



JÖNKÖPING UNIVERSITY

*School of Education and  
Communication*

# **Domestic Violence: The Adolescents' Perspectives on the Barriers and the Facilitators of Social Intervention**

## **A Systematic Literature Review**

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One year master thesis 15 credits  
Interventions in Childhood

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Spring Semester 2018

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## **ABSTRACT**

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Pages: 24

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Domestic violence is often experienced as a crisis period, and it may impact children's well-being, everyday functioning and development. To promote these minors' resilience, social intervention is extremely important. The support and responses attributed to these children are not always adequate for their needs and interests. Considering children's perspectives on social intervention is crucial to improve and to provide complete social work responses. A systematic literature review was conducted, aiming to analyze how children exposed to domestic violence characterize the barriers and facilitators of social intervention. Through two databases, 8 articles were found, related to adolescents' perspectives on social intervention in situations of domestic violence. The participants were children aged 12-18 years, who were witnesses of violence between parents or who suffered abuses from one/both parent(s). Findings demonstrated the main factors of social intervention that children recognized as being negative and unhelpful (barriers), and as being positive and helpful (facilitators). The identified barriers were lateness, mistrust, lack of child perspective, passivity, lack of value, malice, boredom, and inaccessibility. On the other hand, the established facilitators were protection, trust, child perspective, active listening, value, accessibility, sympathy, sharing, and information. Implications for social workers are provided, centered on specialized trainings and guidance, and on the use of appropriate methods when intervening with children. Also, the necessity to expand the quantity of research related to the child's perspective on social intervention is highlighted.

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**Keywords:** Child's perspective, domestic violence, social intervention, adolescents, social work, systematic literature review

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## I Introduction

Nowadays, domestic violence still affects approximately 275 million children (UNICEF, 2006), regardless of the existence of countless plans, laws and intervention procedures which attempt to face and combat this phenomenon. According to World Health Organization (2002), violence is viewed as a growing social and public health problem globally. When experiencing abusive behaviors or simply by observing it in their familiar nucleus, children can experience difficulties of various natures that may bring serious consequences for their well-being, daily functioning and development (Øverlien, 2010). Therefore, in order to promote these children's resilience, social intervention plays a key role by informing and protecting them, as well as promoting their social integration (Costa, 2014). Social intervention involves all actions carried out by the social worker to help the child to process the violence and to realize its meaning, to empower him/her, to disclose and overcome the situation (Oliver, 2010).

In the existing literature, it is well documented that the main effects of intrafamilial violence on children have a behavioral, emotional, social and cognitive nature (Holt, Buckley, & Whelan, 2008). With regard to social work practice, some studies highlight children's participation in social intervention as a fundamental right for them and as a strategy to make the intervention as adequate as possible (Bruce, 2014). As stated by Zannettino and McLaren (2014), research has shown that child protection services, as well as other support services involved in situations related to domestic violence, do not always provide adequate responses to these minors. A possible explanation for this fact may be the absence of the child's perspective, both in research and in professional practice. In fact, very limited literature exists about social intervention in domestic violence, which adopts the view of the child. Furthermore, in the practice performed by the social worker, the child rarely is heard exclusively and, at the time of evaluating the intervention itself, the child's opinion is devalued (Øverlien, 2010). Parents' perspectives in situations of domestic violence highlight validation and empathy provided by social workers as facilitators of social intervention. On the contrary, the main barrier of the intervention is associated with the fact that social workers made them feel inept as parents (Stanley, Miller, & Foster, 2012). When asked about their children's exposure to violence, parents manifest their own experiences or their interpretations of children's experiences

(Rasmusson, 2011). As informed in the United Kingdom's ministerial report on children's accounts "Children's Messages to the Minister" (OFSTED, 2009b), children's perspectives on social intervention state that the actions carried out during the intervention can impact their lives, and can either limit or create more opportunities. They recognize the importance of the social workers' role to listen to the child exclusively (without the presence of parents or other persons involved), and also that they follow the plan established for social intervention. In detail, children expressed "sometimes, social workers made decisions for children when, even if they had been their social worker for ages, they didn't really know the child or what that person really thought or wanted" (OFSTED, 2009b, p. 9). Due to this, the purpose of this thesis is to analyze adolescents' perceptions related to the barriers and the facilitators of social intervention, in situations of violence between parents and/or abuse by one/both of the progenitor(s). The voices of children aged between 12-18 years were selected since these are more mature, more able to express themselves, have a more advanced judgment capability, and entail less ethical concerns in studies (Huberman, 2016). The ambition behind this study is to clarify, raise awareness and promote possible approaches to improve social work responses given to these children, increasing their well-being.

## **1.1 Domestic Violence**

This phenomenon is still a very expansive concept and includes different types of abuse. Several terminologies can be used, these include intimate partner violence or family violence. The term 'domestic violence' is used throughout this thesis. Therefore, domestic violence can usually be defined as any abusive or coercive action between persons who share/have shared the same domestic space, or even who maintain/have maintained an affective relationship (Child Welfare Information Gateway, 2014). This is a worldwide phenomenon, irrespective of the religious, ethnic and socioeconomic group to which individuals belong to (World Health Organization, 2012). Despite what many people think, domestic violence does not only affect couples, but also children, family members or even other individuals involved. It is also possible to affirm that, worldwide, the highest proportion of victims are women, being the male gender proportion the predominant aggressors. This abusive behavior starts from a will, on the part of the perpetrator, to gain control and dominion over the other person (victim), devaluing that person's identity (Costa, 2014). As a consequence, this phenomenon compromises human development, because it may harm the physical and psychological health of individuals, and cause

socioeconomic repercussions for victims, families and society in general (Sousa & Carvalho, 2015).

To better complete the definition of domestic violence, it is necessary to clarify the types that it incorporates. Hence, violent acts can manifest in the following ways (Sousa & Carvalho, 2015; Arizona Coalition to End Sexual & Domestic Violence, 2017): physical abuse, as a behavior used voluntarily against a person, through physical force, with the purpose of causing harm (e.g. hit, push, use weapons, etc.); sexual abuse, a maltreat in which the perpetrator forces the victim to have sexual activity; psychological abuse, when the aggressor intends to arouse fear to the victim, by way of demotion, intimidation, coercion and excessive control (e.g. verbal threats, insults, stalk, etc.); negligence, as a careless comportment regarding the satisfaction of basic needs for survival (e.g. abandonment, malnutrition, lack of medical care, etc.).

According to what is stated in the “Convention on the Rights of the Child” (United Nations General Assembly, 1989), children have the right to be protected from any form of exploitation and violence. By being exposed to abuses within their families, these minors represent children at risk. Since this right is threatened, the satisfaction of their needs and their developmental process can be compromised (Penha, 1996). Hence, exposure to domestic violence can impact children’s functioning (through behavioral, emotional, social, physical and cognitive consequences) (Sani, 2007) and can preclude their social integration (Sousa & Carvalho, 2015).

## **1.2 Social Intervention**

The social work practice reflects the combination of theories, principles and strategies that are part of this professional field. This practice can be applied to an individual/group/community (Gomes, Teixeira, & Mendes, 2014). Social workers in social work practice aim to improve citizens’ well-being, capacitating them and enabling the development of their skills (Shirley, 2015), by providing different kinds of social interventions. Social intervention is then an interference that seeks to “impede or eradicate risk factors, activate and/or mobilize protective factors, reduce or eradicate harm, or introduce betterment beyond harm eradication” (Sundell & Olsson, 2017, para. 1). As any other intervention, it is an intentional attempt to cause change (Adair, Ullenhag, Keen, Granlund, & Imms, 2015). Support given by a social worker usually starts with meeting/s with the person in need of support (the individual), in which the

individual's situation is clarified. This is followed by an analysis of the individual's situation, problems and needs. After this, an action plan is established, including a social intervention and goals for the intervention. The provided social intervention is carried out and followed up, in cooperation with the individual (Sheafor, Horejsi, & Horejsi, 2000).

Individuals who are actualized for professional social support are generally in a vulnerable situation (Lipsky, 2010) and even experience a crisis. Due to this, the Crisis Intervention Model (Roberts, 1991) is widely used in social work practice. This model represents an intensive intervention, oriented to the reduction of tensions and to the rearrangement of the person's capacities to adjust and react (García & Romero, 2014) to overcome the crisis.

The term crisis can be defined as "the subjective reaction to a stressful life experience that compromises the individual's stability and ability to cope or function" (Roberts & Ottens, 2005, p. 331), whether on an emotional, behavioral or cognitive level (Núncio, 2013). Also, the crisis is subjective because it causes distinct reactions and consequences from person to person. The crisis is characterized as being unexpected, involuntary and sudden, potentiating anguish and insecurity in the person (Caplan, 1961).

Still related to this model, and to help individuals to overcome their crisis, social intervention should be based on four features (Nelson, 1980): 1) Protection: the social worker provides guidelines and advice, and also safeguards the individual through his/her actions; 2) Acceptance: focused on empathy and understanding; 3) Validation: implies empowering the individual and his/her competences, recognizing him/her as a valuable person (Núncio, 2013); 4) Education: the social worker motivates the individual to utilize the existing resources, teaches and mobilizes for new conducts, so that the individual can deal with an adverse event and overcome it in the future.

Specifically, when working with children exposed to domestic violence, social intervention can be defined as any action executed by the social worker to help the child to deal with violence, to address his/her needs and to overcome the risk/danger situation that was experienced (Oliver, 2010). This intervention can be based on more emergent responses, linked to the need of protection (e.g. temporary placement of the child in an institution, separation of the child from one/both parents, etc.) or responses that can be provided over time, more related to psychosocial assistance (helping the child to express and interpret his/her feelings, promoting

empowerment and advocacy, etc.). The intervention assigned to each child depends on his/her needs and the way that violent acts are impacting his/her functioning and development. It is fundamental to respect the best interest of the child (UNICEF, 2006).

Moreover, social intervention with minors involves specific particularities, and recognizing the sensitivity present in their situations (Sousa & Carvalho, 2015). It is always necessary to have in mind that each case is a different case. This means that each child is unique, reacts and is affected by domestic violence in a distinct way (Summers, 2006). This way, an adequate social intervention must take into account the viewpoints of these children, so that their situations can be better understood. It is important to avoid their voices to become forgotten or even unknown.

As mediator and main actor in social work practice, in situations of domestic violence the social worker should perform the following functions to ensure that the intervention is grounded on an appropriate child perspective (Costa, 2014; Stevenson, 1992): listen to the child carefully; communicate without making judgments and believe in what the child says; understand the child's trajectory and life experiences; be empathetic and support the child's choices; ensure privacy and confidentiality; help the child to understand the abuse; help the child to recover from the experienced situation; inform about options and resources; consider the developmental stage of the child and his/her psychological characteristics; respect the child's way of being; provide a safe and comfortable space for the appointments; build a relationship of trust and acceptance with the child; adopt a simple language, easy to understand; ask for the child's descriptions and opinions; and, finally, stimulate the child's expression and reflection.

### **1.3 The Child's Perspective**

Children's perspectives can be known as their own voices, by being able to express their views, opinions, feelings and thoughts (Nilsson, et al., 2015). As reported on the "Convention on the Rights of the Child" (United Nations General Assembly, 1989), this is one of the basic participation rights, allowing children to freely manifest their accounts and to be taken into consideration in all matters that affect them. It is crucial to recognize that children have the capacity to make decisions in circumstances that interfere with their lives (John, 2007). However, a preference for the parent's and professional's views, both in research and in practice, still seems to exist (Bruce, 2014; Nilsson, et al., 2015; John, 2007).

When it comes to child-related research, children's participation requires an approach adjusted to their cognitive growth (Nilsson, et al., 2015), with a necessity to adopt adequate methods, as well as meticulous ethical considerations (Hoppe, 2016). These children's direct input in studies contribute not only to their own responsibility, but it also provides a more personal account on their best interests and needs (John, 2007). In fact, listening to the children's voices is fundamental to gather more detailed information and to comprehend how they perceive problems (Øverlien, 2010). Therefore, their views on research related to domestic violence and consequent social intervention can be used to improve child protection services or even plans, policies and laws.

Addressing the child's perspective in social work practice, the primary fact to consider is that most children want to be treated as an individual, without being completely reduced to the problem or disorder that is affecting them (Oliver, 2010). Few children contact the social worker for the first time for their own will, since usually this comes from a suggestion of parents or other close persons (Cater, 2014). Also, in some welfare services, children are not even heard without their parents' presence. Therefore, it arises a need for social workers to realize that children are able to express their views and are key actors in the intervention (Blueprint Project, 2005). Involving children in practice facilitates a better understanding of the situation they are going through, a more complete identification of their needs, and provides an opportunity to get feedback from them related to the intervention itself (Oliver, 2010). Overall, children's perspectives in social work practice contribute to the intervention's improvement and to the professionals' training.

#### **1.4 Aim**

The aim of the present systematic literature review is to analyze how children exposed to domestic violence characterize the barriers and facilitators of social intervention.

#### **1.5 Research Question**

What are the barriers and the facilitators according to the child's perspective of social intervention, when supporting children exposed to domestic violence?

## **2 Method**

This thesis is a systematic literature review since its purpose was to gather a set of rigorous and scientific articles, focused on analyzing adolescent's perspectives on social intervention in situations of domestic violence.

Consequently, this section is divided into six fundamental parts that explain how this thesis was performed: 1) search strategy (source of findings and search terms); 2) inclusion and exclusion criteria; 3) search process (title/abstract and full-text screening); 4) data extraction; 5) quality assessment; 6) data analysis.

### **2.1 Search Strategy**

For this systematic literature review, two different databases were used (ProQuest and Web of Science), both specialized in research in the field of social sciences. The search was performed in February 2018. The used terms were focused on the main topic, addressing the target-population (children), their perspectives, the problem (domestic violence) and the intervention they were experiencing (social intervention). For this reason, the chosen search words for all the databases were (“domestic violence” OR “famil\* violence” OR “child\* abuse\*” OR “famil\* abuse\*” OR “domestic abuse\*” OR “child\* maltreatment\*” OR “intimate partner violence”) AND (“child\* perspective\*” OR “child\* voice\*” OR “child\* perception\*” OR “child\* opinion\*” OR “child\* view\*” OR “child\* participation” OR “child\* attitude\*” OR “child\* assessment”) AND (“social work\*” OR “social intervention” OR “case work\*” OR “child\* protection\*” OR “child\* welfare”).

### **2.2 Inclusion and Exclusion Criteria**

Table 1 represents the topics used for inclusion and exclusion criteria, firstly for title and abstract screening. To be selected, articles had to be peer-reviewed, published in English and from 2000 onward, and full-text available. The established age-range of the target-population was from 12 to 18 years old, for reasons related to their maturity, autonomous thinking and capacity of expression (Huberman, 2016). Moreover, it is from the age of 12 that children, in some countries, start to be heard and considered in decision-making by social welfare entities (Lundberg, Romich, & Tsang, 2007). Another reason for that was the fact that a limited amount of studies collect the voices of younger children (under 12 years of age) since these require more ethical considerations. Studies adopting the perspectives of other involved actors, or that

were not addressing domestic violence and the provided social intervention, were excluded. Taking into account that the purpose of this study has a qualitative nature, only qualitative, mixed-method, and case studies were considered.

Table 1

*Inclusion and exclusion criteria for title and abstract screening*

Inclusion Criteria	Exclusion Criteria
<u>Type of Publication</u>	
<ul style="list-style-type: none"> <li>▪ Peer-Reviewed Articles</li> <li>▪ Published in English</li> <li>▪ Published from 2000</li> <li>▪ Full text available</li> </ul>	<ul style="list-style-type: none"> <li>▪ Books, abstracts, conference papers, protocols, other literature</li> <li>▪ Published in other languages than English</li> <li>▪ Published before 2000</li> <li>▪ Texts that are not fully available</li> </ul>
<u>Population</u>	
<ul style="list-style-type: none"> <li>▪ Participants aged 12-18 years</li> <li>▪ Exposed to domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participants not included in that age range</li> <li>▪ Exposed to other types of abuse</li> </ul>
<u>Measure</u>	
<ul style="list-style-type: none"> <li>▪ Children’s perspectives of social intervention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Caregivers’ or caseworkers’ perspectives of social intervention</li> </ul>
<u>Study Design</u>	
<ul style="list-style-type: none"> <li>▪ Qualitative studies</li> <li>▪ Studies with mixed-method designs</li> <li>▪ Case studies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Literature Reviews</li> <li>▪ Protocols</li> <li>▪ Quantitative studies</li> </ul>

## 2.3 Search Process

The following flowchart illustrates the entire search process (Figure 1). This way, the search resulted in a total of 669 articles (8 in Web of Science and 661 in ProQuest). In the end, through title/abstract and full-text screening, 5 articles were included and 3 were added through handsearch. In this process, the references of the selected articles were explored and a search around the main terms (child’s perspective, domestic violence, and social intervention) took place in Google Scholar. Through the same title/abstract and full-text screening process, Google Scholar provided 1 article and the reference search provided 2 articles. As a result, a total of 8 articles were included for data extraction.

### 2.3.1 Title and Abstract Screening

As a primary stage, articles were exclusively checked by their titles and abstract, with the purpose of analyzing them briefly, to ensure that they met the inclusion criteria stated in

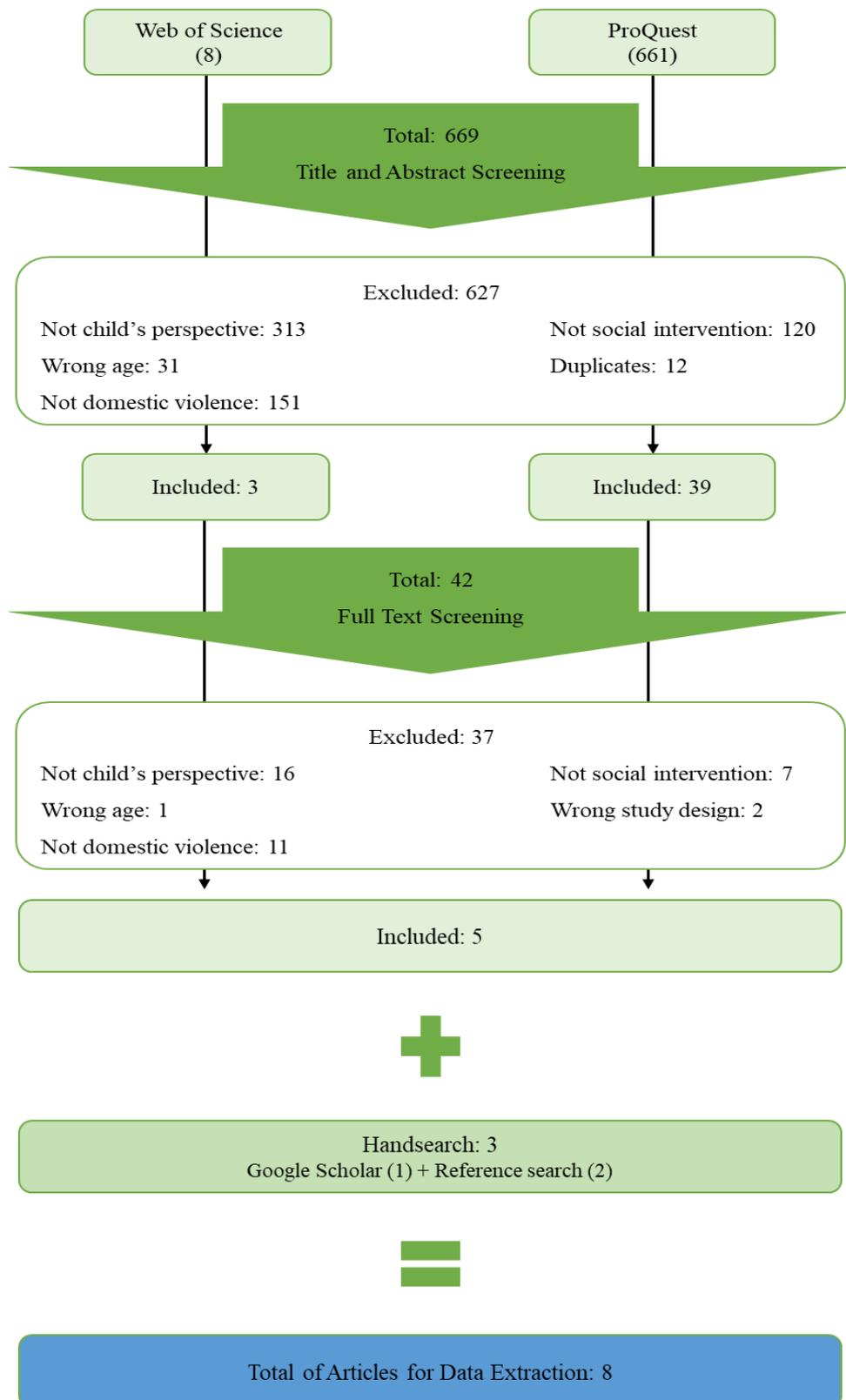
Table 1. As a consequence, through title and abstract screening, 627 articles were excluded. 42 articles remained to be further analyzed through full-text screening (3 in Web of Science and 39 in ProQuest) (Figure 1). Most articles were immediately excluded because they did not include children's perspectives, while some focused on different types of abuses, and others were not related to social intervention. Also, some studies did not include participants with the desired age-range and 12 articles were duplicates.

### **2.3.2 Full-Text Screening**

This process consisted of a more attentive and deeper analysis of the 42 remaining articles (Figure 1). Once again, the majority of articles adopted a parent's perspective or a professional's perspective, instead of a child's view, being excluded. Domestic violence and social intervention were not approached in 11 and 7 studies, respectively. Only one article concerned a different age-range and 2 studies were quantitative. For these reasons, these articles were rejected. As a final result, through this process, 5 articles were retained.

Figure 1

Flowchart of the search process



## **2.4 Data Extraction**

To gather data related to the topic, a protocol for data extraction was used (Appendix A). Through this tool, the first details to be retrieved were the basic information about each study (title, publication date and author(s)). After this, relevant data (about the sample, study design, methods used, and findings) was collected and summarized in Appendix C. Overall, the data collection was focused on the sample (children's ages and type of violence to which they were exposed), social intervention and children's perspectives (understanding how this intervention was measured and described).

## **2.5 Quality Assessment**

The process of quality assessment for the chosen articles was performed through a protocol (Appendix B), focused on the studies' overview, data collection, data analysis, and findings, with a total of 15 factors that were deliberated. This quality assessment protocol was based on CASP checklist for qualitative research (Critical Appraisal Skills Programme, 2018), which is an instrument used to evaluate studies' findings, pertinence, and reliability (CASP, 2018). This tool was applied to all articles. Regarding the articles including mixed-method designs, only the qualitative part was evaluated. Scores were assigned based on the given responses to each factor, as follows: No = 0, Can't tell = 1, Yes = 2. Articles with 0 to 10 points were classified as Low, 11 to 20 points were classified as Medium, and 21 to 30 points were classified as High quality. The classifications assigned to each study can be found in Appendix C. 4 studies were classified as High quality, other 4 as Medium and no study was classified as Low quality. For this reason, and due to the fact that only a small number of articles met the inclusion criteria, all studies were considered and analyzed for the results of this thesis.

## **2.6 Data Analysis**

To be able to fulfill the aim of this thesis and to answer the research question, the process of data analysis took place. For that purpose, a qualitative content analysis was performed to investigate data and deduce its possible significance (Elo, et al., 2014), through categorization and coding of relevant notions (Elo & Kyngäs, 2008; Thomas & Harden, 2008). Therefore, adolescents' perspectives on social intervention, in each study, were collected (by retrieving their quotes), and to each of these quotes were attributed specific words. Then, those were studied in detail and separated into two main categories, to which were assigned different codes. These two categories were entitled as barriers and facilitators of social intervention since they

cover the factors that children pointed out as being helpful or not, positive or negative attitudes/actions. These barriers and facilitators are included in the research question. A deeper analysis and explanation of these categories and codes will be provided in the result section.

### **3 Results**

In order to conduct this systematic literature review, two databases were used and 669 articles were initially selected for further analysis. In the end, through previously established inclusion and exclusion criteria, 8 studies were carefully chosen to extract relevant data related to the research question. These studies were carried out in 4 countries: Sweden, England, Ireland and Canada. The majority of the selected studies were qualitative, only two using mixed methods. All the selected articles included children between the ages of 12-18 years. In terms of quality assessment, the articles were classified as being of medium and high quality. No study was assessed as being of low quality. More details about the chosen articles, such as the author(s), publication date, sample and type of violence to which were exposed, study design, purpose, findings, described social intervention, and quality assessment, are stated in Appendix C.

Consequently, the present section is structured according to the two categories that emerged with the previous analysis: 1) the barriers for a successful social intervention, represented as negative and not helpful factors pointed out by children; 2) the facilitators of the same intervention, represented as positive and helpful factors.

#### **3.1 Barriers**

When asked to give opinions and to relate experiences about social intervention, some children reported negative occurrences. Also, they described some aspects that were experienced as barriers for the social intervention to be helpful. As a result, the factors that contributed to an inadequate and unhelpful social intervention are stated in Table 2. The findings were divided into 8 barriers, considering the views of children, within the selected studies.

Through the presented table (Table 2), it is possible to see the most prominent factors that act as barriers in social intervention, and in which studies each one of those factors were described by children exposed to domestic violence. In order to better understand each subcategory, an interpretation of the same is provided. 1) Lack of Child Perspective: this barrier is highlighted in Table 2, which can be justified through the fact that children realized that the social worker was not prepared to deal with them and with their problems. In fact, it was shown as a lack of experience/knowledge, focus on the problem, consideration of the child's needs, and appropriate methods in the actions carried out by the social worker (Stanley, Miller, &

Foster, 2012; Eriksson, 2009; Jernbro, Otterman, Lucas, Tindberg, & Janson, 2017; Eriksson, 2012); 2) Lack of Value: this barrier stood out, as stated in Table 2, which can be explained by the fact that minors felt inferior and that their accounts had no significance. Children reported that the social worker was not on their sides, doubted them and did not respect their wishes. This way, they felt that they were not given the proper value, were ignored and discredited (Jernbro, Otterman, Lucas, Tindberg, & Janson, 2017; Eriksson, 2012; Rasmusson, 2011; Buckley, Holt, & Whelan, 2007); 3) Inaccessibility: minors reported some pressure to accept things they didn't want to and an excessive control from the social worker. Also, they described the intervention as limited and closed, with a lack of received information and opportunities to participate (Cater, 2014; Eriksson, 2012; Rasmusson, 2011); 4) Boredom: talking about violence was characterized as a tedious procedure for children (Cater, 2014; Eriksson, 2012); 5) Passivity: represented by a lack of action from the social worker (Stanley, Miller, & Foster, 2012; Jernbro, Otterman, Lucas, Tindberg, & Janson, 2017); 6) Lateness: represented by a delay of the social services to provide a response to the child maltreatment or exposure. Some children reported the services only acted when the danger had already passed (Jernbro, Otterman, Lucas, Tindberg, & Janson, 2017); 7) Mistrust: expressed by a lack of trust towards the social worker, to fully rely on his/her actions and to share personal details (Cater, 2014); 8) Malice: some children felt that the social worker was mean to them (Eriksson, 2012).

Table 2

*Barriers of social intervention*

Study	Barriers							
	Lateness	Mis-trust	Lack of Child Perspective	Passivity	Lack of Value	Malice	Boredom	Inaccessibility
Buckley, Holt & Whelan (2007)					X			
Eriksson (2009)			X					
Rasmusson (2011)					X			X
Eriksson (2012)			X		X	X	X	X
Stanley, Miller & Foster (2012)			X	X				
Cater (2014)		X					X	X
Jernbro, Otterman, Lucas, Tindberg & Janson (2017)	X		X	X	X			

### 3.2 Facilitators

In this case, when expressing their views about social intervention, children referred to positive factors that contributed to a helpful and supportive intervention. Table 3 shows the main facilitators of social intervention, according to the perspectives of children exposed to domestic violence. Each facilitator is presented, including a short description. 1) Accessibility: this facilitator stood out, as shown in Table 3, which can be explained by the fact that children really appreciated the possibility to be considered in the intervention plan and to manifest their preferences. Specifically, minors reported that they had options and the social worker respected their interests in decision-making. Also, they described the intervention as open and flexible, with opportunities to participate and to choose what they wanted (Cater, 2014; Stanley, Miller, & Foster, 2012; Eriksson, 2009; Buckley, Holt, & Whelan, 2007; Fotheringham, Dunbar, & Hensley, 2013; Eriksson, 2012); 2) Value: children reported that the social worker treated them

in a mature, respectful and serious way, helping them to gain confidence. Thus, they felt important and equal, and realized that the abuses were not their fault (Cater, 2014; Stanley, Miller, & Foster, 2012; Buckley, Holt, & Whelan, 2007; Fotheringham, Dunbar, & Hensley, 2013; Rasmusson, 2011); 3) Sharing: expressed by children as an appreciation for being able to talk about their feelings and experiences, related to the abuses they were exposed to (Cater, 2014; Eriksson, 2009; Buckley, Holt, & Whelan, 2007; Fotheringham, Dunbar, & Hensley, 2013; Rasmusson, 2011); 4) Information: children sensed that facts provided by the social worker related to violence, available resources or social intervention in general were essential (Cater, 2014; Stanley, Miller, & Foster, 2012; Eriksson, 2009; Fotheringham, Dunbar, & Hensley, 2013; Rasmusson, 2011); 5) Active Listening: represented by the social worker's interest in listening to the child and his/her ability to assimilate what the child revealed (Cater, 2014; Stanley, Miller, & Foster, 2012; Buckley, Holt, & Whelan, 2007; Rasmusson, 2011); 6) Protection: children felt safe when talking to the social worker. They also felt that the measures taken by that professional protected them from the existent danger within their families (Jernbro, Otterman, Lucas, Tindberg, & Janson, 2017; Fotheringham, Dunbar, & Hensley, 2013; Rasmusson, 2011); 7) Sympathy: some children felt that the social worker was kind and understanding, accepting them without making judgements (Fotheringham, Dunbar, & Hensley, 2013; Rasmusson, 2011; Eriksson, 2012); 8) Trust: expressed as a sense of trust towards the social worker since children felt comfortable sharing personal details and that could rely on his/her actions (Cater, 2014; Fotheringham, Dunbar, & Hensley, 2013); 9) Child Perspective: the actions carried out by the social worker were based on age-appropriate methods and on his/her experience and knowledge related to childhood (Buckley, Holt, & Whelan, 2007; Eriksson, 2012).

Table 3

*Facilitators of social intervention*

Study	Facilitators								
	Pro-tection	Trust	Child Per-spec-tive	Active Listen-ing	Value	Acces-sibility	Sym-pathy	Sha-ring	Infor-mation
Buckley, Holt & Whelan (2007)			X	X	X	X		X	
Eriksson (2009)						X		X	X
Rasmusson (2011)	X			X	X		X	X	X
Eriksson (2012)			X			X	X		
Stanley, Miller & Foster (2012)				X	X	X			X
Fotheringham, Dunbar & Hensley (2013)	X	X			X	X	X	X	X
Cater (2014)		X		X	X	X		X	X
Jernbro, Otterman, Lucas, Tindberg & Janson (2017)	X								

Additionally, to highlight the barriers and facilitators of social intervention presented above, children's quotes from the analyzed articles are presented in Table 4.

Table 4

*Children’s quotes on the barriers and the facilitators of social intervention*

Barriers	
<ul style="list-style-type: none"> <li>▪ <b>Mistrust:</b> “I guess I didn’t really feel that trust. I felt it was wrong of her (social worker) to tell others before having consulted me” (Cater, 2014, p. 467).</li> <li>▪ <b>Inaccessibility:</b> “They (social workers) said ‘he (father) wants to see you and he has the right to see you’. They came so many times, so I said that okay, I can see him but I do not want to” (Eriksson, 2012, p. 216).</li> <li>▪ <b>Malice:</b> “They (social workers) were rather mean” (Eriksson, 2012, p. 213).</li> <li>▪ <b>Lack of Value:</b> “There are so many ways to help. But they (social services) did not want to” (Rasmusson, 2011, p. 315).</li> <li>▪ <b>Boredom:</b> “I thought it was boring” (Cater, 2014, p. 468).</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Lateness:</b> “I was helped when it was too late. The social services should do something about child maltreatment as soon as they hear something about it” (Jernbro, Otterman, Lucas, Tindberg, &amp; Janson, 2017, p. 459).</li> <li>▪ <b>Lack of Child Perspective:</b> “He (social worker) started to talk about sport, school and things like that. I thought, but did not say, why are you talking about things like that?” (Eriksson, 2009, p. 436).</li> <li>▪ <b>Passivity:</b> “I have told the social welfare that my father drinks and that he becomes extremely angry, but they do nothing” (Jernbro, Otterman, Lucas, Tindberg, &amp; Janson, 2017, p. 459).</li> </ul>
Facilitators	
<ul style="list-style-type: none"> <li>▪ <b>Accessibility:</b> “She (social worker) was not like: here is our agenda. We kind of took things as they came. It wasn’t just on my terms, but both of ours” (Cater, 2014, p. 466).</li> <li>▪ <b>Sympathy:</b> “She (social worker) never judge and always accepted me” (Fotheringham, Dunbar, &amp; Hensley, 2013, p. 319).</li> <li>▪ <b>Information:</b> “She (social worker) was the one that gave us the number for the NSPCC (National Society for the Prevention of Cruelty to Children)” (Stanley, Miller, &amp; Foster, 2012, p. 196).</li> <li>▪ <b>Sharing:</b> “Talking with her (social worker) was very beneficial because it allowed me to open up about feelings in a safe space” (Fotheringham, Dunbar, &amp; Hensley, 2013, p. 319).</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Protection:</b> “I can’t thank her (social worker) enough for her support. She was a lifesaver” (Fotheringham, Dunbar, &amp; Hensley, 2013, p. 319).</li> <li>▪ <b>Trust:</b> “I know that he explained things to me very well. He can talk about it (violence) in a way that you hadn’t thought of before” (Cater, 2014, p. 467).</li> <li>▪ <b>Child Perspective:</b> “I think he (social worker) knew how to handle children” (Eriksson, 2012, p. 212).</li> <li>▪ <b>Active Listening:</b> “He (social worker) listened in a way that I think most people want to be listened to. It seems that he really takes in what is said” (Cater, 2014, p. 467).</li> <li>▪ <b>Value:</b> “The social worker took time to get to know me as a person without a rush to ‘fix’ me” (Fotheringham, Dunbar, &amp; Hensley, 2013, p. 319).</li> </ul>

## **4 Discussion**

This thesis aimed to review literature in order to analyze how adolescents exposed to domestic violence characterize the barriers and facilitators of social intervention. As a consequence, results showed that children mentioned several unhelpful factors that acted as barriers for a successful social intervention (i.e. lateness, mistrust, lack of child perspective, passivity, lack of value, malice, boredom, and inaccessibility), but also various helpful and positive factors that acted as facilitators for the same intervention (i.e. protection, trust, child perspective, active listening, value, accessibility, sympathy, sharing, and information). It is also possible to verify that not all children agreed with these factors, due to the divergence in the experiences of each one (i.e. some children expressed mistrust, while others expressed trust towards the social worker; some children expressed a lack of child perspective, while others expressed a child perspective; etc.).

The identified barriers and facilitators of social intervention are further discussed according to the crisis intervention model. Furthermore, practical implications, methodological concerns, limitations, and research implications related to this study are presented.

### **4.1 Social Intervention and the Crisis Intervention Model**

As stated before, social intervention in situations of domestic violence, especially when dealing with children, is essential and a priority. Since these children are at risk or even in danger, this intervention arises with an emerging goal: to assure to the child a certain level of security and the satisfaction of his/her needs (Costa, 2014). For such, helping the child to perceive what he/she is feeling and the reasons for that are part of the intervention (Costa, 2014).

According to Bronfenbrenner (1993), the family is one of the closest and most influential environments of the child, affecting him/her directly. When an adverse event occurs, namely situations of abuse between family members, the balance and functioning of that familial nucleus is disturbed, which may lead to a crisis (Núncio, 2013).

The Crisis Intervention Model (Roberts, 1991) emerges as a guideline for social workers, presenting specific objectives, features and action methodologies, which characterize social intervention. The social intervention based on this model intends to respond to an individual's social suffering situation, caused by the crisis (Mouro, 2014). Children exposed to domestic violence require immediate actions for their own protection, and also a psychosocial support to

face and overcome their crisis. This highlights the intensive character of the intervention, pointed out in the Crisis Intervention Model (Roberts, 1991). Also, talking with these children about crisis consists of addressing their responses and perceptions about the abusive situation (Núncio, 2013). In such situations, the provided support is based on the promotion of alternatives and resources, as well as on the prevention of the situation's aggravation (Núncio, 2013).

In short, when children witness violence between parents or are abused by one/both parent(s), a crisis is generated. This crisis is experienced in distinct ways by each child. However, it always brings transformation and disorder for the child and for the family in general (James & Gilliland, 2001). Therefore, there is a consequent need to support these children (on a social level) through a structured intervention, appropriate to their needs and interests.

#### **4.1.1 Barriers and Facilitators**

Taking the Crisis Intervention Model (Roberts, 1991) as groundwork, and according to the features of social intervention (protection, acceptance, validation, and education), mentioned by Nelson (1980), the results are further analyzed.

In relation to the barriers and facilitators of social intervention, obtained from the children's perspectives, it can be affirmed that, in some cases, the features of the same intervention were not ensured. In fact, some of the pointed out barriers refer to an absence of the protection feature (lateness, passivity, and inaccessibility), others reflect a lack of the acceptance feature (malice and lack of value), one is connected to a lack of the validation feature (lack of value), and another expresses the deficiency of the education feature (inaccessibility). On the other hand, in other cases, the social intervention provided to children exposed to domestic violence respected the proposed features for crisis situations: some facilitators are connected to the protection feature (protection and information), one reflects the acceptance feature (sympathy), another refers to the validation feature (value), and other expresses the education feature (information).

#### **4.2 Practical Implications**

In this sector, some suggestions for social workers are presented to ensure a successful social intervention, when supporting children exposed to domestic violence.

Taking into consideration the barriers identified in the result section of this study, and as stated by Morgan (2006), children consider that social workers make the following main mistakes: ignore the child's view; exercise too much control over the child and his/her decisions; give too much hope and do not comply their promises, leading to a lack of trust. On the contrary, and in accordance with the identified facilitators, children describe a good social worker as the actor who fulfills the following main factors: listens carefully to the child and shows understanding; proves to be reliable through his/her actions, leading to trust; takes action and protects, based on the child's problems and needs; gives the proper value to the child and to his/her capacities (Hill, 1999; Aldgate & Statham, 2001).

As reported in "Children's Messages to the Minister" (OFSTED, 2009b, p. 28), children made the following recommendation to social workers: "listen to us, check if we need anything, help us to stay in contact with our family, keep us safe, remember we are people". Therefore, to improve social intervention in situations of domestic violence, some suggestions for social workers follow (Oliver, 2010): always respect children, recognizing them as individuals capable of making decisions and express their own voices; facilitate children's possibilities to come into contact with social services and to take part in the decision-making process; include children in the entire social intervention; receive the proper training to assess children's needs and situations, to apply appropriate methods, and to support them; always inform children about the intervention's procedures, their resources, and other facts that need to be clarified.

### **4.3 Methodological Concerns**

This systematic literature review provided a structured and detailed methodological approach, in order to enable the reader to replicate it. However, this study's reliability and validity may be compromised, since the same process was exclusively carried out by the author, and the researcher's preunderstanding may lead to bias in the results.

With regard to the search strategy, two databases focused on social sciences, were used. 669 articles were obtained, but the choice of a reduced number of sources may have limited the findings.

For the quality assessment, the range of points assigned to each classification was outlined by the researcher. Therefore, although the scores were based on CASP checklist for qualitative research (Critical Appraisal Skills Programme, 2018), the distribution of the same could have been made in a distinct way.

#### **4.4 Limitations**

This section reflects a personal criticism related to the overall restrictions of this systematic literature review.

First of all, the findings of this study (barriers and facilitators of social intervention) were identified through children's quotes in each of the analyzed studies. Due to the fact that some quotes were not very explicit, their interpretations were based on assumptions made by the author. This fact may have caused a bias. It is also worth considering that a distinction was not made between the different types of exposure to domestic violence (i.e. if children were abused physically, if they just observed abuses, if they were neglected, etc.). Thus, the results could have been different according to the types of exposure. When searching for articles, the only language considered was English, which may have resulted in the loss of relevant data and studies. Also, there is a certain difficulty to generalize the topic of this study to a broader context, taking into account that it is very specific and incorporates particularities for social work practice only. This thesis' findings came from a rigorous analysis of 8 scientific articles. Although these articles, in terms of quality, are appropriate (classified as having high and medium quality), in terms of quantity, may not have been sufficient to provide meticulous and complete results.

#### **4.5 Research Implications**

In this sector, some recommendations are provided to improve future research in the social work field, when studying children's perspectives in domestic violence situations.

As stated before, there is a need for social work research to consider and be more centered on the child's perspective, especially in such sensitive situations as domestic violence. The existing studies to cover this purpose are still very limited, considering their views as users of social interventions (Golding, Dent, Nissim, & Stott, 2006). This fact was proved through the reduced number of collected articles about the topic, highlighting the necessity for further research.

Therefore, future research should fulfill some gaps, exploring children's accounts related to their interaction with social workers (Morris, 2005; Hart, 2006).

It would also be interesting and important to give continuity to the topic explored in this thesis and go further, analyzing the influence of children's accounts on the social work practice (Oliver, 2010). This way, it would be possible to understand what and how the social work practice changes, after children gave their opinions on the same.

## 5 Conclusion

When exposed to domestic violence, children face a period of crisis in their lives. Therefore, it is extremely important to provide to these children a social intervention, contributing to their protection, resilience, and well-being. Social workers, during this intervention, may administer less appropriate and adequate responses to these minors. Relying on children's perspectives of how social intervention is characterized is fundamental to improve the intervention and its results. Despite this need, studies still illustrate an absence of consideration for the child's view on this subject.

Through the characterizations made by children, it was possible to identify the main barriers and facilitators of social intervention. The barriers of this intervention were associated with the social services' lateness, mistrust on the social worker, lack of child perspective, passivity, lack of value, malice, boredom, and inaccessibility. On the opposite side, the facilitators of social intervention were associated with the received protection, trust, child perspective, active listening, value, accessibility, sympathy, sharing, and information. Overall, children appreciate and find it helpful when they are heard, protected and receive the proper value. On the contrary, they find it unhelpful and negative when they are ignored, controlled and devalued.

Finally, and based on the findings, it is recommended for social workers to receive the proper training and guidance before intervening with children. Therefore, this should enable to identify children's needs and interests, as well as to use the best strategies to support them during the intervention. Both in research and in practice, there is a necessity to consider children as individuals capable of making decisions and as an essential part of social intervention, promoting their participation.

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## Appendix A

### Protocol for Data Extraction

Query	Notes
<b>Article</b> (author(s), year, title)	
<u>Sample</u> Type of violence Children factors (age, number, recruitment place)	
<u>Study</u> Design Purpose Research question(s) Rationale	
<u>Methods</u> How is social intervention measured? Is the child's perspective provided about social intervention?	
<u>Findings</u> Results Discussion Limitations Suggestions for practitioners	

## Appendix B

Protocol for Quality Assessment <sup>a b</sup>

Criteria	Notes
<b>Article</b> (author(s), year, title)	
<i>Study Overview</i> Clear and relevant purpose Appropriate methods Appropriate study design Appropriate sampling Research questions Credibility Significance	
<i>Data Collection</i> Settings for data collection Appropriate data collection methodology Clear form of data Ethical considerations	
<i>Data Analysis</i> Clear and rigorous data analysis Sufficient data	
<i>Findings</i> Explicit findings Appropriate discussion	

<sup>a</sup> Based on CASP qualitative research checklist

<sup>b</sup> No = 0, Can't tell = 1, Yes = 2

## Appendix C

### Resume of the Articles

Article	Sample	Type of Violence	Study Design	Purpose	Relevant Findings	Described Social Intervention	Quality Assessment <sup>a</sup>
1. Cater (2014). Children's descriptions of participation processes in interventions for children exposed to intimate partner violence	29 children (4-19 years old)	Domestic Violence	Qualitative (interviews)	"Explore and analyze processes of participation during counseling, described by children exposed to IPV, who had received community-based interventions" (pp. 455)	When taking the initiative to contact the support unit, children do not rely on adults to participate; The majority of children revealed that counselors helped them to overcome the difficulty to express themselves, however some described that it was not useful; When deciding to start the intervention, the majority of children relied on their own motivations, and others relied on adults.	Talk to the counselor about the abuses was a relief; Appreciated counselor's flexibility and felt good to have options; Felt equally valuable and enjoyed to have an open plan for the sessions; Liked to be heard and to be given a mature perspective about the abuses; The counselor provided a sense of trust; Felt that the intervention was not useful and didn't trust the counselor; Found the intervention boring, annoying and felt that their problems didn't change for better.	High
2. Stanley, Miller & Foster (2012). Engaging with children's and parents' perspectives on domestic violence	19 children (10-19 years old)	Domestic Violence	Qualitative (focus groups)	"Capture the views of parents and young people who had experienced domestic violence" (pp. 192)	Participants stated feelings of guilt and shame that acted as barriers to the disclosure of domestic violence; Several effects of domestic violence on children were identified; There is a need for professionals to engage with the emotional content of disclosure of domestic violence.	Felt it was helpful, liked to be heard and taken into account, accessible and provided information; Liked to be taken seriously; Felt disappointed due to the professional's lack of knowledge or confidence to assist.	High
3. Eriksson (2009). Girls and boys as victims: social workers' approaches to children exposed to violence	17 children (8-17 years old)	Domestic Violence	Qualitative (interviews)	"Explore professionals' approaches to children exposed to violence, recurring to children's accounts, and discuss how these approaches may be linked to notions of 'ideal' victims, age and gender" (pp. 429)	Social workers express 4 victim positions for children: protected victim, invisible victim, unprotected victim and victim with participation; The 'ideal' victim is adapted to cultural constructions of 'child-like' and femininity.	Positive experience; Violence was ignored and the intervention was focused on unimportant topics; Felt that not much was done to protect them; Liked to receive information about violence; Liked to talk freely about the feelings and experiences of violence; Enjoyed to be able to see what the social worker had written.	Medium

Article	Sample	Type of Violence	Study Design	Purpose	Relevant Findings	Described Social Intervention	Quality Assessment <sup>a</sup>
4. Jernbro, Otterman, Lucas, Tindberg & Janson (2017). Disclosure of child physical abuse and perceived adult support among Swedish adolescents	3202 children (14-15 years old)	Child maltreatment (physical abuse, emotional abuse and emotional neglect)	Quantitative + Qualitative (questionnaires)	“Examine disclosure of child physical abuse and perceived adult support” (pp. 451)	Many children reported one or more types of maltreatment, being CPA the most frequent one; Minorities more often report maltreatment (girls, foreigners, ill/disabled, low-income and separated parents); Some children reported that they lack an adult confidant; Girls had disclosed the abuse to a greater extent than boys; Barriers to disclosure were associated with a lack of trust in adults/authorities and self-blame; Some children reported a lack of child perspective among professionals.	Reported a lack of knowledge about childhood on professionals; Felt the professionals did nothing to help and were not on their side; Intervention was not always available and was delayed; Felt that professionals doubted them and were reluctant to act; Positive support; Felt that professionals protected them.	High
5. Buckley, Holt & Whelan (2007). Listen to me! Children’s experiences of domestic violence	22 children and young people (from 8 years old)	Domestic Violence	Qualitative (focus groups)	“Explore the impact of domestic violence on children, identify their needs and recommend appropriate interventions” (pp. 296)	Impacts on children/young people: fear, anxiety, dread, loss of confidence and self-esteem, stigma, secrecy, changes in the relationship with parents and peers; Some children/young people see school as a ‘safe space’, but others think it’s not a positive experience; The majority of children and young people feel the need to be listened and considered.	Felt good to have a place to talk; Felt good to have choices in intervention; Felt that professionals considered them immature and not able to make decisions.	Medium
6. Fotheringham, Dunbar & Hensley (2013). Speaking for themselves: hope for children caught in high conflict custody and access disputes involving domestic violence	17 children (10-19 years old)	Domestic Violence	Qualitative (interviews) + Quantitative	“Describe the Speaking for Themselves project, enhancing the safety of children exposed to domestic violence, high conflict custody and access disputes” (pp. 311)	The goals of the projects were achieved and the project itself provided effective means of enhancing children’s safety and perspectives; Children’s views and feelings were, in the majority of cases, presented to decision-makers; Children were emotionally and therapeutically supported in the program; Few children revealed that different forms of abuse were disclosed.	Expressed that the intervention helped them to get a voice and empowered them; Thought that the professional was kind, supportive, comprehensive and made them feel comfortable; Felt that the intervention was helpful, fun and beneficial; Helped them to realize they were not guilty for the violence and to understand the situation; Described as a safe space to express feelings; Felt grateful, it was good and that they were accepted; Thought that the professional was interested, non-judgmental, a lifesaver, friendly and reliable.	Medium

Article	Sample	Type of Violence	Study Design	Purpose	Relevant Findings	Described Social Intervention	Quality Assessment <sup>a</sup>
7. Rasmusson (2011). Children's advocacy centers (barnahus) in Sweden – experiences of children and parents	12 children (8-16 years old)	Child maltreatment (physical abuse and sexual abuse)	Qualitative (interviews)	“Present and discuss the results from an evaluation of piloting <i>barnahus</i> in Sweden from children's and parents' perspectives, to deeply understand the meaning of a child-centered approach within the domain of child protection” (pp. 302)	Children and parents appreciated the child-friendly, safe environment and kind treatment by the professionals; Receiving information from the professionals was very important; Children's and parents' voices contributed to understand the complexity in applying a child-centered approach and a child perspective in child protection.	Positive experience; Felt supervised, controlled and uncomfortable; Described the intervention as a safe and simple procedure; Felt good to talk about the situation and feelings; Though that professionals were nice, interested and kind; Felt obliged to follow professional's choices; Felt it was helpful and supportive; Felt ignored, disappointed and discredited; Felt that professionals didn't want to help; Felt pleased to be heard and to have a 'break' from the situation; Felt that the intervention was too quick.	Medium
8. Eriksson (2012). Participation for children exposed to domestic violence? Social workers' approaches and children's strategies	17 children (8-17 years old)	Domestic Violence	Qualitative (interviews)	“Explore social workers' approaches to children exposed to domestic violence and children's strategies in encounters with these professionals in the context of family law proceedings” (pp. 205)	There's a relationship between social workers' approaches described by children and their own strategies; Participation can offer children validation of their experiences and support their recovery after exposure to violence.	Professionals were seen as sensitive, empathetic and expert; The intervention was childish and not adapted to their age; Positive experience; Enjoyed to be able to see what the social worker had written; Lack of information, opportunities to participate and feedback; The intervention was boring; The professional was mean; The intervention was not focused on the child; Felt pressured to accept the professional's choices.	High

<sup>a</sup> Low = 0-10, Medium = 11-20, High = 21-30

