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The effectiveness of the EMPoWER project and intervention: Psychodrama and the elaboration of domestic violence in Italy, Austria, Bulgaria, Portugal, Romania, and Albania

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Edited by Ines Testoni, Angelika Groterath,  
Maria Silvia Guglielmin, Michael Wieser

# Teaching against Violence Reassessing the Toolbox

*Teaching with Gender. European Women's Studies in  
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A book series by ATGENDER

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# THE EFFECTIVENESS OF THE EMPOWER PROJECT AND INTERVENTION: PSYCHODRAMA AND THE ELABORATION OF DOMESTIC VIOLENCE IN ITALY, AUSTRIA, BULGARIA, PORTUGAL, ROMANIA, AND ALBANIA

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## **Introduction**

Gender-based violence within families is a complex phenomenon that cuts across all social classes, geographical locations, and periods of human history.<sup>1</sup> Studies of this issue have only recently gained an important role in psychological and social thinking and have developed in parallel with an awareness by women of the existential disadvantage they have. The previous contribution of Marlene Matos, Anita Santos, and Rita Conde is positioned in this area of research, and it describes the discursive and cognitive approach in the intervention with victims of domestic violence. In the present chapter we discuss another kind of treatment, which integrates both the narrative approach of social service counseling, developed by Urie Bronfenbrenner's<sup>2</sup> ecological standpoint, and psychodrama

<sup>1</sup> CEDAW, *Convention on the Elimination of All Forms of Discrimination against Women* (United Nations Department of Public Information, 2000/2009). <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>; World Health Organization, *World Report on Violence and Health* (Geneva: World Health Organization, 2002).

<sup>2</sup> See Urie Bronfenbrenner, *Making Human Beings Human: Bioecological Perspectives on Human Development* (Thousand Oaks, CA: Sage, 2005). Bronfenbrenner's ecological perspective has been adopted by feminist psychological counseling in order to promote the psychosocial empowerment of women. The basis of this perspective is Carolyn Zerbe Enns and Elizabeth Nutt Williams, *The Oxford Handbook of Feminist Counseling Psychology* (Oxford University Press, 2012). The intersection of the "ecological systems theory" and feminist perspective considers that human development reflects the influence of several environmental systems. This model identifies five environmental systems with which an individual interacts: *microsystem, mesosystem, exosystem, macrosystem, and chronosystem*. Each system contains roles, norms, and rules that may shape psychological development. The counseling derived from this viewpoint, applied to the field of domestic violence, does not consider the woman victim of violence as mentally ill but as a victim of a multi-systemic pathology that she must become conscious of in order to defend herself.

activities supporting it. It is particularly important because with this perspective it is possible to achieve the goals promoted by Third Wave Feminism, which has highlighted the importance of involving the body in the promotion of female empowerment, subjectivity, and agency.<sup>3</sup> In fact, psychodrama is an action method, often used as a type of psychotherapy, that uses dramatization, role-playing, and dramatic self-presentation. This technique was invented by Jacob Moreno,<sup>4</sup> who incorporated theatrical properties in recreating real-life situations aimed at elaborating psychological problems and acting them out in the present. Thanks to the theatrical action, patients have the opportunity to evaluate their behavior and more deeply understand their situation. This type of intervention enables the body to play a fundamental role and in fact embodies a new perception of the individual's own subjectivity.

This model was utilized by EMPoWER (Empowerment of Women Environment Research), a European longitudinal research-intervention in the real world included in the EU Daphne III Program covering the years 2007 to 2013 and involving six countries: Italy, Austria, Albania, Bulgaria, Portugal, and Romania. The research used ecological and psychodramatic techniques in order to promote the empowerment of adult female victims of domestic violence. As the results demonstrate, psychodrama was an excellent starting-point strategy for promoting the reconstruction of agency and subjectivity of female victims of subjugation and violence. In fact, these two constructs are deeply intertwined with the roles played by women in their own life, underlying the need to ensure that they become aware that a change in their condition is necessary.<sup>5</sup> Agency is the ability of persons to act for themselves, and feminist and gender studies have structured a specific theory of women's agency, inherent to the female capacity for individualized choice and action. This key concept indicates that women's identities took shape in settings that were in some respects adverse to their interests and that they were unjustly subordinated, causing a diminishing of their selfhood

<sup>3</sup> See Daniela Gronold, Brigitte Hipfl, and Linda Lund Pedersen, eds., 2006, *Teaching with the Third Wave: New Feminists' Explorations of Teaching and Institutional Contexts*, ATHENA3, University of Utrecht and Centre for Gender Studies, Stockholm University.

<sup>4</sup> Jacob L. Moreno, *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama* (Beacon, NY: Beacon House, 1953) (student edition by American Society of Group Psychotherapy and Psychodrama, 1993).

<sup>5</sup> John Hamel and Tonia Nicholls, *Family Interventions in Domestic Violence: A Handbook of Gender-Inclusive Theory and Treatment* (New York: Springer, 2007); Murray Straus, "Physical Assaults by Wives: A Major Social Problem," in *Current Controversies on Family Violence*, eds. Richard J. Gelles and Donileen Loseky (Newbury Park, CA: Sage, 1993), 67–87.

and agency.<sup>6</sup> The concept is very similar to the construct of “spontaneity” introduced by Moreno with his psychodrama techniques. Individuals who regain their spontaneity have also conquered their subjectivity and agency, because they can be autonomous in learning social and coping skills that rationally develop personal self-direction in a world populated by impinging judgments and entangling commitments that orient their behavior towards maintaining their subjugation.

The second key concept of EMPoWER is the mother-daughter relationship. Feminist family studies have shown how primary socialization is responsible for the perpetuation of the females’ lack of agency.<sup>7</sup> Indeed, they have broadened the idea of what counts as context and have revealed the dialectical relationship between what happens within families and what happens in the communities and society, pointing out the psychosocial dimensions present in a male-dominated society and how these are related to a cultural framework that helps explain and document female victimization.<sup>8</sup> More rare and difficult are the investigations that study the responsibilities that women themselves have in regards to the social conditioning that preps them to become potential victims of violence. EMPoWER intervened in the mother-daughter relationship and developed as a research/intervention that increases the chances of victims’ emancipation through their liberation from a specific traditional maternal mandate that has been unconsciously taken on. Our research<sup>9</sup> carried out with female victims of trafficking (in Italy, Albania, and some former Soviet republics) illustrated how the maternal figure plays a potentially crucial role in the adoption of subjugated roles by some women involved in certain types of mother-daughter relationships. EMPoWER project’s hypothesis was that, throughout the course

<sup>6</sup> Peggy Antrobus, *The Global Women’s Movement: Issues and Strategies for the New Century* (London: Zed Books, 2004).

<sup>7</sup> Nancy Chodorow, *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (Berkeley: University of California Press, 1978; 2nd ed., 1999); Nancy Chodorow, *Feminism and Psychoanalytic Theory* (New Haven: Yale University Press, 1989); Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982); Sally A. Lloyd, April L. Few, and Katherine R. Allen, eds. *Handbook of Feminist Family Studies* (Thousand Oaks, CA: Sage, 2009).

<sup>8</sup> Ellen P. Cook, *Women, Relationships, and Power: Implications for Counseling* (Alexandria, VA: American Counseling Association, 1993); Michael Flood and Bob Pease, “Factors Influencing Attitudes to Violence against Women,” *Trauma, Violence, and Abuse* 10, no. 2 (2009): 125.

<sup>9</sup> Ines Testoni, Paolo Cottone, and Alessandra Armenti, “Psychodrama Research in the Field of Women Suffering from Violence: A Daphne Project” (Proceedings of the Fourth Regional Mediterranean Congress IAGP SPP “Other Seas,” September 7–10, 2011, Porto, Portugal), 162–169; Ines Testoni, Lucia Ronconi, and Daniela Boccher, “The Question of the Mafia-Style Sub-Culture Role in Female Subordination: Traditional Culture, Religion and Gender Role Representation in Both Emigrated and Non-Emigrated Albanian Women,” *World Cultural Psychiatry Research Review* 2, no. 1 (2006): 164.

of human history, where culturally defined reference values accept the supremacy and power of men, the attitudes leading to the subordination and victimization of women are potentially transmitted down the generations through the mother-daughter relationship.<sup>10</sup> In fact, the results of the research that preceded EMPoWER enabled us to speculate that the traditional and religious values promoting female subordination are passed down by some mothers as a social script that has been internalized.<sup>11</sup>

The third key concept of this chapter is Empirical Research in the Real World (ERRW). Following feminist and Morenian theories, the aim of this paper is to show how psychodramatic techniques can be considered an elective intervention for helping support victims of intimate partner violence. The importance of this work lies in the fact that we have used a structured and rigorous design methodology that enabled us to analyze the effectiveness of psychodrama in its entirety, trying to consider all the intervening psychosocial variables. EMPoWER is not laboratory research but considers society like a large laboratory, where it is not possible to control all the variables, but it is nevertheless feasible to measure some critical factors that define changes made by a planned intervention. This is what ERRW demonstrates as scientifically practicable. As Colin Robson defines it,<sup>12</sup> ERRW focuses on the lives and experiences of diverse groups (e.g., women, minorities, and persons with disabilities) that have traditionally been marginalized; analyzes how and why resulting inequities are reflected in asymmetrical power relationships; examines how results of social inquiry on inequities are linked to political and social action; and uses an emancipatory theory to develop a research approach. From a methodological point of view, it adopts an exploratory strategy to find out what is happening, to seek new insights, to ask questions, to assess phenomena in a new light, and to generate ideas and hypotheses for future research. Adopting this scientific perspective, this chapter utilizes a specific language, which is very methodologically rigorous, but we believe it can provide one good alternative for gender social intervention.

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<sup>10</sup> Ravneet Kaur and Suneela Garg, "Domestic Violence against Women: A Qualitative Study in a Rural Community," *Asia-Pacific Journal of Public Health* 22, no. 2 (2010): 242.

<sup>11</sup> Lisa Y. Zaidi, John F. Knutson, and John G. Mehm, "Transgenerational Patterns of Abusive Parenting: Analog and Clinical Tests," *Aggressive Behavior* 15, no. 2 (1989): 137.

<sup>12</sup> Colin Robson, *Real World Research: A Resource for Social Scientists and Practitioner-Researchers* (Oxford: Blackwell, 1993).

## *Lack of female agency as a sociology problem in domestic violence*

One of our findings concluded that the female response is the product of a social dynamic within a particular family type in which social relationships are focused on emotional ties, starting from the relationship with the mother. This social dynamic produces a substantial critical incapacity in women and young girls to trust in men. Trained by their mothers to become subordinate to men, young women/daughters are not able to make conscious choices that promote their autonomous will. Therefore, since our goal is to end the transmission of subordination implicitly handed down from certain types of mothers, EMPoWER initiated its research action from the women themselves. For women who have been victims of violence, it has made them aware of their responsibility in taking on the role of victim and unwittingly transmitting this way of thinking to their daughters.<sup>13</sup> The main difficulty with respect to this problem is managing cognitive dissonance,<sup>14</sup> determined by the trust in male power and the trust placed in maternal teaching, from which learned helplessness derives:<sup>15</sup> the mother teaches her daughter to obey in the name of love, and the result is that men use and abuse women without finding any obstacle, because for centuries, female agency has been castrated. As this is primarily a cultural problem that feminist and gender studies consider a result of socialization, women who are victims of family violence are not mentally ill, but are expressing a severe social pathology. The recent worldwide concern about violence against women in general and domestic violence in particular<sup>16</sup> requires new strategies to tackle this phenomenon. EMPoWER may offer an important alternative through the use of psychodrama, which has proven to be an effective technique in these situations. EMPoWER has linked the concept of social pathology to a similar idea of “sociatry” utilized by Moreno,<sup>17</sup> and as a play off the word “psychiatry” translated from the indi-

<sup>13</sup> Marta Codato et al., “Overcoming Female Subordination: An Educational Experiment Changes the Levels of Non-Attachment and Objectification in a Group of Female Undergraduates,” *Interdisciplinary Journal of Family Studies* 17, no. 1 (2012): 235; Ines Testoni, “The State of the Art in Research and Intervention against Gender Based Violence,” *Interdisciplinary Journal of Family Studies* 17, no. 1 (2012): 4.

<sup>14</sup> Leon Festinger, *A Theory of Cognitive Dissonance* (Stanford, CA: Stanford University Press, 1957).

<sup>15</sup> Martin E.P. Seligman, *Helplessness: On Depression, Development, and Death* (San Francisco: Freeman, 1975).

<sup>16</sup> CEDAW, *Convention on the Elimination of all Forms of Discrimination against Women*.

<sup>17</sup> Jacob L. Moreno, *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama* (Beacon, NY: Beacon House, 1953) (student edition by American Society of Group Psychotherapy and Psychodrama, 1993).



vidual into the collective dimension. In Moreno's<sup>18</sup> opinion, sociatry tries to bring the best insights of clinical and social psychology, psychiatry, and sociology to the general population in order to heal social problems, race relations, gender violence, discrimination, and educational challenges. Gender violence may be an elective area of sociatrical intervention. This is the reason for using Morenian psychodrama in order to promote female agency in women who have been victims of domestic violence. In Gillian Rose's<sup>19</sup> opinion, both feminism and psychodrama offer new ways of being that can help women transform inadequate systems and behavior, since the former offers the latter strategies for the promotion of women's emancipation, where dramatization is the key concept. It is important to note that Moreno went further than simply using drama. Indeed, he considered the activity of improvised personal drama as a kind of liminal field in which people could experience psychological and social elements of transformation. He called "surplus reality" the ontological validity of actions that are performed "as if" in play or in drama. Such events are not actually real, but they are also not unreal, because they express the reality of the psyche and show "psychological truths," and in this sense, they are concrete. "What if..." is the basis of the psychotherapeutic tool of the Morenian method, which promotes awareness through "role-taking." This technique is different from "role-playing," as it uses a powerful way to develop the capacity for understanding the difference between self-identity and others' identity, through the "reversal role," which is the operational method for distinguishing the perimeters of personal identity.<sup>20</sup>

Through the EMPoWER project we have been able to help a particular population of women achieve resilience and effective self-determination by rising above the limits imposed by certain types of intergenerational relationships. The goal of empowering and improving coping strategies towards greater resilience has been accomplished through psychodramatic techniques that teach women how the dynamics of their role and position in society have determined their own lives, and by offering counseling that adopts the ecological model.<sup>21</sup>

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<sup>18</sup> Jacob L. Moreno, *Psychodrama*, 4th ed., vol. 1 (Beacon, NY: Beacon House, 1972).

<sup>19</sup> Gillian Rose, "J.L. Meets the Warrior Princess: Exploring Psychodrama and Feminism," *Australian and New Zealand Psychodrama Association Journal* 15 (2006): 22.

<sup>20</sup> Moreno, *Who Shall Survive? Foundations of Sociometry*; Moreno, *Psychodrama*.

<sup>21</sup> Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, MA: Harvard University Press, 1979).

According to Bronfenbrenner,<sup>22</sup> an individual's development reflects the influence of five environmental systems in which individuals interact: *microsystem* (family, peer groups, etc.); *mesosystem* (social realities to which microsystems are connected and in which individuals are active participants: school, work, school, religious institutions, neighborhood); *exosystem* (social realities to which microsystems are connected and in which individuals are not active participants); *macrosystem* (culture and social structure/organizations in which individuals live); and *chronosystem* (patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances). This model is utilized in counseling for dealing with family issues and family violence.<sup>23</sup> From this perspective, the Feminist Ecological Model (FEM) arose; it suggests that gender and culture will influence how individuals interact with their family and immediate environment. This model was developed in order to understand and intervene in the context of intimate partner violence; it takes into account interactions between the different system levels and social, historical, institutional, *and* individual factors.<sup>24</sup> Generally speaking, the Ecological Model is used in many forms of counseling and treatment aimed at helping female victims of violence reintegrate themselves into each systemic level. In summary, for project EMPoWER, psychodrama provided victims with an environment for psychological development, offering special attention to the roles and scripts they have internalized, and through the ecological matrix counseling, the relational space in which women interact was also taken care of.

<sup>22</sup> Ibid.; Bronfenbrenner, *Making Human Beings Human: Bioecological Perspectives on Human Development* (Thousand Oaks, CA: Sage, 2005).

<sup>23</sup> Kevin J. Swick and Reginald D. Williams, "An Analysis of Bronfenbrenner's Bio-Ecological Perspective for Early Childhood Educators: Implications for Working with Families Experiencing Stress," *Early Childhood Education Journal* 33, no. 5 (2006): 371; Mary Pipher, *The Shelter of Each Other: Rebuilding Our Families* (New York: Ballantine Books, 1996).

<sup>24</sup> Mary B. Ballou, Atsushi Matsumoto, and Michael Wagner, "Toward a Feminist Ecological Theory of Human Nature: Theory Building in Response to Real-World Dynamics," in *Rethinking Mental Health and Disorder: Feminist Perspectives*, eds. Mary B. Ballou and Laura S. Brown (New York: Guilford Press, 2002), 99–141; Colette Browne and Crystal Mills, "Theoretical Frameworks: Ecological Model, Strengths Perspective, and Empowerment Theory," in *Culturally Competent Practice: Skills, Interventions, and Evaluations*, eds. Rowena Fong and Sharlene M. Furuto (Boston: Allyn and Bacon, 2001), 10–32; Shamita D. Dasgupta, "A Framework for Understanding Women's Use of Nonlethal Violence in Intimate Heterosexual Relationships," *Violence against Women* 8 (2002): 1364; Lorie L. Heise, "Violence against Women: An Integrated, Ecological Framework," *Violence against Women* 4 (1998): 262.

## *EMPoWER research design*

This research-intervention adopts methods focused on determining the biographies of women by examining the dynamics at play according to role and status in society and culture. We adopted the integration of two kinds of interventions: counseling, through the use of the Ecological Systemic Approach, which supports the social network of victims in order to permit them to re-integrate into everyday social life, and Psychodramatic Techniques (of groups and/or individuals), which, like the sociatrical intervention, is aimed at enhancing relational resources.

This longitudinal study involving the treatment of abused women is organized into three stages: taking the victim into care and conducting the initial battery tests (T1, at the beginning of the program); creating psychodrama intervention groups; final testing (T2, at the end of the program) and return, exchange, and discharge.

The project planned for all six participating countries (Italy, Albania, Austria, Bulgaria, Portugal, and Romania) to have two groups: one group led only by social workers providing ecological counseling support (Ecological Groups—EG) and another group that, in addition to this support, offered psychodrama (Psychodrama Groups—PG). This methodology involved participation in a psychodrama group for six months for a total of twenty-five sessions lasting two hours each. The only exception was Albania, where the groups taking part in the psychodrama participated in four marathon sessions lasting three days.

The basic premise is that psychodramatic techniques may represent a useful methodology of intervention in domestic violence cases. To measure this effect, EMPoWER compared this form of intervention with more traditional forms of counseling that are widely used in anti-violence centers. We consider both methods useful because they promote women's changing role: the first through group work that builds the experience of overcoming internalized roles and scripts, and the second through the support provided to get out of the relationship and reintegrate into society.

## *Hypothesis and aim*

The hypothesis is that there is a positive relationship between indices of spontaneity and psychological well-being. High levels of spontaneity are associated with

well-being, while low or nonexistent levels are associated with psychopathology. Spontaneity also acts on personal well-being through its close relationship with the intrinsic motivation of the person and their internal voluntary drive to reach a goal. Moreover, high levels of spontaneity are related to a sense of personal self-efficacy, whereas low levels of spontaneity lead to low self-esteem, depression, and thoughts of a negative and denigrating nature towards oneself and external situations.

The verification of the theoretical model presented here enables us to set the underlying assumptions for the six countries studied and make cross-cultural comparisons. The first aim enabled us to verify whether the two methods were effective. The second aim investigated whether there was a difference between these positive measures and to what degree, thus highlighting the differences between the results of the groups of women in the Eastern European countries studied (Albania, Bulgaria, and Romania) and the results of the groups of women in the Western and Central European countries studied (Italy, Austria, and Portugal).

Our interest in comparing the two halves of Europe (East and West) arose from the fact that the historical U.S.-Soviet bipolarism has determined a specific difference in the two parts of Europe. In Eastern Europe the trafficking<sup>25</sup> of women developed, and Western and Central Europe became the destination of choice for the sex market. In fact, the EMPoWER project is the continuation of a previous project involving trafficked women from Albania and Romania, and in this phase of our research, we wanted to verify whether we could find any differences between these two different geographical areas.<sup>26</sup>

<sup>25</sup> Edna Erez, Peter R. Ibarra, and William F. McDonald, "Transnational Sex Trafficking: Issues and Prospects," *International Review of Victimology* 11, no. 1 (2004): 1; Natalia Ollus, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* (Helsinki: HEUNI, 2002); United Nations General Assembly Resolution 55/25 of November 15, 2000; UNESCO, "Data Comparison Sheet, Worldwide Trafficking Estimates by Organizations" (data compiled in September 2004), [http://www.unescobkk.org/fileadmin/user\\_upload/culture/Trafficking/project/Graph\\_Worldwide\\_Sept\\_2004.pdf](http://www.unescobkk.org/fileadmin/user_upload/culture/Trafficking/project/Graph_Worldwide_Sept_2004.pdf); UNIFEM, "Facts and Figures on Violence against Women," [http://www.unifem.org/attachments/gender\\_issues/violence\\_against\\_women/facts\\_figures\\_violence\\_against\\_women\\_2007.pdf](http://www.unifem.org/attachments/gender_issues/violence_against_women/facts_figures_violence_against_women_2007.pdf) (accessed November 6, 2012); World Bank, "Human Trafficking: A Brief Overview," *Social Development Notes—Conflict, Crime, and Violence* no. 122 (2009), <http://siteresources.worldbank.org/EXTSOCIALDEVELOPMENT/>.

<sup>26</sup> This hypothesis is important because, as noted by the Council of Europe Convention on Action against Trafficking in Human Beings, the awareness of women in Eastern Europe concerning the risk of being trafficked is increasing, and therefore the way they handle social and intimate relationships with men who are their potential exploiters (fathers, husbands, brothers, friends, and acquaintances) is also changing. We hypothesize that in such a specific sociocultural area, victims of gender violence may present some specific differences with respect to victims in Western Europe that should be investigated. See Council of Europe, *Council of Europe Convention on Action against Trafficking in Human Beings and its Explanatory Report*, Council of Europe Treaty Series no. 197 (Warsaw, May 16, 2005).

A previous phase of the model validation on a non-clinical sample in each EMPoWER country<sup>27</sup> revealed high levels of internal consistency for the individual instruments, and they were therefore considered valid to measure the constructs investigated.

Furthermore, the results that emerged from the comparison of the instruments in each country and on the total sample provided valuable support to the theories underpinning the research project, namely the importance of spontaneity in determining personal well-being. The relationship between the two constructs has already been verified in the literature<sup>28</sup> and was further confirmed by the validation of the cross-cultural model assumed<sup>29</sup> through the correlation analysis between SAI-R and CORE-OM. The results of this first phase show and confirm the positive correlation between the two constructs, highlighting that as the aspects related to spontaneity grow, levels of well-being also increase.

### *Assessment*

The Assessment involved the administration of a battery test at the beginning (T1) and at the end of the program (T2), in order to evaluate the efficacy of the EMPoWER program intervention.

The battery tests consist of three scales:

- SAI-R (Spontaneity Assessment Inventory-Revised)<sup>30</sup>: will be adopted to measure the change in spontaneity. We will use the proper translation for each country;
- CORE-OM (Clinical Outcomes in Routine Evaluation Outcome Measure)<sup>31</sup>: to evaluate the clinical efficiency of the interventions. We will administer the proper translation for each country;

<sup>27</sup> Ines Testoni et al., "Psychodrama and Management of Sufferance from Domestic Violence: CORE-OM and SAI-R to Assess Empower Project Efficacy," *Gender Research* (forthcoming).

<sup>28</sup> David A. Kipper and Jasdeep Hundal, "The Spontaneity Assessment Inventory: The Relationship between Spontaneity and Nonspontaneity," *Journal of Group Psychotherapy, Psychodrama and Sociometry* 58, no. 3 (2005): 119; David A. Kipper and Eva Buras, "Measurement of Spontaneity: The Relationship between the Intensity and Frequency of the Spontaneous Experience," *Perceptual and Motor Skills* 108, no. 2 (2009): 362–366.

<sup>29</sup> Testoni, "Psychodrama Research: A Daphne Project."

<sup>30</sup> David A. Kipper and Haim Shemer, "The Spontaneity Assessment Inventory-Revised (SAI-R): Spontaneity, Well-Being and Stress," *Journal of Group Psychotherapy, Psychodrama and Sociometry* 59, no. 3 (2006): 127.

<sup>31</sup> Chris Evans et al., "Towards a Standardised Brief Outcome Measure: Psychometric Properties and Utility of the CORE-OM," *British Journal of Psychiatry* 180 (2002): 51.

- BDI-II (Beck Depression Inventory-II version)<sup>32</sup> is a self-reported analysis of depressive symptoms. The second version reflects revisions made in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). We will utilize the translated version for each country.

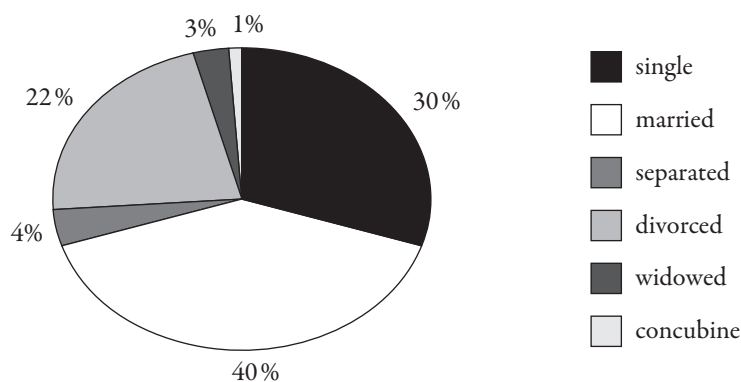
## Participants

The total sample was composed of  $N=136$  women victims of domestic violence, between the ages of 15 and 68 ( $M=36.6$ ,  $SD=12.95$ ), with an average of 11 years of education. All participants took part in the study voluntarily, and they did not receive any type of compensation for their participation. Of the total sample, 88.1% had at least one child, and 11.9% had no children. The following figures (1 and 2) illustrate the distribution (in percentages) of the socio-demographic characteristics of the total sample ( $N=136$ ).

The marital status was classified into six clusters (single, married, separated, divorced, widows, and concubines). Figure 1 highlights that the majority of the sample was made up of either married (40%) or single (30%) women.

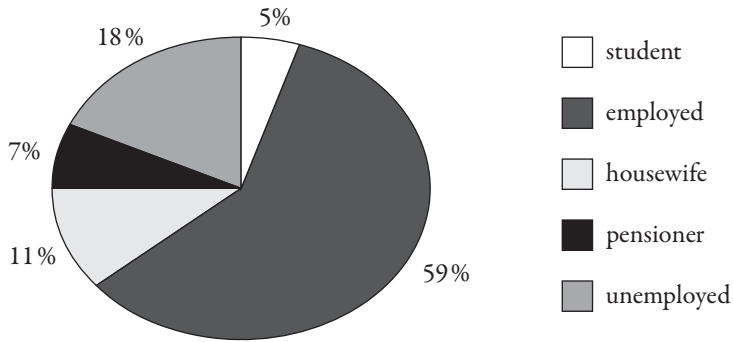
The occupations were also classified into five clusters (student, employed, housewives, pensioners, and unemployed). One participant from the original sample was missing. Figure 2 demonstrates that the majority of the sample was made up of employed women (60%).

Figure 1. Percentages "Marital status" variable ( $N=136$ ).



<sup>32</sup> Aaron T. Beck, Robert A. Steer, and Gregory K. Brown, *Manual for the Beck Depression Inventory: (BDI-II)*, 2nd ed. (San Antonio, TX: Psychological Corporation, 1996).

Figure 2. Percentages "Occupation" variable (N= 136).



As we mentioned in the previous paragraph, the experimental design used was longitudinal (T1, at the beginning of the program, and T2, at the end of the program), and this provided the data collected for two different groups: the group that participated in the ecological intervention (EG) and the group that participated in the psychodramatic techniques (PG).

Figure 3 highlights the composition of the sample for each country; 66 participants belong to the EG group, and 70 make up the PG group.

Figure 3. Sample distribution per country and per type of intervention.

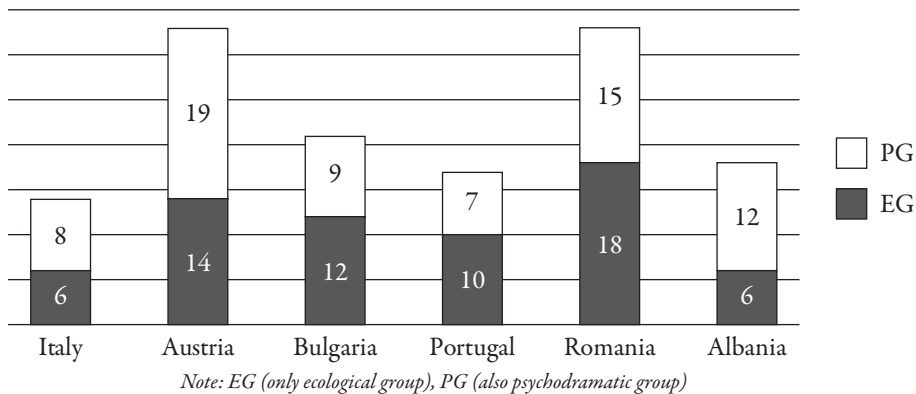


Table 1 highlights how the Italian, Austrian, Bulgarian, and Romanian samples attained a higher level of education and were older than the Albanian group.

*Table 1. Socio-demographic data sample for each country.*

	Average age	Years of education
<b>Italy</b>	39	13
<b>Austria</b>	41	12
<b>Bulgaria</b>	40	14
<b>Portugal</b>	46	8
<b>Romania</b>	33	11
<b>Albania</b>	20	7

Most of the women who belong to the Italian group stated that they are separated (42.9%), while women who belong to the Portuguese and Romanian group reported that they are mostly married (58.8% and 60.6%, respectively). Women in the Albanian group are for the most part single (83.3%), while in the Austrian and Bulgarian samples there are more married women (33.3% and 38.1%, respectively), single (33.3%) or divorced (38.1%). These variables are quite heterogeneous. It is important to note the heterogeneity of these socio-demographic variables in light of subsequent interpretations of the results that we present in the following section.

In the Romanian and Albanian samples, all the women have at least one child (100%), in contrast to the other groups, which appear to be more heterogeneous, though for the most part concordant. 90% of Italian, Bulgarian and Portuguese women and 63% of Austrian women have at least one child.

## ***Results***

Below the key results are reported. First, an analysis of the reliability of the measurement scales used was carried out: we verified the internal consistency of the scales of spontaneity (SAI-R) and psychological well-being (CORE-OM) by calculating Cronbach's Alpha coefficient to verify the existence of internal consistency. Next we calculated the mean scores and performed comparisons between the means through an analysis of variance (ANOVA), and then we calculated the bivariate correlations between the composite scores using Pearson's correlation coefficient. The software used for this analysis was statistical package SPSS (version 19).



### *Internal consistency*

The internal consistency of the SAI-R in the total sample in T1 was .95 (Cronbach's Alpha), and in T2 it was .96.<sup>33</sup> Table 1 illustrates the internal consistency index in each country in T1 and T2.

The internal consistency of the CORE-OM in the total sample in T1 was .89 (Cronbach's Alpha), and in T2 it was .91.<sup>34</sup> Table 2 illustrates the internal consistency index in each country in T1 and T2.

*Table 2. Cronbach's Alpha, SAI-R. CORE-OM.*

Country	T1	T2
Italy	.93	.97
Austria	.96	.97
Bulgaria	.78	.93
Portugal	.93	.95
Romania	.94	.93
Albania	.77	.83

*Table 3. Cronbach's Alpha,*

Country	T1	T2
Italy	.93	.93
Austria	.92	.96
Bulgaria	.83	.78
Portugal	.75	.81
Romania	.78	.80
Albania	.90	.94

The results indicate that all Cronbach's alpha coefficients calculated for both scales and for each dimension of the CORE-OM (spontaneity and psychological well-being) in each country and at two different time points indicated good internal consistency, so that the scales used in the EMPoWER Daphne project actually measured the two constructs of spontaneity and psychological well-being in all six countries considered.

Once we ascertained the reliability of the measuring instruments, we calculated the average scores in each country at two points in time (before and after the intervention) in order to perform an analysis on the measurement of the effectiveness of change.

<sup>33</sup> In the literature, the internal consistency of the SAI-R is .79. The average score on the SAI-R was 66.41, *SD*=10.16.

<sup>34</sup> Evans et al., 2002; the internal consistency of the CORE-OM was .94, and for each domain the Alpha values were: Well-being  $\alpha$ = .68, Problems  $\alpha$ = .85, Functioning  $\alpha$ = .72, Risk  $\alpha$ = .62, and Non-risk items  $\alpha$ = .90. The average score was .76 (*SD*=.59), and for each of the CORE-OM domains: Well-being (W) *M*= .91 (*SD*= .59), Problems (P) *M*= .90 (*SD*= .72), Functioning (F) *M*= .85 (*SD*= .65), Risk (R) *M*= .20 (*SD*= .45), and Non-risk items (-R) *M*= .88 (*SD*= .66).

## *The average score and the differences between the means and cut-offs*

### *SAI-R*

The average score of the total sample on the SAI-R in T1 was 49.75 ( $SD=16.48$ ), and in T2 it was 54.71 ( $SD=14.74$ ). The average score of the total sample on the SAI-R in PGT1 was 51.95 ( $SD=15.66$ ), and in EGT1 it was 47.42 ( $SD=17.11$ ). The average score of the total sample on the SAI-R in PGT2 was 56.47 ( $SD=15.37$ ), and in EGT2 it was 52.94 ( $SD=13.19$ ).

These results would seem to indicate that levels of spontaneity are lower in T1 and that there is an improvement in the level of spontaneity in T2, both in the total sample as well as in the two groups (EG and PG). Table 4 illustrates the average scores in each country at T1 and T2.

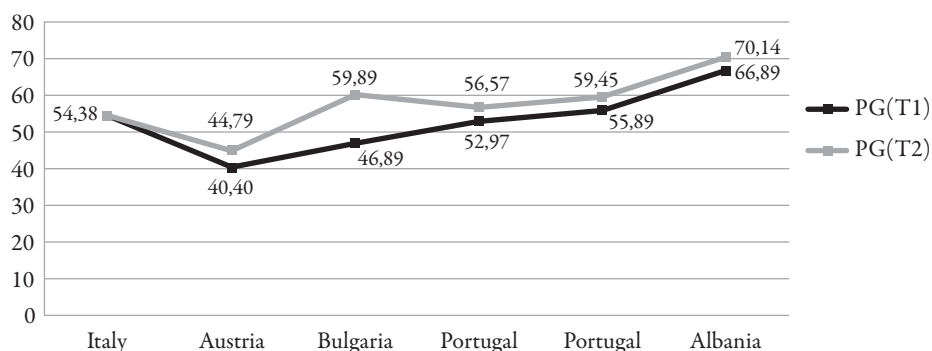
*Table 4. Average score, SAI-R.*

Country	T1		T2	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>Italy</b>	58.84	16.66	58.13	18.34
<b>Austria</b>	42.47	15.84	49.18	16.22
<b>Bulgaria</b>	45.48	7.80	49.90	11.79
<b>Portugal</b>	47.45	15.48	54.73	12.91
<b>Romania</b>	46.35	15.23	53.93	11.84
<b>Albania</b>	69.42	10.31	69.20	8.22

The average score on the SAI-R in total sample PG<sub>(T1)</sub> ( $n=70$ ) was 51.95 ( $SD=15.66$ ). Figure 4 illustrates the average PG score, in each country and at T1 and T2.<sup>35</sup>

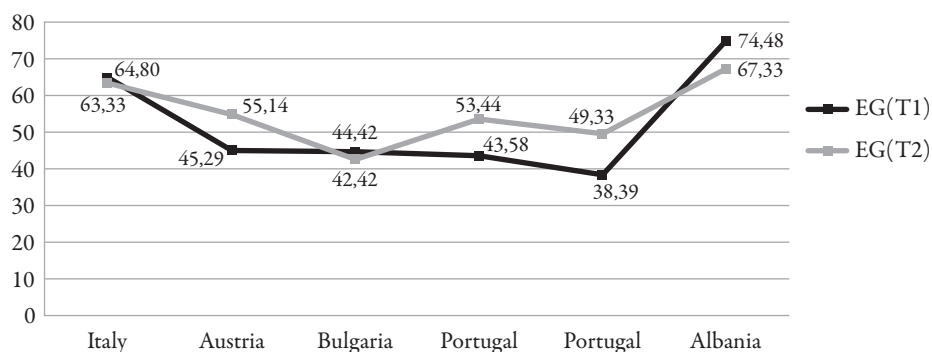
<sup>35</sup> 66.89 ( $SD=11.32$ ) in Albania, 40.40 ( $SD=15.49$ ) in Austria, 46.89 ( $SD=5.18$ ) in Bulgaria, 54.38 ( $SD=16.92$ ) in Italy, 52.97 ( $SD=14.63$ ) in Portugal, and 55.89 ( $SD=11.83$ ) in Romania. The average score on the SAI-R in total sample PG<sub>(T2)</sub> ( $n=70$ ) was 56.47 ( $SD=15.37$ ). The average score in each country was 70.14 ( $SD=9.61$ ) in Albania, 44.79 ( $SD=16.21$ ) in Austria, 59.89 ( $SD=16.21$ ) in Bulgaria, 54.22 ( $SD=18.21$ ) in Italy, 56.57 ( $SD=12.86$ ) in Portugal, and 59.45 ( $SD=10.38$ ) in Romania.

Figure 4. The average PG score in each country and at T1 –T2, SAI-R.



The average score on the SAI-R in total sample EG<sub>(T1)</sub> ( $n=66$ ) was 47.42 ( $SD=17.11$ ). Figure 5 illustrates the average EG score in each country and at T1 and T2.<sup>36</sup>

Figure 5. The average EG score in each country and at T1 –T2, SAI-R.

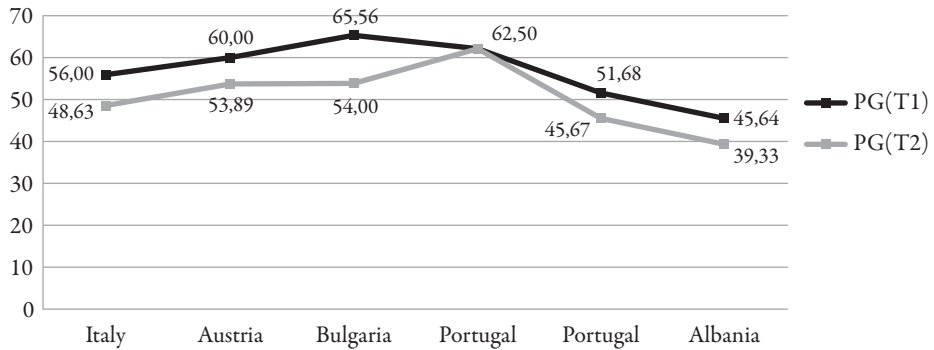


<sup>36</sup> The average score in each country was 74.48 ( $SD=5.73$ ) in Albania, 45.29 ( $SD=16.43$ ) in Austria, 44.42 ( $SD=9.39$ ) in Bulgaria, 64.80 ( $SD=15.70$ ) in Italy, 43.58 ( $SD=15.57$ ) in Portugal, and 38.39 ( $SD=13.19$ ) in Romania. The average score on the SAI-R in total sample EG<sub>(T2)</sub> ( $n=66$ ) was 47.42 ( $SD=17.11$ ). The average score in each country was 67.33 ( $SD=4.50$ ) in Albania, 55.14 ( $SD=14.75$ ) in Austria, 42.42 ( $SD=7.28$ ) in Bulgaria, 63.33 ( $SD=18.78$ ) in Italy, 53.44 ( $SD=13.47$ ) in Portugal, and 49.33 ( $SD=11.21$ ) in Romania. In order to consider the differences between Western and Eastern Europe, the results are as follows: the average score in the Eastern European sample at T1 in the PG group (Albania, Bulgaria, and Romania) was 57.31 ( $SD=12.76$ ), and in the Western and Central European countries (Austria, Italy, Portugal) the score was 46.28 ( $SD=16.61$ ). The average score in the East European countries at T2 in the PG group (Albania, Bulgaria, and Romania) was 63.12 ( $SD=10.75$ ), and in the Western and Central European

## CORE-OM

Figures 6 and 7 illustrate the average score of PG<sup>37</sup> and EG,<sup>38</sup> in each country and in T1 and T2.<sup>39</sup>

Figure 6. The average PG score in each country and at T1 –T2, CORE-OM.



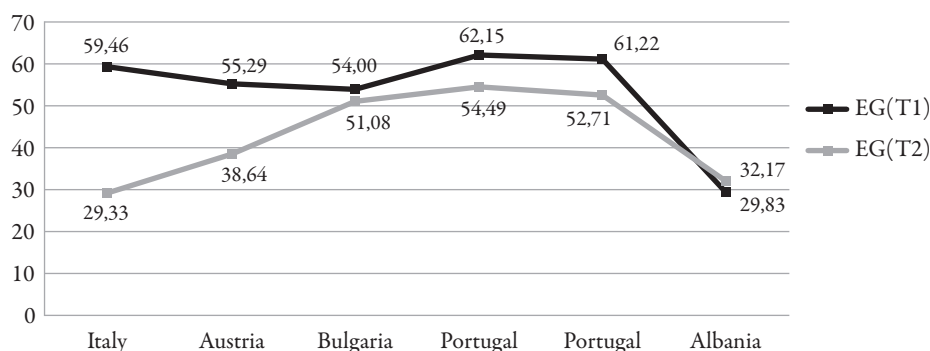
sample (Austria, Italy and Portugal) it was 49.43 ( $SD=16.51$ ). The average score of the East European sample at T1 in the EG group (Albania, Bulgaria, and Romania) was 46.41 ( $SD=16.92$ ), and in the Western and Central European sample (Austria, Italy and Portugal) it was 48.62 ( $SD=17.53$ ). The average score in the East European sample at T2 in the EG group (Albania, Bulgaria, and Romania) was 50.03 ( $SD=12.33$ ), and in the Western and Central European sample (Austria, Italy, and Portugal) it was 56.21 ( $SD=15.11$ ).

<sup>37</sup> 45.64 ( $SD=24.64$ ) in Albania, 60.00 ( $SD=21.17$ ) in Austria, 65.56 ( $SD=16.47$ ) in Bulgaria, 56.00 ( $SD=32.88$ ) in Italy, 62.50 ( $SD=13.11$ ) in Portugal, and 51.68 ( $SD=13.03$ ) in Romania. The average score on the CORE-OM in total sample PG<sub>(T2)</sub> ( $n=70$ ) was 50.00 ( $SD=23.04$ ). The average score in each country was 39.99 ( $SD=27.92$ ) in Albania, 53.89 ( $SD=28.17$ ) in Austria, 54.00 ( $SD=19.23$ ) in Bulgaria, 48.63 ( $SD=25.10$ ) in Italy, 62.29 ( $SD=12.88$ ) in Portugal, and 45.67 ( $SD=13.15$ ) in Romania.

<sup>38</sup> The average score in each country was 29.83 ( $SD=13.11$ ) in Albania, 55.29 ( $SD=16.4$ ) in Austria, 54.00 ( $SD=13.62$ ) in Bulgaria, 59.46 ( $SD=19.69$ ) in Italy, 62.15 ( $SD=11.75$ ) in Portugal, and 61.22 ( $SD=13.10$ ) in Romania. The average score on the CORE-OM in total sample EG<sub>(T2)</sub> ( $n=66$ ) was 45.71 ( $SD=15.89$ ). The average score in each country was 32.17 ( $SD=10.85$ ) in Albania, 38.64 ( $SD=17.59$ ) in Austria, 51.08 ( $SD=5.65$ ) in Bulgaria, 29.33 ( $SD=20.42$ ) in Italy, 54.49 ( $SD=13.82$ ) in Portugal, and 52.71 ( $SD=11.49$ ) in Romania.

<sup>39</sup> To consider the differences between Western and Eastern Europe, the results are as follows: the average score in the Eastern European sample at T1 in the PG group (Albania, Bulgaria, and Romania) was 53.14 ( $SD=19.51$ ), and in the Western and Central European sample (Austria, Italy, Portugal) it was 59.57 ( $SD=22.58$ ). The average score for the East European sample at T2 in the PG group (Albania, Bulgaria, and Romania) was 45.86 ( $SD=20.68$ ), and for the Western and Central European sample (Austria, Italy, Portugal) it was 54.38 ( $SD=24.86$ ). The average score in the East European countries at T1 in the EG group (Albania, Bulgaria, Romania) was 53.58 ( $SD=17.12$ ), and in the Western and Central European countries (Austria, Italy, Portugal) it was 58.41 ( $SD=15.50$ ). The average score for the Eastern European countries at T2 in the EG group (Albania, Bulgaria, Romania) was 48.74 ( $SD=12.17$ ), and in the Western and Central European countries (Austria, Italy, Portugal) it was 42.06 ( $SD=19.03$ ).

Figure 7. The average EG score in each country and at T1 –T2, CORE-OM.



### *Differences between the means*

The ANOVA showed that there is a significant effect of time (factor “within”) [ $F(1,132) = 19.73, p < 0.01$ ] but also that there are no significant interactions between time, group, and region. However, among the factors “between” (group and geographical area), there is a significant interaction among groups by geographical area [ $F(1, 132) = 12.96, p < 0.01$ ]. The post-hoc analysis was performed using the Bonferroni method, which revealed a trend similar to that established through the CORE-OM measurement: SAI-R scores at T2 increased significantly only in Eastern Europe PG ( $\bar{d} = -5.82, p < 0.05$ ) and Western countries EG ( $\bar{d} = -7.59, p < 0.05$ ).

The ANOVA showed that there is both a significant time effect [ $F(1, 132) = 27.12; p < 0.01$ ] and an effect of interaction time for group by geographical area [ $F(1, 132) = 4.426; p < 0.05$ ]. The post-hoc analysis performed with the Bonferroni method showed that scores on the CORE-OM at T2 significantly decreased only in the PG of Eastern Europe ( $\bar{d} = -7,276, p < 0.05$ ) and in the EG of Western and Central European countries ( $\bar{d} = -16.34, p < 0.05$ ).

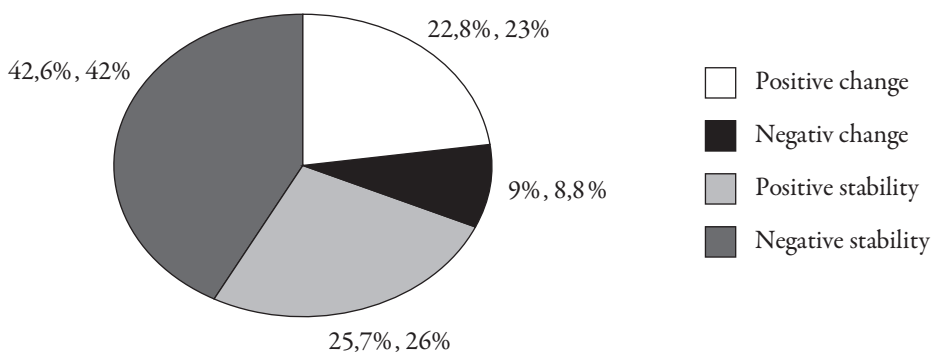
In order to assess any possible changes of the Intervention Group scores from above the clinically significant threshold scores (cutoff) in the pre-stage to below the threshold in the post-measurement analysis, we conducted an analysis that took into account the clinical cutoffs of each of the CORE-OM domains in the literature (Evans et al., 2002) and compared them with the results obtained by the Intervention Group for each of the partner countries in all the CORE-OM domains in the initial stage (T1) and final stage (T2) of the project. Subsequently

the analysis between these two comparisons was conducted with the McNemar non-parametric test for paired samples with dichotomous variables of interest; the value of alpha was set to 0.05 for each of the tests carried out. This enabled us to see any statistically significant changes in the total sample.

### *Subjective well-being*

With regards to the comparison made for the domain of subjective well-being, the McNemar test was significant ( $p < 0.05$ ). The percentage of women who went from being above the clinically significant threshold score in the pre-stage to below the threshold score in the post-stage was 22.8%, while the percentage of women whose scores increased from under the threshold in the pre-stage to above the threshold in the post-stage was 8.8%. The percentage of women who instead remained stable below the cutoff in both the first and the second administration of the test was 25.7%, while the percentage of women who remained above the clinically significant threshold was 42.6% (Figure 8).

Figure 8. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for Subjective well-being.

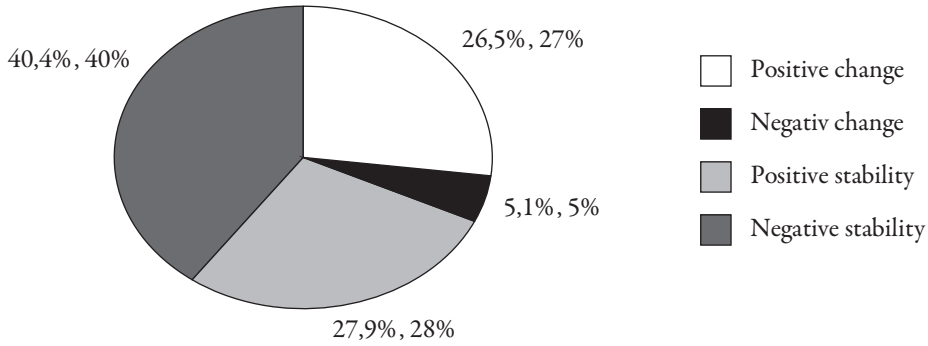


### *Problems*

The McNemar test result carried out to compare the domain *problems* of the CORE-OM was significant ( $p < 0.05$ ). The percentage of women who went from being above the clinically significant threshold score in the pre-stage to below the threshold score in the post-stage was 26.5%, while the percentage of women who went in the opposite direction was 5.1%. The percentage of women who instead

remained stable below the cutoff in both the first and the second administration of the test was 27.9%, while the percentage of women who remained stable above the clinically significant threshold score was 40.4% (Figure 9).

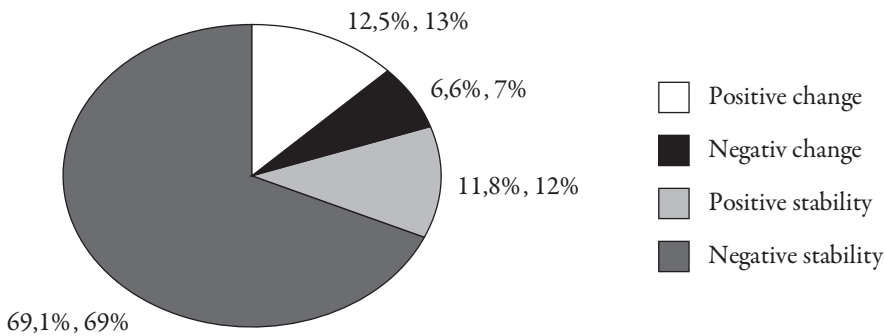
Figure 9. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for Problems domain.



### Functioning

With regard to the functioning domain of the CORE-OM, the McNemar test results were not statistically significant ( $p = 0.16$ ). In all, 12.5% of women went from being above the clinically significant threshold score in the pre stage to below the threshold score in the post stage, while the percentage of women who went in the opposite direction was equal to 6.6%. The percentage of women who instead remained stable below the cutoff after the intervention was 11.8%, while 69.1% of women remained stable above the clinically significant threshold (Figure 10).

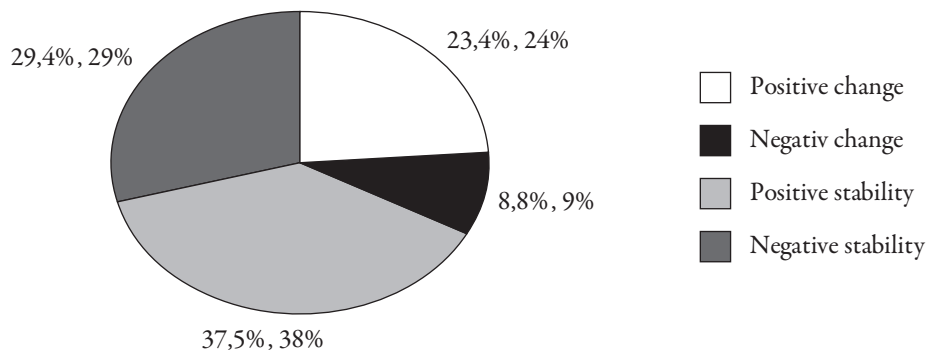
Figure 10. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for Functioning domain.



## Risk

The McNemar test results carried out on the *risk* items of the CORE-OM of all the countries involved in the project were statistically significant ( $p < 0.05$ ). The percentage of women who went from being above the clinically significant threshold score to below the threshold score was 24.3%, while the opposite results (from under to above the threshold) were measured in 8.8% of cases; 37.5% of women remained stable below the cutoff in both the first and the second administration of the test, while the percentage of women who remained stable above the clinically significant threshold was 29.4% (Figure 11).

Figure 11. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for Risk factors.

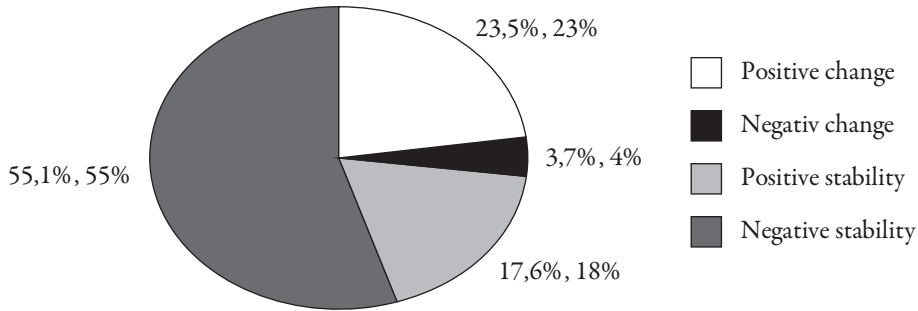


## Items without risk

As for the comparisons carried out for all items except for risk items, the McNemar test results were statistically significant ( $p < 0.05$ ). The percentage of women who went from being above the clinically significant threshold score to below the threshold score was 23.5%, while 3.7% of women rose from under the threshold to above the threshold after the intervention. Score stability below the threshold was sustained in 17.6% of cases, while the percentage of women who remained stable above the clinically significant threshold after the intervention was 55.1% (Figure 12).



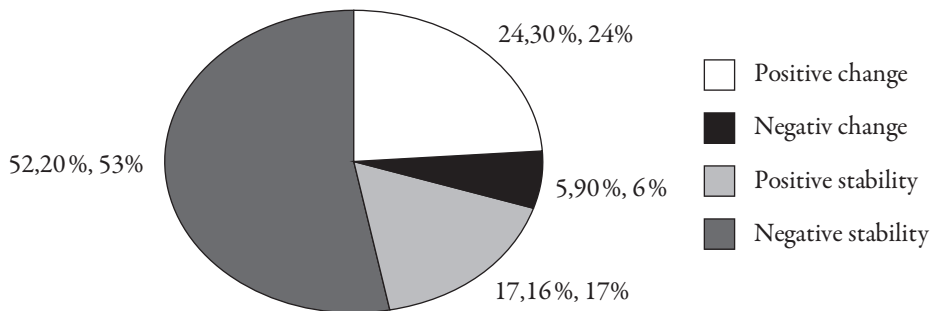
Figure 12. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for Without Risk items.



### Totals

The McNemar test performed to compare all the CORE-OM items was significant ( $p < 0.05$ ). In all, 24.3% of women went from being above the clinically significant threshold scores in the pre-stage to below the threshold scores in the post-stage, while 5.9% of women obtained the opposite results. The percentage of women who remained stable below the clinically significant threshold score both in the first and the second test administration was 17.16%, while the percentage of women who remained stable above the clinically significant scores was 52.20% (Figure 13).

Figure 13. Percentage comparison between Intervention Group T1 and cut-off with Intervention Group T2 and cut-off, for all CORE-OM domains.



### *Correlations between spontaneity and well-being*

The analysis carried out to verify the correlation between the instruments on the total sample ( $N=136$ ) illustrates that the expected negative correlation between instruments is significant, both between the SAI-R and CORE-OM in T1 ( $r=-0.58, p<0.001$ ) and between SAI-R and CORE-OM in T2 ( $r=-0.58, p<0.001$ ). In all the countries investigated, there was a negative correlation between SAI-R and CORE-OM both at the first and the second administration, with the exception of Bulgaria (both in T1 and T2), and in T2 in Portugal and Romania (see Table 5).

*Table 5. Correlations between SAI-R and CORE-OM.*

Country	T1	T2
Italy	-.66**	-.80**
Austria	-.63**	-.80**
Bulgaria	-.28	-.13
Portugal	-.67**	-.33
Romania	-.41**	-.23
Albania	-.62**	-.62**

\* $p<.05$  \*\* $p<.01$

Additional analysis was conducted to highlight any modulation effects of sociodemographic variables on test scores (SAI-R and CORE-OM) in T2.<sup>40</sup> Therefore, the repeated measure of ANOVA (in which time is the factor “within” subjects) was carried out at two levels (T1 and T2), while marital status (three levels: single, married, and divorced-separated-widowed), the location (two levels: Eastern Europe, and Western and Central Europe), and the groups (EG and PG) were considered factors “between” subjects. From this analysis, significant interactions between time and marital status and the SAI-R ( $F(2,124)=9.28, p<0.001$ ) and the CORE-OM ( $F(2,124)=4.93, p<0.001$ ) emerged. The direction of improvement is the same: married women score lower at T1 on the SAI-R ( $M=45.17, SD=1.95$ ), begin with lower levels of spontaneity, and have higher CORE-OM scores ( $M=1.85, SD=0.07$ ), thus resulting in greater levels of discomfort, followed by “separated-divorced-widowed” (SAI-R:  $M=46.13; SD=2.3$ ; CORE-OM:

<sup>40</sup> The marital status distribution was not the same in the two groups. The PG was composed of 35.7% single individuals, 30% who were married, and 34.3% who were separated, divorced, or widowed. The EG was composed of 24.25% single individuals, 51.5% who were married, and 24.25% who were separated, divorced, or widowed.

$M=1.32$ ;  $SD=0.09$ ) and finally by single women (SAI-R:  $M=60.02$ ;  $SD=2.28$ ; CORE-OM:  $M=1.67$ ;  $SD=0.09$ ), which is the group that has higher levels of spontaneity and lower levels of discomfort. At T2, married women report higher SAI-R scores ( $M=54.55$ ;  $SD=1.86$ ) and lower CORE-OM scores ( $M=1.42$ ;  $SD=0.08$ ) with respect to the women in the group that are “separated-divorced-widowed” (SAI-R:  $M=51.78$ ;  $SD=2.2$ ; CORE-OM:  $M=1.47$ ;  $SD=0.09$ ). At T2, single women score the highest in spontaneity (SAI-R:  $M=58.17$ ;  $SD=2.18$ ) and have lower levels of distress (CORE-OM:  $M=1.24$ ;  $SD=0.09$ ), but in relation to the variation in their scores between T1 and T2, their test scores show a slight deterioration in the measure of spontaneity and a slight improvement over discomfort, which is still lower when compared to the other two groups. Another significant result emerged for age: it is positively correlated ( $r=0.27$ ,  $p<0.05$ ) with the CORE-OM and negatively correlated with SAI-R scores ( $r=-0.40$ ,  $p<0.001$ ). This indicates that the older the individual is, the greater is the discomfort experienced and the further well-being scores decline.

## **Discussion**

The results of the present research demonstrate a high validity of the research instruments used in the study. Moreover, the results obtained from the various samples of the different tests are positioned below the thresholds established by previous clinical studies of validation. The results confirm the hypothesized model, showing positive correlations between indices of spontaneity and psychological well-being. The research supports the idea that both models (psychodramatic and ecological) contribute to strengthening the empowerment of women who have been victims of violence. However, psychodramatic techniques seem to be most effective in Eastern European countries.

Comparing scores on the total sample in T1 and T2, we note that the SAI-R scores increased and those reported by the CORE-OM decreased. This means that both counseling and psychodrama led, on the one hand, to increased levels of spontaneity and thus psychological well-being, and on the other hand, to a decrease in the levels of discomfort. The analysis of variance carried out on average differences shows that in PG and EG, the size of this improvement is significant. The interaction effect between improvement at T2 and groups (EG and PG) does not emerge because both methods produce significant improvements.

On this basis, we can say that the first hypothesis was confirmed: both interventions (counseling and psychodrama) improved the women's well-being significantly at T2: the SAI-R scores increased, indicating the presence of greater spontaneity, and the CORE-OM scores decreased, indicating less discomfort.

The achievement of the second objective has several implications that we discuss below. The results show that all groups in both geographical areas received a benefit from the interventions, but in a different way. In fact, a difference with respect to the relationship intervention/region emerges. In Eastern Europe, psychodrama is the intervention of choice, as it produces significantly greater improvements, while in Western and Central European countries, ecological counseling produces the most significant change. The CORE-OM scores at T2 significantly decreased in the PG of Eastern Europe and in the EG of Western and Central European countries. However, the SAI-R scores at T2 increased significantly in the PG of Eastern Europe and in the EG of Western and Central European countries.

This result could be due to two factors mentioned above. First, women from Eastern Europe are increasingly aware of the phenomenon of abuse linked to trafficking; and since ecological counseling is a psychosocial intervention, based on activities aimed at integrating the victims into society, it might be that they do not trust society to "save" them from their condition. Second, in Eastern Europe, women's social integration is still lacking and needs to be improved. In this sense, the psychodramatic intervention, which takes place entirely in a protected setting, might provide an elaboration experience that is more reassuring.

The results obtained from comparing the intervention group in the pre-treatment (T1) and post-treatment (T2) phase with clinically significant threshold (cut-off) scores has enabled us to quantify the percentage of women with a critical discomfort score above the clinically significant threshold decreases after the intervention. In fact, for both the total and for all the CORE-OM domains except for the items related to functioning, nearly one out of four women measured a significant improvement. The significance of this change is that, compared to the percentage of women whose scores worsened beginning from below to ending above the clinically significant threshold, the percentage of women whose scores improved is statistically greater. The percentage of women who experienced a positive change<sup>41</sup> is significantly higher than the percentage of women

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<sup>41</sup> Subjective well-being = 22.8%, problems = 26.5%, risk = 24.3%, no risk items = 23.5%, total of = 24.3%.

who experienced a negative<sup>42</sup> change except for items related to functioning that, however, was improved in 12.5% of women and is greater than the percentage of women who experienced a negative change (8.8%).

In any case, the results highlight that both psychodrama and ecological counseling are successful techniques that address the needs of individuals, since they increase levels of well-being. If we also consider spontaneity as an indicator of change that enables the women to break free from internalized relational scripts that give rise to a victim mentality, we can add that both interventions offer the opportunity to begin a process of change towards autonomy.

For the aforementioned reasons, we believe that the results obtained by this project are highly positive and that this model of intervention should be extended, possibly prolonging the intervention and also measuring the follow-up after one year.

### *Implications for teaching*

This chapter focuses on psychodrama techniques and Empirical Research in the Real World (ERRW) methodology.

Psychodrama techniques enable women who are involved in certain types of mother-daughter relationships to become aware that they are in a subordinate position within the family structure and that the family structure is maintained by asymmetrical power relationships that sustain hierarchical family positions. In particular, these techniques are used with women who are victims of domestic violence. The importance of Morenian techniques lies in the fact that through dramatization, women victims of violence are able to develop coping strategies and resilience. The aim is to strengthen women's agency in order to break the cycle of violence within the family.

ERRW focuses on the lives and experiences of diverse groups that traditionally have been marginalized and analyzes how and why resulting inequities are reflected in asymmetric power relationships, examining how results of social inquiry on inequities are linked to political and social action. It adopts an exploratory strategy of research, but also classical research design methods, to measure events and to generate ideas and hypotheses for future research. In

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<sup>42</sup> Subjective well-being = 8.8%, problems = 5.1%, risk = 8.8% and items without risk = 3.7%, total of = 5.9%.

this chapter we developed three fundamental sections: first, we touched on the theoretical basis upon which the problem of VAW rests and the methodology of intervention; then we discussed the participants and the instruments used with an accompanying statistical analysis; and lastly, we discussed the results.

The research highlights the efficacy of applying psychodramatic methods in different European countries. Nevertheless, the results also stress the complexity of the problem and the specificity of the issues for each European country. Many factors are involved in the definition of family ties and family roles, which is why each European state must be examined with a tailored approach. For instance, the historical perspective on the development of women's roles within the family and society needs to be taken into account when we work on VAW research, support, and interventions.

### *Questions*

Our research gives rise to questions concerning the relationship between the embodiment of patriarchal discourses and practices that affect women's lives:

1. From a feminist viewpoint, why are psychodramatic techniques and ecological systemic approaches considered potentially optimal for VAW interventions?
2. Why is ERRW a potentially excellent research methodology for VAW research?

### *Assignments*

1. Describe how VAW prevention strategies (in one specific country) are used to support women who are victims of domestic violence.
2. Focus on a specific European country and try to trace social work's development within the intersections comprising the concept of "gender" and how this has been used to build asymmetrical power relationships that relegate women to a subordinate position, attributing to them the characteristics of being "naturally dedicated to the care of others"; "emotional," "passive," and so on.

3. Try to create an ERRW project in the area of VAW, following the structure of this chapter but adopting different intervention strategies.

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