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INVISIBLE VICTIMS: ANALYSIS OF THE SOCIOEDUCATIONAL INTERVENTION IN CHILDREN EXPOSED TO GENDER-BASED VIOLENCE WITHIN THE FAMILY

VÍCTIMAS INVISIBLES: ANÁLISIS DE LA INTERVENCIÓN SOCIOEDUCATIVA DE NIÑAS Y NIÑOS EXPUESTOS A VIOLENCIA DE GÉNERO EN LA FAMILIA

VÍTIMAS INVISÍVEIS: ANÁLISE DA INTERVENÇÃO SOCIOEDUCACIONAL DE MENINAS E CRIANÇAS EXPOSTAS À VIOLÊNCIA DE GÊNERO NA FAMÍLIA

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ABSTRACT: The following paper aimed to make visible the situation of vulnerability suffered by children exposed to gender-based violence within the family. In order to do so, the consequences of such exposure were explored through a case study. In the same way, the effects of an intervention were studied. Interviews were conducted, records examined, and information was obtained from the Barcelona Childhood Index Screning questionnaire before, immediately after and three months after the intervention was completed. The purpose of such research was determining the level of experimentation and development of Post-traumatic Stress Disorder (PTSD) symptoms, as well as the factors that have influenced the affectation process. The sample consisted of five minors (with an average age of 8 years old; two boys and three girls) exposed to gender-based violence who attended a family and child-care service. The information was gathered from the biological mothers and the professionals that treated them in such service. The results indicated that five of the minors showed some of the symptoms associated to PTSD and, after the intervention process, there was a positive evolution of the symptoms, being reduced in the follow-up phase. Such evolution was influenced by the protective factors against risk factors. The comparison of the perception of the mothers with that of the professionals regarding the degree of affectation of the children evidenced a higher evaluation of such affectation by mothers due to the violence they suffered. It is therefore important to promote victim assistance and prevention projects or programmes as protective measures for minors and mothers.

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PALABRAS CLAVE:
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RESUMEN: El presente trabajo pretendió visibilizar la situación de vulnerabilidad que sufren las niñas/os expuestos a violencia de género en el seno de la familia. Para ello, se profundizó en las consecuencias de dicha exposición a través de un estudio de casos. Asimismo, se estudió el efecto de una intervención. Se realizaron entrevistas, se estudiaron expedientes y se obtuvo información del Cuestionario Barcelona Childhood Index Screning, antes, después y a los tres meses de haber concluido la intervención. Todo ello con la finalidad de determinar el nivel de experimentación y evolución de síntomas propios del Trastorno de Estrés Postraumático (TEPT), así como los factores que han influido en el proceso de afectación. La muestra estuvo compuesta por cinco menores (con una media de edad de 8 años; dos niños y tres niñas) expuestos a violencia de género que asistieron a un servicio de atención a familia e infancia. La información se obtuvo a través de las progenitoras y los/as profesionales que intervinieron con ellos/as desde el servicio. Los resultados mostraron que los/as cinco menores reunían algunos de los síntomas propios del TEPT y que tras el proceso de intervención se dio una evolución positiva de los mismos, reduciéndose en la fase de seguimiento. Viéndose esta evolución influenciada por los factores de protección frente a los de riesgo. Al comparar la percepción de las progenitoras frente a la de los/as profesionales respecto al grado de afectación de los niños/as, se evidenció una valoración mayor de dicha afectación por parte de las progenitoras debido a la violencia que sufrieron. Por tanto, es importante hacer hincapié en la promoción de programas o proyectos de prevención y asistencia a las víctimas como medidas de protección para los/as menores y sus progenitoras.

PALAVRAS-CHAVE:
Abuso infantil
exposição
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consequências
estudo de casos

RESUMO: O presente trabalho teve como objetivo tornar visível a situação de vulnerabilidade sofrida por crianças expostas à violência de gênero dentro da família. Para fazer isso, as conseqüências de tal exposição foram aprofundadas através de um estudo de caso. Da mesma forma, o efeito de uma intervenção foi estudado. As entrevistas foram conduzidas, os registros foram estudados e as informações foram obtidas do Questionário de Avaliação do Índice de Infância de Barcelona, antes, depois e três meses após o término da intervenção. Tudo isso com o objetivo de determinar o nível de experimentação e evolução dos sintomas típicos do Transtorno de Estresse Pós-Traumático (TEPT), bem como os fatores que influenciaram o processo de afetação . A amostra foi composta por cinco crianças (com idade média de 8 anos; dois meninos e três meninas) expostas à violência de gênero que freqüentavam um serviço de assistência familiar e infantil. As informações foram obtidas através dos mães e dos profissionais que intervieram com eles do serviço. Os resultados mostraram que as cinco crianças apresentaram alguns dos sintomas de TEPT e que, após o processo de intervenção, houve uma evolução positiva das mesmas, reduzindo na fase de acompanhamento. Vendo esta evolução influenciada pelos fatores de proteção contra aqueles de risco. Ao comparar a percepção dos mães em relação à dos profissionais quanto ao grau de afetação das crianças, evidenciou-se uma maior avaliação dessa afetação por parte dos mães em função da violência sofrida. Portanto, é importante enfatizar a promoção de programas ou projetos de prevenção e assistência às vítimas como medidas de proteção para menores e seus mães.

1. Introduction

Gender-based violence is, today, considered a serious social problem affecting millions of women around the world. Social awareness is raised upon the issue more and more every day, and more resources are allocated for the assistance of abused women. However, few are the resources available for the children of those abused women, making them forgotten victims of gender-based violence.

Over the last few years, new initiatives have been developed in Spain to address this reality that affects a large number of families and, therefore, has an impact on the proper development and functioning of mothers and children that are direct victims of such violence. According to Gavarell (2013, p. 18), "the family constitutes the first core of safety, protection, support and affection for the minor, but paradoxically, the highest degree of violence is exercised among its members also within the family".

According to estimates made by the Spanish Home Office, "one third of the murder cases committed annually in our country have as assailant and victim members of the same family, highlighting that a quarter of the allegations of crimes and offence of assault filed in police units occur within the family" (Ordóñez & González, 2012, p. 31). Today, more and more authors are studying this family and social phenomenon (Fernández & Pérez, 2018; Rosser, 2016; 2017; San Martín & Carrera 2019), in order to explain why the family proves to be the most violent social group.

Thus, the experience of children exposed to situations of violence takes on a crucial meaning, since minors learn to define themselves, understand the world, and relate to it from what they gather from their closest environment, the family being considered the child's first and most decisive socialising agent for their future development.

Children are "victims of gender-based violence perpetrated against their mothers, not only because they are also a physical target, but

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because they are always victims of psychological abuse" (Horno, 2006, p. 311).

Table 1. Types of exposure to gender-based violence

EXPOSURE TYPES	DEFINITION
1. Prenatal exposure	It happens when there is physical or psychological violence during pregnancy. It affects the correct development of the child.
2. Intervention	Such exposure occurs when children try to do or say something to stop the episode of violence towards the mother.
3. Victimisation	This type of exposure occurs when the child is a psychological, physical or sexual victim during an episode of gender-based violence within the family.
4. Participation	It happens when the child feels compelled or forced to participate actively in episodes of violence against their mother.
5. Being an eyewitness	It originates when the child directly observes the episode of violence towards its mother.
6. Hearing	This type of exposure refers to when the child hears the assault but cannot see it.
7. Observing the results of the assault	When the child sees bruises and wounds on the mother, broken objects and furniture, ambulances and police, intense emotional reactions in adults, etc.
8. Experiencing the aftermath	It takes place when the child faces changes in their life as a result of episodes of violence.
9. Listening to conversations about the assault	When, having witnessed the assault or not, they may be aware of the consequences, and specific facts about the violence, when they listen to conversations between adults.
10. Not being aware of what happened	When the child is not aware of the episodes of gender-based violence within the family.

Source: *compiled by the authors [and translated] on the basis of Holden (2005).*

Table 1 presents the different types of violence minors are exposed to, ranging "from direct exposures where the minor is actively involved in the situation, to the observation of gender-based violence effects where they are aware of what is happening" (Holden, 2005, p. 152).

Likewise, it is deemed appropriate to highlight the different studies conducted over the last decade that gather scientific evidence on the effects in the short, medium and long term, such as those carried out by Ayllon, Orjuela & Román (2011), Gómez (2011), Luzón, Ramos, Saboya & Peña (2011), Expósito (2012), Ordóñez & González (2012), Alcántara, Castro, López & López-Soler (2013), Calvo & Mesa (2013), Cortés & Cantón (2013), López (2014) & Reyes (2015), Cortés & Cantón (2015), López (2014) & Reyes (2015). The studies reviewed indicate that the main consequences of exposure to gender-based violence may be physical (injuries caused by the violent episode, sleep and eating disorders, growth problems, brain damage), cognitive (language delay, learning difficulties, attention and concentration deficits), emotional (depression, anxiety, low self-esteem, post-traumatic stress disorder), behavioural (lack of social skills, aggressiveness, first criminal acts, drug abuse, isolation).

Moreover, as Lizana (2014) indicates, these children often develop symptoms related to disorders or even a disorder with all its respective characteristic as an adaptation mechanism to the traumatic situation they are living. The most common of these is the Post-traumatic Stress Disorder (PTSD), whose symptoms collected in the DSM-V (APA, 2013) are, in essence, involuntary re-living of the traumatic events, tendency to escape or avoid

any type of reminder of the violent events, and hyperactivation of children.

In the long term, however, behavioural disorders, the continuous exposure to episodes of gender-based violence, and power-based punishment systems are, in that order, the three main predictors of risk for partner violence. In this way, the literature also compiles some of the materialised consequences during the development of subjects exposed to gender-based violence within the family during childhood and/or adolescence, which are mostly: psychopathology in adult life (Lázaro & López, 2010), intergenerational transmission of violence (Bandura, 1973; Ehrensaft, Cohen, Brown, Smailes, Chen & Johnson, 2003) and double victimisation (Gavarrell, 2013).

It is, therefore, relevant to mention the factors linked to the child and their ecosystemic environment that contribute to the explanation of the broad response pattern to gender-based violence within the family (Alcántara, Castro, López & López-Soler, 2013; Ayllon, Orjuela & Román, 2011; Castro, 2011; Graham-Bermann, Howell, Lilly & Devoe, 2011; López, 2014; Ordóñez & González, 2012), being such factors either moderating or protective.

The first ones moderate the impact caused and may produce more or less affectation depending on the characteristics of the minor. In the case of a higher affectation, risk factors should be taken into account, since they regulate the impact in a harmful way, contributing to the increase in the levels of affectation and damage (Atenciano, 2009; Castro, 2011). Some examples for moderating factors are the personal resources of the child (Atenciano, 2009; Gavarrell, 2013), or age at the time of the assault (López, 2014). As for the latter, protective factors are those which counteract the negative effects and allow building resilience.

In view of the above, the reality of the minors exposed to situations of gender-based violence requires the need to articulate prevention and action strategies under an interdisciplinary perspective, not only aimed to the eradication of the problem, but also to the mitigation of bio-psycho-social damage that may occur in the short, medium or long term. In this way, the educational sphere is one of the essential environments in the development of minors, where emotional, relational and family problems are made visible.

As San Martin & Carrera (2019) point out, detecting any difficulty or traumatic situation requires, on the one hand, on the part of professionals, an attitudinal predisposition that allows them to be on the alert and, on the other hand, the necessary knowledge and training to be able to identify the red flags that the minor's behaviour reveals.

Different action programmes are being developed currently with mothers and minors exposed to gender-based violence within the family (Cunningham & Baker, 2007; Junta de Andalucía, 2014; Orjuela & Horno, 2008; Rosser, Suriá, Alcántara & Castro, 2016), but there are still only few actions aimed to the prevention of such problematic or to an early diagnose, in order to curb the consequences of the exposure to gender-based violence (Barudy & Dantagnan, 2012; Moreno, Ruíz & Díez, 2017), and even fewer initiatives include both aspects (San Martín & Carrera, 2019).

Lastly, it should be noted that there are not many evaluations of interventions in this area, the most remarkable of such being Graham-Bermann, Miller-Graff, Howell & Grogan-Kaylor (2015) aimed to mothers and minors, showing the decrease in internalisation problems. In turn, the meta-analysis carried out by Howarth et al. (2016) indicates that the evidence on these interventions is limited and there are practically no comparative studies, and the heterogeneity of the cases constitute a limitation as well.

2. Purpose

The purpose of this study relies on making visible the position of children as victims of gender-based violence. In order to do so, the study will examine the consequences developed by a group of minors exposed to this family problem, due to the exposure to gender-based violence. In short, the intentions are:

- Investigating the level of experience of PTSD symptoms in the children subject to the study, as well as their evolution over time.
- Understanding the relevant factors that may be influencing or have influenced the affectation process.
- Determining whether there is a significant difference with respect to the impact between the vision of the minor's mothers and the professionals that intervene with them in a specialised support centres for families and children.

3. Methodology

Considering the singularity of the problem under examination, methodological complementarity is in need, that is, a mixed design with both qualitative and quantitative methodology contributions. The quasi-experimental nature of the study must be taken into account, with pre-test, post-text and follow-up phases (Shadish, Cook & Campbell,

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2002). In order to structure the process, and considering the characteristics of the sample, the case study phases followed are, according to Jiménez (2012):

3.1. Case selection and identification of fields of study, sources of information, problems and research purposes

The sample consists of 5 minors that have been exposed to gender-based violence and have been referred to the "Violencia: Tolerancia Cero. Prevención y apoyo psicosocial en niños/as expuestos a violencia de género" programme (Barudy & Dantagnan, 2012), carried out in the family and child-care service they attend. This programme is aimed at professionals interested in enabling resilience processes for school-age children who have been victims, directly or indirectly, of gender-based violence within the family. The modality for implementation of the program requires a group character, as pointed out by Barudy & Dantagnan (2012):

The aim is supporting and promoting secondary resilience in children who have survived traumatic processes and experiences and need group-dynamic educational-therapeutic support that also ensures continuity in time and structure. It is therefore advised to work with a group as stable as possible, i.e. a closed group. Closed groups have a minimum of 5 members, and a maximum of 12. In the same way, this program is designed to be developed in three months, on a weekly basis if possible.

Likewise, 20% of the minors are 7 years old, 60% are 8 years old, and the remaining 20% are 9 years old, making the average 8 years old. 40% are male and 60% are female. They generally no longer cohabit with the aggressor, so there is no direct exposure. Indirect exposure continues, nonetheless, due to a conflictive separation process between their progenitors and the continuation of visits with the aggressors.

Individualised intervention or follow-up after the end of the programme has continued in all cases. The sample selection method used is nonprobabilistic and intentional, since it is deliberately chosen based on compliance with various criteria (having been exposed to gender-based violence and having attended the aforementioned therapeutic intervention program). The limited age range and total of children in the sample have been conditioned by the need for the sample to be as homogeneous as possible, as well as by the difficulty in having access to this type of minors.

3.2. Formulating questions

Once the main question, focused on the consequences that exposure to gender-based violence can have on children and their evolution, is formulated, three questions arise when looking for an answer: are there significant factors that influence the children's affectation process and, therefore, help explain it? Does the implementation of the intervention program influence their evolution? Does the vision with respect to the level of affectation in children differ between mothers and professionals?

3.3. Strategy selection for data collection

Regarding quantitative strategies, a quasi-experimental study of pre-test, post-test and follow-up is carried out, in order to determine the evolution over time of the consequences of exposure to gender-based violence in the group of minors. The length of the investigation is dictated by the implementation of the referenced programme to the minors, since the programme influences the case evolution.

It should be noted that one of the programme's assessment tools is also used as a tool for the collection of information in research. That is, the aforementioned Barcelona Childhood Index Screning questionnaire (BCIS) created by Barudy & Dantagnan (2012).

BCIS questionnaire

This questionnaire is conceived as a tool to measure the common signs and symptoms of PTSD in children exposed to violent situations or events that disturb their correct bio-psycho-social development.

In this way, the tool under consideration must be applied by people related to the minor, with the exception of the assaulter, such as the child's relatives, since applying such tool might highlight the possible trauma caused by the violence they have been exposed to.

The questionnaire comprises 21 items in order to measure different symptoms and effects related to PTSD. The tool measures different symptoms according to the scores obtained, as well as the affectation criteria marked by the DSM-V. The items of the questionnaire measure, in particular, the presence of 4 PTSD specific criteria: a) re-living or intrusion, b) avoidance and numbness c) persistent symptoms of activation and d) high discomfort or social deterioration.

File review

The review of files is intended to gather information on those factors that help explain how exposure to gender-based violence has affected each child. The proportions match those of the interview conducted with the mothers (see Table 2). The review of files, however, allows the collecting of information about the evaluation the professionals from the care service in charge of the children's intervention provide once it has finished.

Interviewing the mothers

It is elaborated based on the contribution of different authors who have studied the subject at issue (Alcántara, Castro, López & López-Soler, 2013; Barudy & Dantagnan, 2012; Gavarrell, 2013). It is also individual, semi-structured and addresses the mothers of the minors exposed to gender-based violence.

The interview aims to gather information on factors that might have influenced the impact of the exposure to gender-based violence on the children. The interview is made of a total of 31 items that delve into two dimensions (moderating factors and protective factors), which in turn are divided into different subdimensions, as indicated in Table 2.

Table 2. Types of factors that influence the exposure to gender-based violence

Moderating factors	– The mother's psychological state. – Presence of other relational problems in the family. – Perpetrators number. – Type of violence suffered by the mother. – Separation history and current situation of the main caregivers. – Visitation regime with the parent. – The child's level of exposure to violence. – Level of direct abuse towards the child. – Evolutionary period in which the abuse occurred and its duration. – Time since the direct aggressions ceased. – Nature of the child's relationship with the abuser.
Protective factors	– Minor's reception to some kind of specialized intervention. – Nature of interfamily relationships. – Safe and stable bond of the child with at least one adult.

Source: *prepared by the authors.*

Interview with service professionals

This interview was designed to be answered individually, is semi-structured and is aimed at professionals in charge of the intervention with minors. It obtains information on PTSD criteria (re-living, avoidance and numbness, persistent symptoms of activation, and discomfort-deterioration in social, academic or different areas) and their evolution, as well as factors influencing the impact of exposure to gender-based violence on the children under study (risk factors and protective factors).

3.3. Information analysis and interpretation

Once it has been gathered, the information is processed, and relationships are established between the different analysed dimensions. Qualitative and quantitative procedures are used for this purpose. With regard to the former, interviews were recorded, synthesised into data matrices and analysed, and the file review was compiled through record sheets. Regarding the latter, the data obtained with the BCIS questionnaire was extracted and integrated into a data matrix that was studied and refined.

Subsequently, descriptive and non-parametric data analysis techniques were applied using SPSS. Specifically, the Friedman test (to study the experiencing and evolution of PTSD symptoms in minors) and the Wilcoxon test (to compare the scores obtained by mothers and professionals regarding the level of affectation in the children and their evolution).

4. Results

4.1. Factors regulating the affectation process

Once the factors that influence the affectation process in each minor were analysed, using the

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information collected in the interviews, the files review and the analysis of the completed questionnaires, and establishing connections between all the cases, Table 3 presents the moderating and protective factors that regulate the affectation process.

Table 3. Moderating and protective factors regulating the affectation process

	Factor	Subject number, gender 8 (male, female) and age					%
		1 V, 9	2 M, 7	3 M, 8	4 V, 8	5 M, 8	
MODERATORS	Problematic psychological state of the mother.	x	x	x	x	x	100
	Presence of other relational problems within the family.	No information available.					
	Total of perpetrators	1	1	2	1	1	100
	Violence suffered by the mother: Emotional and physical.	x	x	x	x	x	100
	Conflictive parents' separation history.	x	x	x	x	x	100
	Current relationship of the caregivers.	+	+	+	-	+	80 positive
	Visitation regime with the father.				x	x	40
	Exposure of the child to the violence.	x		x	x	x	80
	Direct abuse of the aggressor towards the child.	x	Recurrent	Intermittent	x	x	100
	Evolutionary period in which the abuse occurred and its duration.	Recurrent	Recurrent	0-4 months 7-7,5 years	3-5 years since 8 years	0-6 years	
	Time since the direct aggressions ceased.			6 m		2 a	
	Nature of the child's relationship with the abuser.	-	+		-	+	40 positive
PROTECTORES	Minor's reception to some kind of specialized intervention	x	x	x	x	x	100
	Nature of interfamily relationships.	+	+	+	+	+	100
	Safe and stable bond of the child with at least one adult.	+	+	+	+	+	100

Source: *prepared by the authors.*

4.2. Experience and evolution of PTSD signs and symptoms

For this the study of this area, two types of analysis are conducted. On the one hand, a general study of the scores obtained from the application of the Friedman test, carried out with the averages of the variables of the BCIS questionnaire, its three implementations (pre-test, post-test and follow-up) in the minors' mothers (see Table 4). The Wilcoxon test was also conducted for related samples.

Table 4. Descriptive factors for each variable in the three stages (pre-test, post-test and follow-up) and the results for the Friedman and Wilcoxon tests for related samples.

				Statistics	Friedman's test		Wilcoxon for related samples	
	Variables	Averages	Standard deviation	Chi-square	gl	Sig. asymptotic		Sig.
Re-living	preREEX	2,4667	,24721	4,105	2	,128	Pre-post	,068
	PostREEX	1,8667	,27386				Pre-seg	588
	RepostREEX	2,2667	,60782				Post-seg	,138
Avoidance	preEV	2,8000	,75829	,200	2	,905	Pre-post	,655
	PostEV	3,1000	,41833				Pre-seg	1,000
	RepostEV	2,8000	,75829				Post-seg	,414
Hiperactivation	preHIP	2,5750	,36012	2,941	2	,230	Pre-post	,066
	PostHIP	1,9000	,20540				Pre-seg	,223
	RepostHIP	2,0000	,61237				Post-seg	,593
Disconfort	preMal	3,3667	,21731	4,105	2	,128	Pre-post	,066
	PostMAL	2,7333	,60782				Pre-seg	,138
	RepostMAL	2,7000	,61689				Post-seg	,893
Sings	medsign1	1,6333	,24721	2.000	2	.368	Pre-post	,492
	medsign2	1,5667	,25276				Pre-seg	,221
	medsign3	1,9667	,64979				Post-seg	,194
Symptons	medsint1	3,3333	,34319	4105	2	.128	Pre-post	,068
	medsint2	2,5600	,39889				Pre-seg	,138
	medsint3	2,5200	,72326				Post-seg	,893

Source: *prepared by the authors.*

Considering that there are no statistically significant differences, a more exhaustive analysis is applied. This analysis studies the scores of each of the minors in the three stages and contrasts such vision with that of the professionals, drawn from the interview addressed to them.

These analyses reveal in the first place that there is a predominant tendency in the scores characterised by the decrease of the values in the post-test compared to the pre-test and, therefore, the affectation level in the minors, and the maintenance or increase of the values in the follow-up, although not surpassing the initial affectation level. We can then affirm that there is affectation, but such affectation evolves positively.

The score decrease between pre-test and post-rest can be explained by the group therapeutic treatment applied to the sample, which has produced improvement in the affectation level. The value maintenance or the increase between post-test and follow-up can be understood considering that there is a three-month period between these two stages, during which the group treatment has already been withdrawn.

Secondly, the affectation level in the minors and their evolution are related to the risk and protection factors involved in every history of abuse. By way of example, Figure 1 shows the individualised monitoring of the evolution of the traumatic event re-living in children, which is representative of the evolution of the rest of PTSD criteria, signs and symptoms in all the children.

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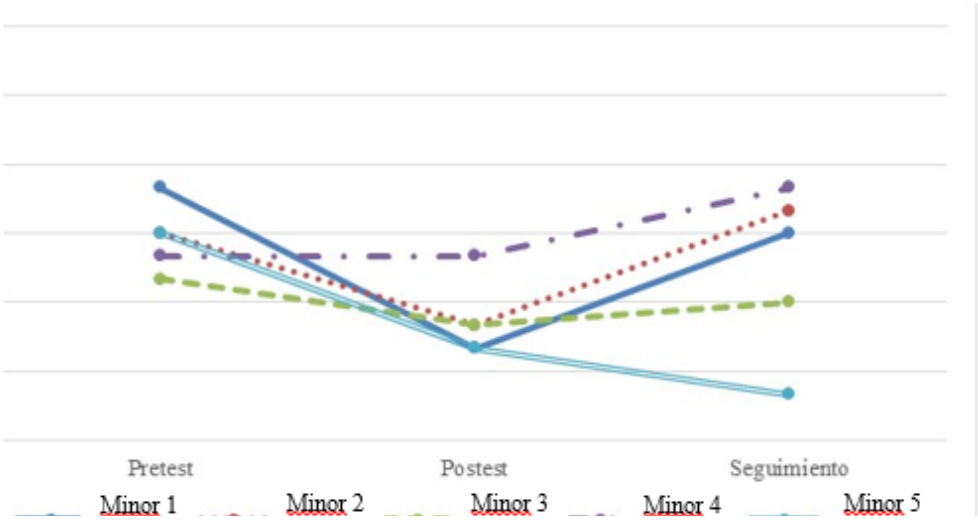

Figure 1: Individualised monitoring of the Re-experience evolution.

The figure 1 shows how, from the point of view of the mother, re-living drops in the post-test and increases in the follow-up, although it does not return to the same affectation level as in the pre-test. Some minors, however, deviate from the general trend of the scores, which is understandable given the many different circumstances that may arise in each history of abuse.

It is, thus, a pattern that is more frequently repeated in children 3, 4 and 5, since the evolution of the minor 2, in terms of the criterion analysed, characterised by an even greater affectation in the follow-up than in the pre-test, is not representative of what presents in the rest of the dimensions analysed.

On the one hand, minor 4 shows a negative evolution when compared to the rest. More specifically, it tends to maintain the affectation level in the post-test with respect to the pre-test and to increase it in the follow-up. This proves that group intervention has not brought about any improvement in him, highlighting that the history of abuse he was exposed to has a relevant number of risk factors, including the resumption and regularisation of visits with the father, which coincides with the end of the group intervention. In other words, it could explain the increase in the affectation between the post-test and the follow-up.

On the other hand, minors 3 and 5 stand out for presenting a more positive tendency than the rest, as they show less affectation and a more favourable evolution. The positive tendency of their scores is progressive in the three stages, being slightly more notable in the case of minor 5. The consideration of the protective factors involved in the histories of abuse might serve as an explanation. Both girls concur in the existence of a bond with the abuser at some point in the history of abuse, the establishment of a stable and secure bond with their mother, the absence of a relationship or cordial relationship between their parents and the limited intervention they were subject to, from the intervention programme's post hoc service to the follow-up.

In the third place, professionals confirm the assumption that there is affectation in the sample concerning all the PTSD criteria. In order to continue with the analysis of the affectation level and evolution, the scores obtained by the mothers in the BCIS questionnaire are compared with those of the professionals.

The results of the Wilcoxon test, which compares the variables averages of the questionnaires completed by professionals and parents, with respect to children in its third implementation, show that there are no significant differences between the two visions, surpassing all the scores related to the 0.05 asymptotic significance, as indicated in Table 4.

Table 5 Descriptive statistics and contrast statistics[b]. Comparison of the scores obtained by mothers and professionals at the children's follow-up (three months after the intervention).

	Mothers		Professionals		Contrast Statistics[b]	
	M	SD	M	SD	Z	Asympt. Sig. (bilateral)
Re-living	2.2667	.60782	1.7333	.19003	-1.355[a]	.176
Avoidance	2.8000	.75829	2.2000	.75829	-1.289[a]	.197
Hyperactivation	2.0000	.61237	1.7750	.16298	-.813[a]	.416
Discomfort	2.7000	.61689	2.1667	.42492	-1.236[a]	.216
Signs	1.9667	.64979	1.4333	.30277	-1.826[a]	.068
Symptoms	2.5200	.72326	2.1333	.41366	-.944[a]	.345

a. Based in the positives ranks.
b. Wilcoxon signed ranked test.

Source: *prepared by the authors.*

However, professionals indicate a lower affectation and there is a greater homogeneity between their responses since the dispersion is lower among their scores in the different dimensions, as shown in figure 2.

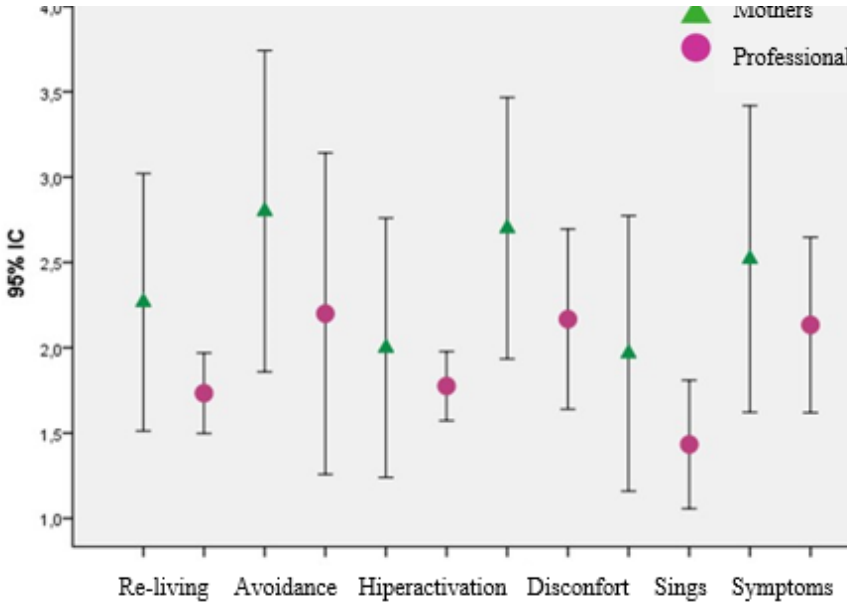

Figure 2. Error bars with the averages of the criteria, signs and symptoms of mothers and professionals.

For this reason, such assumption can be verified when considering the size and position of the error bars in one case and the other, as well as the scores obtained in the Standard Deviation shown in Table 4. This is also confirmed by the feedback provided by the professionals, assuring the existence of improvements in all cases, although more predominantly in some cases than other.

To conclude, when looking into the results of the different analyses previously presented, some resilient evolution is noted in the sample. The results evidence the presence of PTSD symptoms, but under a mostly favourable development from the perspective of the mothers, also confirmed by professionals. This leads to consider a tendency to overcome adversities and a good adaptation

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in different spheres of operation, which may also have been favoured by the influence of the protective factors previously described for each of the cases.

5. Discussion and conclusions

The first and most obvious conclusion defines children exposed to gender-based violence as victims of such violence as well, since it has a negative impact on their development and well-being, according to several authors (Alcántara, Castro, López & López-Soler, 2013; Ayllon, Orjuela & Román, 2011; Castro, 2011; Fernández & Pérez, 2018; Gámez-Guadix & Almendros, 2011; Ghasemi, 2007; Giraldo, 2014; Lizana, 2014; López, 2014; Ordóñez & González, 2012; Rosser, 2017). The research carried out proves so, given that all the minors in the sample exhibit different PTDS signs, symptoms, and criteria, to a greater or lesser extent, in the three stages evaluated through the mothers and professionals.

The aforesaid idea also leads to another conclusion: the importance of enabling at an institutional and legislative level the provision of an integrated treatment adapted to the characteristics and needs of minors exposed to this reality. In other words, relying on a perspective focus on children's rights that promotes the availability of resources that invest in socio-educational, interdisciplinary, ecosystemic, preventive and curative intervention (Ayllon, Orjuela & Román, 2011; Barudy & Dantagnan, 2012; Fernández & Pérez, 2018).

Another aspect to be taken into consideration should be that violence against women, and the consequent victimisation of minors, takes place during cohabitation and after separation (Cunningham & Baker, 2007; Ordóñez & González, 2012; Reyes, 2015). The research confirms that 60% of the minors had suffered direct abuse from their father before and after separation, and 20% after separation. In this sense, there is a need for judges and other professionals in the judicial system to be aware of the sensitivity of stipulating the custody rights of a father that has abused the mother.

Another relevant finding that must be highlighted is the existence of factors that influence the impact of the exposure to gender-based violence in the minors, so there might be a higher or lower affectation depending on the amount and nature of these. Thus, the analysis of risk and protective factors of each history of abuse allows to confirm that in those cases in which there are more protective factors, there are more significant improvements and that, on the contrary, when the risk factors increase, the improvements are reduced.

Moderating risk factors include the mother's psychological problems, the severity of the abuse suffered by the mother, the existence of conflicting separation histories, the direct exposure of the child to episodes of violence and the duration of the child's exposure to violence or suffering of direct abuse. Protective factors that must be highlighted are the temporary or permanent loss of contact with the abuser, the intervention with the minor, the establishment of a safe and stable bond with at least one significant adult, a good relationship with the mother's partner or father, and a good relationship with their siblings. Similar results have been found in the different studies analysed by Howarth et al. (2016).

In the same vein, the study carried out shows that it is possible, through protective factors, to contribute to the promotion of resilience in these minors thanks to the presence of protective factors, emphasising the reception of socio-educational intervention as one of the elements that allows the establishment of a safe and stable bond with the mothers.

At the same time, the results obtained reveal that mothers, in contrast to professionals, tend to perceive higher affectation in their children that being an element closely linked to the psychological affectation that they continue to experience as victims, which leads them to a distorted vision regarding the impact on the minors.

It can be reaffirmed, then, that the performance of the mothers is influenced by the discomfort caused by the violence they have suffered, which has a negative impact on the welfare of their children. It is important, therefore, to emphasize that institutions should prioritise the prevention of this type of child abuse by promoting victim assistance and prevention projects or programmes, since the pursuit of protection measures is key to guarantee the full development of minors and their mothers.

This will contribute to reducing risk factors that trigger gender-based violence and will, as well, attempt to develop protective networks to implement preventive measures, as well as actions to promote the dissemination of social and family protection resources for members affected by the exposure to gender-based violence.

Regarding the limitations of the research, several must be highlighted: difficulties in accessing information due to the private nature of the phenomenon studied; the suboptimal representativeness of the sample, due to its small size and the difficulty of generalising the results; and finally, the fact that no information is collected straight from minors or abusers.

It is, therefore, interesting to contemplate both visions in future lines of research, just as it is relevant to state the importance of exploring the resilience development process that these minors may develop, given that it is one of the keys in the intervention with them.

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