p. 27 – 36.

Echeburúa y P. de Corral (1998) *Manual de Violencia Familiar*. Madrid: Siglo XXI de España Editores, S. A. (p. 9-69).

Family Violence Prevention Fund - FVPF- USA (2015) *Domestic Violence Counts: Census Report*. Washington.

Fernández, Mª.; Herrero, S.; Buitrago, F.; Ciurana, R., Chocrón, L.; García, J.; Montón, C.; Redondo, Mª. Tizón, J. (2003). *Violencia Doméstica*. Ministerio de Sanidad y Consumo. Madrid. p.:1-58.

http://www.msssi.gob.es/ciudadanos/violencia/docs/VIOLENCIA_DOMESTICA.pdf

Fuentes, M. (2003) *La recolección de datos: Técnicas e instrumentos de investigación. Determinación de la validez y la confiabilidad*. Caracas: Universidad Nacional Experimental Simón Rodríguez.

Fuentes, M. (2004). *El Proceso de Enseñanza y aprendizaje: Un enfoque cognoscitivo constructivista*. Serie 2. Caracas: Universidad Nacional Experimental Simón Rodríguez.

Fuentes, M. (2006). *Los paradigmas emergentes y sus epistemologías*. Caracas: Universidad Nacional Experimental Simón Rodríguez.

García, L (2013) *Criminología y Violencia Familiar: una aproximación a la violencia en el hogar a partir del estudio del maltratador*. Spain: Universidad de Castilla – La Mancha. p. 77- 87.

González, H. y Fernández, T. (2014) *Hombres Violentados en la pareja. Jóvenes de Baja California*. Mexico: Universidad Autónoma de Baja California. Culturales. II, 2, Julio – Diciembre, p. 129 - 155.

Gottman, J y Jacobson, N. (2001) *Hombres que agrede a sus mujeres: como poner fin a las relaciones abusivas*. Mexico: Paidos. p.: 204 – 257.

Hernandez, Fernandez y Baptista (2001). *Metodología de la Investigación*. Editorial Mc Graw Hill. Mexico.

Jewkes, R. (2002) *Intimate partner violence: causes and prevention*. Lancet; 359:1423-1429.

Kerlinger, F. (1979) *Investigación del comportamiento*. Mexico: trillas.

Commented [G1]: ¿ qué significa "trillas"?

Krug, E. G.; Dahlberg, L. L.; Mercy, J. A.; Zwi, A. B. & Lozano, R. (2002). *World Report on Violence and Health*. Geneva: World Health Organization.

Labrador, F. Fernández, M. y Rincón, P. (2010) *Características Psicopatológicas de mujeres Víctimas de violencia de Pareja*. Universidad de Oviedo. Oviedo (Spain): Psichothema. 22, 1, 99 -105.

Morgan, M. (1999) *Curso de Modelos de intervención y Atención*. Fuente OPS. Mujeres maltratadas y Guía para la intervención en crisis.

Nuñez, M (S/F) *Diseños de Investigación en Psicología*. Barcelona: Universidad de Barcelona (Departamento de Metodología de las Ciencias del Comportamiento).

Organización Mundial de la Salud (OMS (2002)). *Décima Revisión de la Clasificación Internacional de las Enfermedades (CIE-10). Trastornos Mentales y del Comportamiento: descripciones Clínicas y pautas para el diagnóstico*. Madrid: Meditor.

Organización Internacional para las Migraciones (OIM, 2015) *Los términos clave sobre migración. En Derecho Internacional sobre Migración N°7 - Glosario sobre Migración*, 2006

ONG Por la Integración (2015) *Violencia Doméstica en Uruguay*. Montevideo.

Organización de las Naciones Unidas (1995). *Declaración sobre la Eliminación de la Violencia contra la Mujer*. A/RES/48/104. Geneva: United Nations.

Pitarque, A. (2013) *Diseños de Investigación en Psicología*. Madrid: Metodología de la Investigación.

Quiroz, E (1997) *Sentir, Pensar y Enfrentar la Violencia Intrafamiliar*, Costa Rica: volume No. 4.

Richardson J, Coid J, Petrukevitch A, Chung W, Moorey S and Feder G. (2002) *Identifying domestic violence: cross sectional study in primary care*. 324(7332):274. <http://bmj.com>

Riggs, D.; Caulfield, M. & Street, A. (2000). *Risk for domestic violence: Factors associated with perpetration and victimization*. Journal of Clinical Psychology, 56 (10), 1289-1316.

Rincón, P. (2003) *Trastorno de Estrés Postraumático en Mujeres Víctimas de Violencia Doméstica: Evaluación de Programas de Intervención* (Tesis Doctoral). Madrid: Universidad Complutense de Madrid. p. 41- 360.

Rojas, R. Galleguillos, G. Miranda, P. y Valencia, J. (2013) *Los Hombres también sufren. Estudio Cualitativo De La Violencia De La Mujer hacia el Hombre en el Contexto de Pareja*. Revista Vanguardia Psicológica, Universidad Manuela Beltrán. Bogotá (Colombia): 3, 2, octubre-marzo, p.: 150 -159.

Trujano, P. Martínez, A. y Camacho, S. (2010) *Varones Víctimas de Violencia Doméstica: Un estudio Exploratorio acerca de su percepción y aceptación*. Perspectivas en Psicología. Bogotá (Colombia): Universidad Santo Tomás. 6,2, p.: 339 -354.

U.S. Department of Justice, (1998) *Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, March 1998: The Commonwealth Fund, First Comprehensive National Survey of American Women, July, 1993*.

Watts, Ch. y Zimmerman, C. (2002) *Violence against women: global scope and magnitude*. The Lancet, 359:1232-1237.

Walker, L. (1979). *The Battered Woman*. New York: Harper & Row, Publishers.

Walker, L. E. (1999a). Psychology and Domestic Violence Around the World. *American Psychologist*, 54, 1, 21-29.

Walker, L. (1999b). Terapia para sobrevivientes con mujeres golpeadas. *Revista Argentina de Psicología Clínica*, 8 (3), 201-210.

Woodhouse, J. y Dempsey, N. (2016) *Domestic Violence in England and Wales. London: Briefing Paper. House of Commons Library*.

Zarza, M.J. (septiembre, 2001). *Estudio de prevalencia y de factores psicosociales asociados a la violencia doméstica y familiar*. Doctoral thesis. Madrid: Universidad Autónoma.

Zarza, M.J. y Froján, M.X. (2005) *Estudio de la violencia doméstica en una muestra de mujeres latinas residentes en Estados Unidos*. *Anales de Psicología*, 21, 1, 18 – 26. Madrid: Universidad Autónoma de Madrid.