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

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

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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.

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Resumen

Esta investigación persigue identificar competencias profesionales que resultan claves en los equipos multidisciplinares que atienden a menores expuestos/as a violencia de género. Concretamente, participan 48 profesionales de diferentes perfiles formativos y laborales, como son psicología, educación y trabajo social. Se tienen en cuenta las experiencias individuales en las funciones laborales de cada perfil para identificar las competencias profesionales. Seguimos un método de corte fenomenológico feminista, recogiendo datos a través de entrevistas y esquemas que pasan a analizarse adoptando un enfoque temático y de teoría fundamentada con apoyo de software especializado. Los resultados muestran tres tipos de competencias asociadas a diferentes ámbitos experienciales. Entre las competencias básicas destacan los conocimientos sobre los procesos traumáticos, los servicios de atención y sus distintas funciones y la educación emocional; competencias técnicas como la capacidad para gestionar el sentimiento de culpabilidad del/de la menor, la capacidad para coordinarse con otros/as profesionales, el autocuidado y la autoconciencia; y competencias transversales como la empatía, escucha activa y asertividad. Se discute la relevancia de los aportes para el diseño de planes de estudio y las implicaciones para una formación especializada y transdisciplinar.

Palabras clave: Violencia de género; competencias profesionales; experiencia laboral; menores en riesgo; protección a la infancia; formación.

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 highly vulnerable group that requires specialised attention and intervention from different professional settings (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 socioemotional, 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 can 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 be provided in different areas, offering 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 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 shortcomings (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 up-to-date 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) this is rarely 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 of 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 sample was used, 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, participated 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 domains, 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) From 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 to collect the experiences narrated in their own voices and the outlines are a strategy to favour 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 information sheet, informed consent and commitment to confidentiality on the part of the researcher are articulated. Data during the analysis process are only accessible in a restricted form to two analysts.

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 Thormberg, 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 competences, individual experiences in the care of children exposed to gender-based violence were also recorded.

An initial exploration is carried out based on the total data from people with the psychology profile and with the education profile independently by the researchers and with the support of specialised software (Atlas.ti. v.9). 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 (In addition to the knowledge required for access to the job, they include knowledge related to gender violence). Technical competences (Specialised and coming from specific training or specific work experience) Cross-cutting competences (Attitudinal and aptitudinal in nature)		
Experiential sphere	Work experiences of the group of psychology professionals	Psychological accompaniment Clinical therapy	assistance and
	Work experiences of the group of education professionals	Educational intervention with mothers Prevention and protection	
	Work experiences of the group of social work 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 competences (f=45), basic competences (f=29) and technical competences (f=34). Specifically, transversal competences are associated with professional experiences related to psychological care and accompaniment of minors (f=28, Contingency C. .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).

They also highlight basic competences (f=23, Contingency C. .29) closely related to the development of knowledge linked to trauma and traumatic processes, training in life processes, specific training in gender-based violence, psychoanalysis, and in services for the care of victims of gender-based 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 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 in a socio-educational way with children 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 core competence is the knowledge of self-detection strategies for 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 experience is therapy, the most outstanding competencies are of a technical nature (f=12, Contingency C. .26), such as, for example, knowing how to manage in serious cases so as not to generate more pain when recounting the experience, the ability not to invalidate speeches, the ability to identify different problems and factors that affect them, and the ability to make the child see 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 wellbeing 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 experiences 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 bonds 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 all that 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 services specialised in the care of minors, technical competences stand out for the most part, followed by basic and transversal competences. The 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 makes the person able to conceive 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 knowledge of the 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 is 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 would start 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 specific care for children 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, Contingency C. .18) such as awareness, the ability not to prejudge, empathy, active listening and assertiveness. Finally, basic competences stand out, with an emphasis on training on gender violence and minors, its consequences, resources, etc. Also psychological knowledge about the evolution of minors, educational and playful 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 are very closed, 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 one voice they were scared... then we made up a story and it was an open story in which they participated and those children always included negative moments, always, always, maybe the previous classmate had said a happy situation and

then he came and said something negative, like he had broken his leg, his clothes, or they included fights. So, with a lot of communication, a lot of different dynamics. (id.2:2, ref. 3, female).

In relation to basic competences (f=11, Contingency C., .22), knowledge in emotional education, training in gender perspective, legislation, mediation between 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 attitude, I would say, empathetic, being able to understand the other, which does not mean that when you have to be firm about something you have to be firm, 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 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 provided 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 necessary for access to the job, in addition to knowledge related to gender-based violence, which is common to all profiles, knowledge related to trauma (knowing how to manage 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 a greater 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 develop 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 outlined 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 core 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 (Bender et al., 2021; Lee et al., 2021) has 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 with Cook et al. (2019) who identify 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 basic and technical competences highlighted in the different profiles is emotional competence. Specifically, the ability to connect with emotional states and to create safe and trusting spaces is seen 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 competences 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 on a relational level. Hambrick et al. (2019) note 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 notable technical competence is self-awareness and self-care, identified by participants from different professional backgrounds, also reported by Cook et al. (2019).

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 offers 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 competences. 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 violence.

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Appendices

Interview script

Preguntas de perfil

Sexo:

Edad:

Hijos/as: (sí/no)

Titulación/es:

Ocupación actual (descripción):

Años de experiencia:

Formación complementaria de interés para el puesto actual:

1. ¿Por qué eligió esta carrera universitaria?
2. Cuándo comenzaba ¿imaginaba que iba a acabar trabajando en su puesto laboral actual?
3. ¿Qué sintió al verse inmerso/a en este puesto laboral?
4. ¿Cuáles son sus principales funciones en el puesto laboral? ¿Qué actividades lleva a cabo?
5. Siente que la formación universitaria recibida le permite intervenir con menores expuestos/as a violencia de género?
6. Ponga un ejemplo del día a día y el tipo de habilidades y competencias que le exigen en su trabajo.
7. ¿Qué echa en falta que se tendría que haber abordado en su formación inicial con respecto a la intervención con este colectivo?
8. ¿Ha tenido formación específica en género en la carrera? ¿Qué asignatura, curso,

- seminario o docente recuerda de forma especial? Descríbalo ¿qué recursos se emplearon? ¿cómo se organizaba? ¿qué dinámicas contenía? ¿Qué le aportó?
9. Si no la obtuvo, ¿cómo se formó en ello?
 10. ¿Qué necesidades ha detectado que no ha podido cubrir ni con formación inicial ni continua?
 11. ¿Qué contenidos incluirías en la formación inicial? (qué materias, cursos, seminarios...) ¿A qué competencias deberían de estar orientadas?
 12. ¿Y en la continua? ¿Qué competencias habría que desarrollar?

Actividad

1. Realiza un esquema donde se recojan las habilidades y competencias que para ti son fundamentales en la actuación e intervención con menores en exposición a violencia de género.