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Professional competences for effective and quality care for children exposed to gender-based violence

Professional Competencies for Quality and Effective Attention to Children Exposed to Gender-based Violence

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Summary

This research aims to identify professional competencies that are key in multidisciplinary teams that care for children exposed to gender-based violence. Specifically, 48 professionals from different training and work profiles, such as psychology, education and social work, took part. Individual experiences in the work functions of each profile are taken into account in order to identify professional competencies. We follow a feminist phenomenological method, collecting data through interviews and diagrams which are then analysed using a thematic and grounded theory approach with the support of specialised software. The results show three types of competencies associated with different experiential domains. Among the basic competencies, knowledge of traumatic processes, care services and their different functions and emotional education stand out; technical competencies such as the ability to manage the child's feelings of guilt, the ability to coordinate with other professionals, self-care and self-awareness; and transversal competencies such as empathy, active listening and assertiveness. The relevance of the contributions for curriculum design and the implications for specialised and transdisciplinary training are discussed.

Keywords: Gender-based violence; professional competences; work experience; children at risk; child protection; training.

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Abstract

This research aims to identify professional competencies which are key in multidisciplinary teams that attend to children exposed to gender-based violence. Specifically, 48 professionals from different training and work profiles such as psychology, education and social work participated in this study. The individual experiences and job functions in each profile are considered to identify professional competencies. We follow a feminist phenomenological method, collecting data through interviews and schemes that are analyzed adopting a thematic and fundamental theory approach with the support of specialized software. The results show three types of competencies associated with different experiential areas. The basic skills are knowledge about traumatic processes, care services and their different functions and emotional education; technical competencies such as the ability to manage the minor's feeling of guilt, the ability to coordinate with other professionals, self-care, and self-awareness; and transversal skills like empathy, active listening and assertiveness. The relevance of the contributions for the design of study plans and the implications for specialized and transdisciplinary training are discussed. Key words: Gender violence; job skills; work experience; children at risk, child protection; training.

Introduction and objectives

Gender-based violence is a social scourge and the resources allocated in Spain are insufficient, especially those aimed at attending to the children of battered women, who are forgotten as victims of gender-based violence (Riquelme et al., 2019). According to data from the Monthly Statistical Bulletin of December 2021 of the Ministry of Equality of the Spanish Government, 31,755 minors are in a situation of vulnerability or risk of exposure to gender-based violence. The 2019 Macro-survey on violence against women shows that 54.1% of those who have suffered gender-based violence had minors who witnessed or heard episodes of abuse. Organic Law 8/2021, of 4 June, on the Comprehensive Protection of Children and Adolescents against Violence, is an important achievement in recognising minors as victims of gender-based violence and promoting a system of protection.

Children who witness gender-based violence are a very vulnerable group that requires specialised attention and intervention from different professional spheres (Caravaca and Sáez, 2020). Holmes et al. (2022) review the literature on the multidimensional impact of exposure to gender-based violence and observe how it affects all domains of child functioning, including socio-emotional, physical, cognitive and behavioural health. At the school level, they may present behavioural and emotional problems that impair their social adjustment and academic performance (Harper et al., 2018). Fernández and Pérez (2018) point out that children may end up internalising violent behaviours and reproducing them throughout their life cycle, which implies a risk for children of abusive parents. For this reason, intervention must take place in different spheres, providing specialised services and addressing their possible needs (Rosser and Suriá, 2019).

Carnevale et al. (2020) state that there are many studies that explore exposure to gender-based violence and its consequences, but few on professionals involved in the care of children exposed to violence. For Fariña et al. (2021) the perspective of professionals on the support and accompaniment responses has been scarcely researched and systematised.

Children exposed to gender-based violence are cared for by multidisciplinary teams made up of people with different training and areas of specialisation, from psychologists or social workers to educators who have to provide a necessary joint response from public institutions to guarantee a change and improvement in the lives of the victims (Etherington and Baker, 2018). Highly specialised training is needed to care for this population (Berger et al., 2021) as well as strong coordination between educational, social, legal and social services and sectors (Calvo and Camacho, 2014). This is a challenge (Münger and Markström, 2019). But there is evidence that multilevel intervention models in relation to children exposed to gender-based violence are feasible and effective (Holmes et al., 2022).

Henning et al. (2021) highlight that there is little work that develops and evaluates specific training programmes and those that do exist focus on courses and post-doctoral offerings. These programmes provide didactic training, as well as opportunities for evidence-based practice and the development of research studies with vulnerable and trauma-exposed populations. Stover and Lent (2014) suggest the need for more practical experiences within the training received by future professionals intervening with these children. Magalhães et al. (2021) allude to the introduction of specific content for intervention with children with special needs. However, there is no international consensus (Macy et al., 2009) and curricula still show deficiencies (Hermoso-Soto and Jiménez-Cortés, 2021).

Cook et al. (2019, p. 242) identify consensus-based knowledge, skills and attitudes about professional competencies in psychology and social work to care for these children. 1. Ability to understand reactions to trauma and adapt interventions and assessments to take into account individual, cultural, community and organisational diversity. 2. Ability to understand and adapt assessment and interventions to current contextual factors. 3. Ability to understand, evaluate and adapt interventions and assessments that address the complexities of trauma-related exposure, including the resulting short- and long-term effects. 4. Ability to appropriately incorporate strengths, resilience and growth potential. 5. Ability to understand how trauma affects one's sense of safety and confidence. 6. Ability for self-reflection and tolerance of intense affect, ethical responsibility for self-care and self-awareness. 7. Ability to critically evaluate and apply existing and current science on research-supported therapies and assessment strategies for trauma-related disorders/difficulties. 8. Ability to understand and appreciate the value of diverse professionals and to work collaboratively across systems to improve outcomes.

For social work professionals, the literature indicates key competences, but the contributions are scarce. According to Martín (2022), social work professionals must be qualified to intervene in multiple areas in the life of the child, highlighting not only competences related to mediation, guidance and prevention, but also those linked to a therapeutic level. This work highlights the competence to make the child understand that he/she is not to blame for the abusive situation, the ability to create an atmosphere of trust in which he/she can express him/herself without fear of being judged and the ability to prevent the reproduction of macho patterns.

Likewise, there is very little work that addresses the professional competencies of educators working directly with this population. For Lloyd (2018) it is scarcely addressed. Berger et al. (2021) show that educators require specific ongoing training to identify trauma and its impacts, collegial support and the need for feedback from more experienced staff trained in exposed children. For Blodgett and Lanigan (2018) educators need to have the capacity to understand the profile of children exposed to gender-based violence and the associated risk, as well as strategies that enhance their academic trajectory.

Riquelme et al. (2019) consider that socio-educational intervention with mothers and children allows for the creation of a secure and stable bond, constituting a fundamental tool for the comprehensive development of children. For Holmes et al. (2022) practitioners need to be prepared to prioritise interventions associated with resilience, pro-social peer involvement, school supports and positive parenting practices. Carnevale et al. (2020) suggest that specific training on gender-based violence is necessary to provide a network for prevention, awareness raising and appropriate intervention.

The general objective of this work is to identify professional competencies that enable different professionals who care for children exposed to gender-based violence to carry out effective and quality work. To this end, the specific objectives seek to identify professional competencies associated with different work experiences in three different professional profiles: psychology, education and social work.

Method

The method we follow is feminist phenomenological, according to Simms and Stawarska (2013). This method, which focuses on describing the essence of lived experiences, seeks an alternative form to classical phenomenology (Oksala, 2022). That is, it starts from a philosophical basis of critical phenomenology where social structures influence our ability to experience the world and constitute who we are and what we do. The experiences of the research participants are interpreted from a critical perspective (Jiménez-Cortés, 2021).

Population and Sample

A purposive snowball sampling is followed, considering as inclusion criteria work experience with children exposed to gender-based violence.

and professional profile from psychology, education and social work degrees. A total of 48 professionals working with children exposed to gender-based violence, with work experience ranging from 1 to 21 years, took part in the study. Of the total, 14 are psychology professionals (12 women and 2 men); 17 are from education (13 women and 4 men) and 16 are from social work (15 women and 1 man). In terms of experiential areas, the sample is composed as follows:

- a) From the psychology profile by 4 women and 2 men in psychological care, 3 women in clinical therapy, 3 women in educational intervention with mothers and 2 women in prevention and protection.
- b) From the education profile by 10 women and 4 men with work experience in educational support and accompaniment, 3 women in teaching and 2 women in service coordination.
- c) Of the social work profile, by 9 women and 1 man who attend to minors at risk, 4 women in family accompaniment in crisis and 2 women in hospital social work.

Instrument

Semi-structured interviews and outlines of the main competences of value to the participants are used. The interview allows the experiences to be captured in their own voices and the outlines are a strategy to encourage self-representation in the research with sufficient capacity to capture the variety of experiences. The interview script contains a total of eight profile questions and twelve questions about their training and work experiences with children exposed to gender-based violence. Some of the questions focus specifically on the professional competencies that according to the participants provide effective and quality intervention with children exposed to gender-based violence (see Appendices for the interview script and the outline activity).

Data collection procedure

In order to access the participants, different strategies were followed. On the one hand, they were contacted through training actions that were subsidised by the university's equality unit on gender-based violence. A recruitment strategy was also articulated through social networks. Twitter (now X) was used to contact people with the profile required in the research and who voluntarily agreed to participate. The interviews were conducted in person and online via videoconferencing, lasting between thirty minutes and an hour and a half approximately, and were audio-recorded and subsequently transcribed. The key competence outlines were prepared in docx format or in handwritten form. For the online form, guidelines from Braun et al. (2021) were followed. The collected data are recorded under pseudonyms and ethical procedures such as an information sheet, informed consent and a commitment to confidentiality on the part of the researcher are articulated. Data during the analysis process are only accessible to two analysts on a restricted basis.

Data analysis procedure

We followed a qualitative analysis, starting from a phenomenological approach focusing on the essence of the experience, but combining procedures of thematic analysis (Neuendorf, 2018) and grounded theory (Charmaz and Thorberg, 2021). The analysis starts in a very focused way by reading the data with special attention to the answers given to the competence questions. In the first phase of initial exploration, 105 units of analysis are obtained per professional profile for psychology professionals, 148 for education professionals and 105 for social work professionals. In order to contextualise the competencies, individual experiences in the care of children exposed to gender-based violence were also recorded.

An initial exploration is carried out independently by the researchers and with the support of specialised software (Atlas.ti. v.9) on the basis of the total data from people with the psychology profile and those with the education profile. Subsequently, a first meeting is held to establish consensus in relation to the emerging categories in both groups, reaching an agreement of 90% in the first round (Creswell and Poth, 2018). In the analysis process, the constant comparison and cross-checking method is used to merge categories and identify conditions of application. This phase made it possible to name and define the categories related to the competency modalities found, as well as the application indicators. After this initial coding phase, we embarked on a second phase of research focusing on the specific experiences of each training and work profile, which served to contextualise the competencies found. A second meeting allows us to refine the system of categories and extend it again to the totality of the data, including the information from the group of social work professionals. Table 1 shows the category system:

Table 1

Category system.

Type of professional competences	Core competences (These include knowledge required for access to the job, in addition to knowledge related to gender-based violence).
	Technical competences (Specialised and having undergone a specific training course). (e.g., on the basis of the specific work experience)
	Cross-cutting competences (Attitudinal and aptitudinal in nature)

Experiential sphere	Work experiences of the group of psychology professionals	Psychological assistance and accompaniment
		Clinical therapy
		Educational intervention with mothers
		Prevention and protection
	Work experiences of the group of education professionals	Educational support and accompaniment
		Teaching
		Coordination of services
	Work experiences of the group of social work professionals	Care for children at risk
		Family support in crisis
Hospital social work		

The data from the 48 interviews and 40 diagrams are segmented into units of analysis and in total 397 units of analysis are categorised (144 from psychology, 148 from education and 105 from social work), on which analysis techniques are applied with the support of Atlas ti v. 9. Specifically, the crossing of categories with the functionality of the co-occurrence table and the calculation of the contingency coefficient to assess the association between the types of professional competences and the different experiential domains. A participant validation of the analysis is carried out by asking participants to provide feedback on whether the analysis accurately reflects their experience (Smith and McGannon, 2018). This procedure involved further contact with key informants who had been invited to take part in the research because of their profile, and the results section of the research was sent out for review and feedback.

Results

The group of psychology professionals mainly points to transversal ($f=45$), basic ($f=29$) and technical ($f=34$) competences. Specifically, transversal competences are associated with professional experiences related to psychological care and accompaniment of minors ($f=28$, C. de Contingency, C. de Contingency, C. de Contingency, C. de Contingency, C. de Contingency, C. de Contingency, C. de Contingency).

.31). These competences include empathy, closeness, care and affection, knowing how to work in a cooperative and organised way, the capacity for continuous training, the capacity for assertive communication and active listening. It is key to have the competence to:

Creating a space of trust in which children can address their problems should avoid judging or criticising, allowing them to express themselves freely without feeling guilty or disloyal about what they convey (id 1-16, ref. 1680 - 1963).

Also, core competencies ($f=23$, Contingency C. .29) are very much related to the development of knowledge linked to trauma and traumatic processes, training in life

processes, specific training in violence, and the ^{Soto} development of a knowledge of the traumatic process.

They are also knowledgeable about gender violence, psychoanalysis, and services for victims of gender violence. This knowledge is highlighted as a key element to improve their intervention strategies, to which they add the knowledge of the actions of other contexts in contact with the child, such as the school. This is how one participant explains it:

Knowledge from other spheres, social services, the judicial system... sometimes I have to jump around because of ignorance, and that is important, not all families are exclusively with our services, they also go to social services, they are immersed in judicial processes that I sometimes do not fully understand, the school has to be included and I get lost (id:3-4, ref. 8295 - 8681, woman).

For the group of psychology professionals working in psychological care and accompaniment of minors exposed to gender-based violence, the most outstanding technical competencies (f=34, contingency C. .33) are the capacity for crisis intervention, the capacity to promote action plans coherent with the reality of the situation analysed and the resources and support available, specific clinical training and the capacity to set protective limits. This is how a psychologist explains it:

The ability to confront and to set protective limits for both mothers and children, and many times we have to work on their role as mothers and point out aspects that are not being the most appropriate and we have to deal with that. (id:3-7, 8811-9050, woman).

The transversal competences associated with the experience of the group of psychology professionals who intervene socio-educationally with minors and mothers (f=6, Contingency C. .12), are fundamentally empathic capacity and extroversion. As far as basic competences are concerned, they point out gender equality awareness. Among the technical competences, two are noted: training in autonomy for victims and the ability to combine education with play.

Regarding the experience of psychologists in the field of prevention, the most important basic competency is the knowledge of strategies for self-detection of children's needs:

I think training in child participation is key to this, you need to involve children and adolescents in their needs in order to help them (id:14-2, ref. 5:706 - 5:874, female).

In terms of technical competences in the field of prevention (f=3), the ability to avoid victimisation, the ability to connect with children's emotional states and the ability to validate feelings and functional mechanisms stand out.

Finally, among psychologists whose field of expertise is therapy, the most outstanding competencies are of a technical nature (f=12, Contingency C. .26), such as, for example, knowing how to manage serious cases so as not to generate more pain when recounting the experience, the ability not to invalidate discourses, the ability to identify different problems and factors that affect them, the ability to make the psychologist's work more difficult, and the ability to make the psychologist's work

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to see the child that he/she is not to blame for anything. It also highlights the competence to relate to children and their mothers in an appropriate and adapted way. This is how a psychologist puts it:

Relate in ways that are adapted to the ages of the children and the processes that the mothers are going through, because there are mothers who are more affected than others and there are mothers with whom you can be more "categorical" and tell them that you have to change this for the well-being of your children and there are others who are more affected (id.16:3, ref.5422 - 5723, woman).

Competences related to intersectionality are also pointed out, as explained by a psychologist:

Competences related to intersectionality, I think it is important to start developing competences along these lines, we have to know in which world we live in order to intervene and not be part of certain dynamics, that I as a white, cis, straight man in Europe, what my situation is in terms of intersectionality, oppression, powers and so on.... has nothing to do with a migrant, a woman, a racialised person, a victim of gender violence..., and how I can be exercising certain oppressions on that person without realising that I am doing it, because I am legitimising a discourse, saying that it is not that bad. (id. 16:15, ref. 15278 - 15957, male).

The group of education professionals identifies technical competences to a greater extent (f=74), followed by transversal (f=30) and basic (f=26). Technical competences (f=56) are associated with work experience based on educational assistance and accompaniment (Contingency C. .42). Of note is the competence for recycling and updating current regulations, new methodologies, ability to create links with minors, adaptation to difficulties and changes in the situation of care for this group, conflict resolution, language skills for intervention with foreign minors, mothers and families, divergent and critical thinking, introspection and emotional self-examination, adaptation of discourse.

Ability to give space to children, which is like being demanded of them and it's like what adults say, give them time, don't treat them like they don't know anything and that would be good. Keeping calm because it is very necessary that they explode every now and then and they have a lot of personal peculiarities and things that happen to them, it is very difficult and requires a lot of attention. Ability to concentrate on what they need more than on what they are asking for. A lot of humour, which is not usually mentioned in this field, but I think it is key to work with minors and with adults, with minors I feel it is very easy and between jokes... I think they do not have the critical and judicious capacity of an adult, and that, remembering that they need affection, they often feel alone, they are going through their emotional and psychological process, being aware that the situation is beyond them, then the ability to be aware of it. Not to victimise the child, but to be aware of everything they have lived through and to remember that they are a child. (id. 5:17ref 4 - 5, woman).

Transversal competences (f=23) also stand out in the work experience of educational assistance and accompaniment (Contingency C. .19), related to sensitivity, empathy, listening, trust with minors, communication, patience and calm, assertiveness, respect or leadership. The following participant gives more value to transversal competences than to basic competences:

Listening and communication skills, if you don't have communication, listening and leadership skills, forget about everything else, forget about content and training (id.18:2 ref. 2, man).

For educators in educational support and accompaniment, basic competences stand out (f=20, contingency C. .16) oriented towards knowledge of community intervention and the legislative framework, knowledge of employment guidance, knowledge of disability, emotional intelligence and training in gender and violence.

For educators oriented towards teaching, technical competences are the most present in their discourses, as opposed to transversal and basic competences. In relation to technical competences (f=16, Contingency C. .18), they point to the ability to coordinate with other care and intervention services for minors, conflict resolution, adaptation and flexibility with minors and family. Secondly, the transversal competences (f= 6, Contingency C. .11) point to empathy, sensitivity, assertiveness, listening and capacity for dialogue. In third place are the basic competences (f=5), such as the importance of having specialised knowledge in gender perspective, updated legal framework or adolescent psychological development.

Finally, for educators in the coordination of specialised services in the care of minors, technical competences stand out for the most part, followed by basic and transversal competences. Technical competences (f=14, Contingency C. .16) refer to personal awareness of the task to be faced and personal work for intervention, observation from an open mind that enables the person to conceive of different realities, tools for intervention, as well as strategies for the care of the professional or the capacity to channel viable and sustainable proposals. For this educator:

It is fundamental in listening to carry out their proposals and as a professional to make these proposals stable, lasting over time and that they do not entail any economic expenditure in terms of resources, because not only materially, but also in terms of effort, so that any proposal that is costly over time is abandoned. (id. 4:18, ref. 5, woman).

In terms of basic competences (f=5, contingency C. .10), knowledge of gender issues and legal consequences of victimisation stand out, as well as an essentially feminist training in gender-based violence. For this educator:

Feminist training, content that is transversal but with clear and specific objectives, such as non-sexist language, non-sexist images, demystification of roles and stereotypes associated with gender, that everything is cultural and to go to what is called the pyramid or the iceberg of gender violence, because in the end, what we hear are the blows, but this has a base in physical violence, psychological violence, here we have to start with the beginning of control, of self-concepts, so everything starts there, non-sexist language, non-sexist images and promoting emotional management is also very important. (id. 4:9, ref. 3, woman)

In transversal competences (f=5), empathy, assertiveness and listening stand out.

The group of social work professionals highlight technical (f=43), basic (f=22) and transversal (f=21) competences. Specifically, for social workers whose field of experience is the specific care of minors at risk, technical, transversal and basic competences stand out. The technical competences (f=26, Contingency C. .35), to be highlighted are the ability to be close to and create safe spaces with minors, to be a support figure, conflict resolution, re-education towards a new reality, different from the one these minors know, creating life stories about the minors, prevention of secondary victimisation or supervision of cases with other professionals of the same or different profile.

Secondly, within this professional profile of social work and care for minors at risk, there are transversal competences (f=12, C. de Contingency .18) such as awareness, the ability not to prejudge, empathy, active listening and assertiveness. Finally, basic competences are highlighted, with an emphasis on training on gender-based violence and minors, its consequences, resources, etc. Also psychological knowledge about the evolution of minors, educational and recreational knowledge to make the intervention more attractive.

On the other hand, within the profile of social work professionals, there is the area of family support in crisis, where technical, basic and transversal competences stand out. Technical competences (f=17, Contingency C. .26) focus on the ability to strengthen resilience, the ability to empower both children and families with whom they intervene, teamwork within their own work circle or with other specialised services, respect for the personal time of the people they are assisting, help in dealing with grief or the generation of an emotional ecology and the articulation of a respectful language adapted to children that allows them to be supported through specific and age-adjusted dynamics. This is how a social worker puts it:

The skills that we develop are to support these children through words because they are very young and they close up a lot, because when they are older you speak to them in another language, but they are very young... so, the castle was a way for them to express themselves because they loved to come and do that. Those children were never happy, they were always with their heads down, with a voice they were scared... then we invented a story and it was an open story in which they participated and those children always had negative moments, always,

always, maybe the partner before had said a happy situation and then he came and said something negative, like he had broken his leg, his clothes, or there were fights. So, with a lot of communication, a lot of different dynamics (id.2:2, ref. 3, female).

In relation to the basic competences (f=11, Contingency C., .22), knowledge in emotional education, training in gender perspective, legislation, mediation between the family and care services, negotiation in problematic situations stand out. The transversal competences (f=8, Contingency C. .15) point to the capacity for flexibility, active listening, empathy, confidence, positivity. For this social worker:

Kindness in terms of a loving, I would say, empathetic attitude, being able to understand the other, which does not mean that when you have to be firm about something you have to be, but you can be firm and kind at the same time (id.1:16, ref. 3, woman).

Finally, among the group of social work professionals in the hospital setting, there are basic (f=3) and transversal (f=1) competences. Although their presence is scarce, they represent a very characteristic type of intervention and care for minors in a situation of gender-based violence and their families. The basic competences, related to knowledge of gender-based violence, come from the vision of the state security forces:

Courses on gender-based violence provided by the vision of the state security forces. Training should be given by the different professions working on gender-based violence, and thus have a more political vision. (id.11:2, ref.4, woman)

In terms of cross-cutting issues, the reference to empathy is the most important.

Discussion and conclusions

The research identifies professional competencies to develop effective and quality work with children exposed to gender-based violence from interdisciplinary teams. Three types of competencies are established in each professional profile associated with different work experiences.

Among the basic competences, which are those referring to the knowledge required to access the job, in addition to knowledge related to gender-based violence, an aspect which is common to all the profiles, knowledge related to trauma (knowing how to manage in serious cases so as not to generate more pain by having this experience, management of moments of crisis) stand out. This competence is specifically mentioned by psychology professionals. According to the international literature, it is one of the competency domains of psychology curricula on which the greatest consensus has been required. For Cook et al. (2019) traumatic stress is not a mandatory component of curricula in graduate education in clinical and counselling psychology. However, efforts to

developing a comprehensive model of empirically informed, trauma-focused, trauma-informed competencies from professional practice should guide training and curricula in psychology. Our work identifies some of the competencies identified by Cook et al. (2019) as core, such as the ability to understand reactions to trauma and to tailor interventions and assessments in ways that take into account individual, cultural, community and organisational diversity. Berger et al. (2021) mention the importance of educators having the ability to identify trauma.

Among the basic competences, the group of psychology professionals also highlights the need for knowledge of all the services for the care of victims of gender-based violence. Another technical competence mentioned is the ability to coordinate with other services. Numerous research studies (Bender et al., 2021; Lee et al., 2021) have shown that comprehensive healing from the trauma of exposure to GBV is best facilitated when specific services are coordinated at all levels of the child's social ecology, including home, school, foster care and community-based programmes and interventions. Carnevale et al. (2020) show the relevance of coordination and dialogue between services. In agreement also with Cook et al. (2019) who identifies the ability to understand and appreciate the value of diverse professionals and cross-system collaboration to improve outcomes as a competency. Another area of both core and technical competencies highlighted in the different profiles is emotional. Specifically, the ability to connect with emotional states and create safe and trusting spaces is noted as a key competence in effective and quality intervention. Linked to this is the ability to adapt to children. The study by Carnevale et al. (2020) considers that they should be encouraged to talk about their emotions and experiences and provide a protected space by having them draw and express their feelings. This helps to create a safe and trusting context. In our study they mention the use of co-constructed stories during the intervention as a dynamic that generates safe spaces. For Lloyd (2018) training programmes can improve confidence and skills to cope with their emotional needs.

Among the technical competencies involved in effective intervention with children, the ability to make the child understand that he/she is not to blame for the situation becomes relevant. Thus, this result coincides with that of Martín (2022) focusing on social workers. In our study, this competence is also mentioned by the psychology group. Another noteworthy technical competence is the ability to strengthen resilience from a relational level. Hambrick et al. (2019) point out that interventions that foster relational health, for example, those that support higher quality family or peer relationships, deserve prioritisation. Technical competence related to the ability to consult with other professionals is also noteworthy. Berger et al. (2021) call for collegial support and the need for ongoing consultation with more experienced staff in the field. Their study identifies this competence in education as desirable. In our work it is identified by social workers. Finally, a technical competence

The self-awareness and self-care identified by participants from different professional backgrounds, also reported by Cook et al. (2019), is noteworthy.

In terms of transversal competences, all the profiles agree that empathy, active listening and assertiveness are necessary.

Our study offers evidence on the professional practice of professionals who intervene with children exposed to gender-based violence, thus contributing to an area of knowledge in which there is little research and where the professional perspective on the support and accompaniment responses to children who witness gender-based violence has been scarcely systematised. This work has implications for the design of initial and occupational training aimed at these professionals by highlighting competencies for different experiential areas of professional practice involved in the care of children exposed to gender-based violence. It is a work that reflects and responds to the need to propose specific, transdisciplinary and specialised undergraduate and postgraduate courses aimed at intervention with this group.

Some limitations of the study point to the need to address the policies that frame comprehensive childcare services in a way that allows for a more contextualised interpretation of professional competencies. These regional policy and regulatory frameworks are an important point of analysis to be considered in future lines of research. It is also important to experiment with the effectiveness of training actions which, from a transdisciplinary perspective, integrate these competencies and train for this specific area of intervention with children who are witnesses of gender-based violence.

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Appendices

Interview script

Profile questions Sex:

Age:

Children: (yes/no)

Qualification(s):

Current occupation (description):

Years of experience:

Additional training relevant to the current position:

1. Why did you choose this career path?
2. When you were starting out, did you imagine that you would end up working in your current job?
3. How did you feel when you found yourself in this job?
4. What are your main job functions and what activities do you carry out?
5. Do you feel that the university training you have received enables you to intervene with children exposed to gender-based violence?
6. Give an example of your day-to-day work and the kind of skills and competences you are required to have in your job.
7. What do you think is missing that should have been addressed in your initial training with regard to intervention with this group?
8. What subject, course, seminar or teacher do you remember in particular? Describe it, what resources were used, how was it organised, what dynamics did it contain, what did it give you? What did it contribute?
9. If you didn't get it, how did you train in it?
10. What needs have you identified that you have not been able to meet either through initial or ongoing training?
11. What contents would you include in the initial training (what subjects, courses, seminars, etc.)?
12. What competences should be developed in the continuum?

Activity

1. Draw up an outline of the skills and competencies that you consider essential in acting and intervening with children exposed to gender-based violence.