

Psychological First Aid for Children: Perceptions of Professionals in Quito and Guayaquil, Ecuador

Primeros auxilios psicológicos en la infancia. Percepciones de profesionales en Quito y Guayaquil, Ecuador

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Resumen

El objetivo del artículo es describir las percepciones de los profesionales de primera línea en torno a los Primeros Auxilios Psicológicos (PAP) direccionados a niños/as en contextos de violencia en dos ciudades de Ecuador. La hipótesis que se propone desarrollar es que el reconocimiento de los PAP como una herramienta esencial para la contención emocional y disminución del impacto del trauma agudo es tensionado por las barreras estructurales y formativas que comprometen la eficacia de la intervención. Para ello se diseñó una metodología mixta que involucró el trabajo con encuestas (n=60) y entrevistas semiestructuradas a profesionales de centros de atención psicológica, clínicas, hospitales y centros educativos que trabajan con infancias en las ciudades de Quito y Guayaquil. Los resultados mostraron que, los profesionales tienen una alta comprensión teórica del trauma agudo, aunque la capacitación en primeros auxilios psicológicos es percibida como insuficiente. Asimismo, los profesionales afirman que la falta de protocolos claros intensifica la revictimización de los sujetos que han sufrido violencia.

Palabras clave: profesionales, infancia, violencia, primeros auxilios psicológicos, Ecuador.

Abstract

The aim of this article is to describe frontline professionals' perceptions regarding the implementation of Psychological First Aid (PFA) directed at children in contexts of violence in two Ecuadorian cities. The central hypothesis to be developed is that the recognition of PFA as an essential tool for emotional containment and for mitigating the impact of acute trauma is strained by structural and training-related barriers that undermine the effectiveness of interventions. To this end, a mixed-methods design was employed, involving surveys (n=60) and semi-structured interviews with professionals from psychological care centers, clinics, hospitals, and educational institutions working with children in Quito and Guayaquil. The findings indicate that professionals possess a strong theoretical understanding of acute trauma, although training in psychological first aid is perceived as insufficient. Furthermore, participants emphasize that the absence of clear protocols exacerbates the re-victimization of individuals who have experienced violence.

Keywords: professionals, childhood, violence, psychological first aid, Ecuador.

1. Introduction

Violence against children and adolescents is one of the most critical social problems on the global stage. Its ramifications not only violate fundamental human rights but also leave a deep mark on victims' emotional, physical, and social development (Jiménez-Díaz, 2025). Therefore, early and adequate care is a fundamental pillar for their protection, as it mitigates the harmful effects of revictimization and prevents long-term consequences, such as depression and anxiety disorders (Niño Vega, 2022; Santamaría & Tapia, 2018).

In this context, the role of frontline professionals, such as psychologists, social workers, educators, and judicial personnel, is crucial because they are the victims' first point of contact with the protection system (Beristain & Romero, 2012; Inter-Agency Standing Committee [IASC], 2011). However, it has been documented that, in contexts such as Ecuador, many teachers lack the necessary training to intervene effectively, despite recognizing the importance of first aid for their performance (Caicedo & Zumbado, 2023; Soliz, 2018).

In this regard, Caballero (2024) notes that even in university psychology training, there remains a gap in the systematic teaching of PAP, which limits the preparation of future professionals. A professional without adequate training could engage in an inappropriate practice that aggravates the crisis, minimizes the child's feelings, and causes revictimization without even realizing it (Cortés & Figueroa, 2015; Rodríguez, 2024).

Globally, violence against children is an endemic evil that has infiltrated the social fabric (Santamaría & Tapia, 2018). The World Health Organization (WHO) estimates that 41,000 children under the age of 15 die each year from homicide, a figure that, according to experts, underestimates the true magnitude of the problem (Pan American Health Organization, 2002). It is estimated that more than one billion children worldwide suffer some form

of sexual abuse each year, and a direct correlation has been identified between early trauma and vulnerability in adulthood (Malta et al., 2025; Niño, 2020). Prolonged exposure to violence, even as a witness, can disrupt the nervous and immune systems and lead to limitations in social, emotional, and cognitive development.

In Latin America, childhood trauma is a risk factor for vulnerability in adulthood. A study in Brazil found that violence varies with age, with neglect being the most common type of abuse in children under 1 year of age, and sexual violence in those aged 2 to 5 years, with family members as the main perpetrators and the home as the most common place for incidents (Malta et al., 2025). For example, the comprehensive early childhood care policy in El Salvador, called "Crecer Juntos" (Growing Together), demonstrates a preventive approach that seeks to attack violence at its roots, considering that aggression can originate in the earliest stages of development (Gutiérrez de Doradea, 2024; Valencia & Trejos, 2013). Similarly, after Hurricane Otis in Acapulco, Mexico, the application of PAP in minors showed that immediate care not only reduces distress but also facilitates early emotional recovery and prevents later complications (Quevedo & Vázquez, 2024).

In this regard, research on the effectiveness of Psychological First Aid (PFA) has revealed significant findings. The ABCDE Manual highlights that PAP is a brief and immediate aid to restore the emotional, physical, and behavioral stability of the person experiencing a crisis and can be provided by anyone, not necessarily a psychologist (Cortés & Figueroa, 2015; Fundación Proinco et al., 2020). PFA aims to reduce acute stress and promote adaptive coping in the medium- and long-term (Figueroa et al., 2024).

However, scientific evidence on their effectiveness remains limited, underscoring the need for further research to determine their

actual impact and mechanisms of action (Becerra et al., 2021). A professional without adequate training could engage in inappropriate practices that aggravate the crisis, minimize the child's feelings, and unknowingly cause revictimization (Cortés & Figueroa, 2015; Rodríguez, 2024).

Within this framework of debate, this article aims to describe the perceptions of frontline professionals regarding Psychological First Aid (PFA) for children in contexts of violence in two cities in Ecuador. From there, the following question arises: How do frontline professionals implement the guidelines for Psychological First

Aid aimed at children in contexts of violence in the cities of Quito and Guayaquil?

The hypothesis proposed is that the recognition of PFA as an essential tool for emotional support and reducing the impact of acute trauma is hampered by structural and training barriers that compromise the effectiveness of the intervention. Likewise, it is proposed that professional decision-making, which is more driven by emotion than by knowledge and rationality, negatively affects the effectiveness of psychological first aid (Cosentino et al., 2023). To develop and substantiate this argument, a mixed methodological design was used, as described in the following section.

2. Materials and methods

To address the research problem, a mixed-methods design was developed that combined quantitative and qualitative techniques. The aim was to achieve a comprehensive, complete, and holistic understanding of the perceptions that frontline professionals express about Psychological First Aid (PFA).

Sample

The study population consisted of frontline professionals from psychological care centers, clinics, hospitals, and educational centers in Ecuador who work with children in contexts of violence in the cities of Quito and Guayaquil, Ecuador. The participants, selected for their professional role and direct contact with children, represented a key source of information for understanding the dynamics of immediate care and revictimization. información clave para comprender las dinámicas de la atención inmediata y la revictimización.

The fieldwork was carried out between August and September 2025.

The sampling technique used was non-probability convenience sampling, selected due to the difficulty in accessing a complete list of the population that met the research

criteria. Therefore, a strategy was chosen that allowed participants to be selected based on their availability and accessibility in Quito and Guayaquil. The professionals were contacted through institutional and academic networks, and they were invited to participate voluntarily in the study.

Techniques and instruments

Quantitative data were produced through a survey of 60 frontline professionals. The following inclusion and exclusion criteria were established for selection. The inclusion criteria were: 1) professionals with at least one year of experience in their profession; 2) working directly with children who are victims of violence; and 3) residing and practicing their profession in Ecuador. Exclusion criteria included those who did not meet the above requirements or did not provide informed consent.

An ad hoc Likert-scale questionnaire was used to assess professionals' self-perceptions and the effectiveness of interventions in cases of revictimization. The survey was conducted through an online form using Google Forms. Participants received a link that included the previously validated Likert scale. This method

ensured uniformity in data collection and facilitated its subsequent export to a digital database for processing. The instrument assessed three categories: level of knowledge and training in PAP, quality of immediate psychological care, and application of protocols for the prevention of revictimization. Each question was rated on a scale of 1 to 4.

The first category, Level of Knowledge and Training, consisted of 8 items designed to assess professionals' experience with formal training and the use of models such as ABCDE. This section was crucial to the objective of assessing preparedness, as insufficient training is a key factor in revictimization. The instrument, therefore, sought to quantify perceptions of a lack of knowledge among the study population. The second category, Quality of Immediate Psychological Care, consisted of eight items that inquired about the prioritization of emotional support and the suitability of the care environment. These items allowed the study to assess whether environmental conditions are perceived as favorable for the emotional stabilization of the minor. The perception of a safe environment is essential to reducing the impact of a traumatic event.

Using a qualitative technique, semi-structured interviews were conducted to delve deeper into participants' experiences, capturing their narratives and perceptions in greater detail. The interviews were structured around five thematic areas: training, impact of trauma, experiences of applying PAP, institutional obstacles, and suggestions for improvement.

The two data production instruments were validated by expert judgment. Four professionals

with extensive experience in clinical psychology and in caring for child victims of violence in Ecuador were selected. Each question in the questionnaire was assessed based on four key criteria: adequacy, clarity, relevance, and consistency. Once the questionnaire was approved, its reliability, i.e., the internal consistency of the instrument, was reviewed. To do this, SPSS statistical software was used to calculate Cronbach's alpha coefficient. Values of 0.965 for the first category and 0.70 for the second indicate that both constructs have excellent and acceptable reliability, respectively, allowing the research results to be validated.

Data processing

All data were analyzed using two computer programs. SPSS software was used to analyze quantitative data. Likewise, qualitative data were processed and categorized using the ATLAS. The TI program, employing the constant comparison method, enabled us to identify regularities in the statements made by professionals. This allowed us to triangulate the data and achieve a dense description of the perceptions that frontline professionals express about Psychological First Aid (PFA).

Finally, the results were presented in a clear and organized manner. The quantitative findings were presented in tables and graphs (frequency distributions and cross-tabulations), while the qualitative results were presented through textual quotations from participants, grouped by thematic areas. The integration of both results was key to providing a comprehensive view of the issue, as presented in the next section.

3. Results

First, Category 1: Level of knowledge and training in PAP was established to assess professionals' perceptions of their training and the importance of emotional support in caring for

children who are victims of violence. The data revealed a significant gap between the assessment of emotional support and formal training in PAP. Only 13.34% of professionals reported receiving

formal training or regularly participating in workshops, while 36.66% considered emotional support a priority in initial care.

The professionals stated that emotional support is intuitively recognized as essential, but that its application lacks technical support. One psychologist commented: “They teach us to provide support, but not how to do it well. There are no clear protocols, only intuition.”

The results responded to the specific objective, showing that the perception of the importance of

emotional support is high, but it is not accompanied by systematic or institutionalized training. The category for this objective was “Quality of immediate psychological care.” The objective was to analyze how knowledge about acute trauma influences the implementation of PAPs and the early resilience of the child population served. Most participants reported understanding the impact of acute trauma (45%) and being able to identify post-traumatic symptoms (46.67%). However, only 15% reported familiarity with the ABCDE model, suggesting a disconnect between theoretical understanding and practical application.

Table 1. Perception of training in PAP and emotional support (N = 60)

Source: Prepared internally based on surveys of frontline professionals in Quito and Guayaquil, (2025).

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have received formal training in PAP	1,67 %	16,67 %	18,33 %	11,67 %	1,67 %
I regularly participate in workshops or courses on PAP	1,67 %	15,00 %	20,00 %	11,67 %	1,67 %
Emotional support is prioritized in initial care	1,67 %	6,67 %	5,00 %	28,33 %	8,33 %

Table 2. Knowledge about acute trauma and resilience (N = 60)

Source: Prepared internally based on surveys of frontline professionals in Quito and Guayaquil, (2025).

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am familiar with the ABCDE model for the application of PAP	1,67%	13,33%	20,00%	13,33%	1,67%
I understand how acute trauma affects child development	1,67%	0,00%	3,33%	26,67%	18,33%
I identify post-traumatic symptoms in the children I treat	1,67%	1,67%	0,00%	25,00%	21,67%
I recognize risk and protective factors that influence resilience	1,67%	1,67%	1,67%	28,33%	16,67%

Respondents acknowledge that knowledge about trauma allows for more empathetic intervention, but that lack of technical training limits its effectiveness. One participant noted: “We know that trauma leaves scars, but we do not always know how to act without causing harm.”

The results met the objective, showing that knowledge about trauma is present but does not

translate into adequate technical application, which would affect children’s resilience. Category 3: Application of protocols to prevent revictimization. The objective for this category was to identify the relationship between revictimization and the effectiveness of PAPs in order to propose improvements in care processes. 45% of professionals consider PAPs effective, but only 30% report applying systematic protocols.

Table 3. Perception of revictimization and application of PAPs (N = 60)
Source: Prepared by the author based on surveys of frontline professionals in Quito and Guayaquil, (2025).

Statement	Strongly disagree	EDisagree	Neither agree nor disagree	Agree	Strongly agree
I consider PAPs to be an effective tool in initial care	1,67%	1,67%	1,67%	23,33 %	21,67%
I use PAP protocols in my professional practice	1,67%	13,33%	5,00%	23,33 %	6,67%
Children must repeat their testimony in multiple instances	3,33%	30,00%	5,00%	8,33 %	3,33%
Clear protocols are applied to ensure non-revictimizing treatment.	1,67%	8,33%	3,33%	25,00 %	11,67%
Psychological care respects dignity and integrity	1,67%	0,00%	1,67%	23,33 %	23,33%
The process guarantees the emotional and psychological protection of the minor	1,67%	1,67%	1,67%	21,67%	23,33%

In addition, 33.33% disagree that children should repeat their testimony, revealing institutional tensions that favor revictimization.

Professionals expressed frustration at the lack of institutional protocols to prevent revictimization. M. Hidalgo (personal communication, August 19, 2025) stated: “The system forces us to repeat interviews. That is revictimization, even if they do not say so.” The results met the objective, showing that PAPs are valued as effective, but their impact is limited by the absence of institutional protocols that guarantee non-revictimizing treatment.

The integration of quantitative and qualitative findings not only validates the data’s internal consistency but also enables a deeper, more contextualized understanding of the realities faced by frontline professionals. The quantitative results showed a high valuation of emotional support as an essential component of initial care; however, this perception contrasts with the limited formal training in Psychological First Aid (PFA) reported by most participants. This training

gap is explained and amplified by the qualitative findings, which show that professionals describe their preparation as “self-taught or insufficient,” confirming the absence of systematic institutional training processes. Likewise, the quantitative finding that 30% of respondents disagree that children should repeat their testimony in multiple instances is complemented by the narratives collected in the interviews. These reveal a positive perception of the usefulness of PAPs in reducing immediate distress, but also a deep frustration with bureaucratic processes and the lack of clear protocols that, in practice, perpetuate revictimization.

In summary, the data as a whole confirm that professionals have the willingness and theoretical knowledge necessary to provide emotionally safe care. However, they face structural barriers and training deficiencies that limit the practical application of PAPs. These findings underscore the urgency of strengthening both technical training and institutional frameworks in order to ensure comprehensive and non-revictimizing care for child victims of violence.

4. Discussion

The results of this research reveal a structural tension between the ethical disposition of frontline professionals and the training and institutional conditions that limit the practical application of Psychological First Aid (PFA) in contexts of child violence. This tension is evident in the three analytical axes of the study: professional training, understanding acute trauma, and preventing revictimization

First, a critical gap was identified between the intention to provide emotional support and the technical preparation to do so. Although most participants highly valued support as an essential component of initial care, quantitative data revealed that less than 15% had received formal training in PFA or regularly participated in workshops. This gap was confirmed by interviews, in which professionals described their training as “self-taught,” “intuitive,” or “insufficient.” This finding aligns with that of Cosentino et al. (2023), who warn that emotion-based decision-making without technical support can compromise the intervention’s effectiveness and increase the risk of revictimization. In this sense, the “goodwill” of the professional is insufficient without clear protocols, systematic training, and specialized supervision.

Secondly, the study showed that professionals have a solid theoretical knowledge of acute trauma and its effects on child development. More than 45% of respondents said they understood how trauma affects children and were able to identify post-traumatic symptoms. This knowledge was supported by qualitative narratives, which accurately described the emotional, physical, and behavioral manifestations of trauma. This finding is relevant, as clinical recognition of trauma is the first step toward appropriate intervention and fostering resilience in children (Santamaría & Tapia, 2018). However, the low level of familiarity with structured models such

as ABCDE, reported by only 15% of participants, suggests that this knowledge does not necessarily translate into effective technical practice. As Niño Vega (2022) points out, structural violence in school and community contexts increases the vulnerability of children, reinforcing the need for evidence-based preventive interventions.

Finally, the discussion on the effectiveness of PAPs and the prevention of revictimization reveals a systemic problem. Although professionals perceive PAPs as an effective tool for immediate emotional support, the results show that only a minority systematically apply protocols. In addition, 33% of respondents disagree that children should repeat their testimony in multiple instances, highlighting a disconnect between clinical practice and institutional procedures. Qualitative interviews deepen this tension, showing that professionals feel frustrated when their efforts are undermined by bureaucratic processes that perpetuate revictimization. This finding coincides with that reported by Barrio et al. (2023), who identified that even in health and education-related careers, knowledge of psychological first aid is limited, reflecting a widespread problem in the region.

Taken together, the results suggest that the effectiveness of PAPs does not depend solely on the professional’s individual knowledge, but on institutional conditions that enable their consistent and sustained application. The absence of inter-institutional protocols, the fragmentation of care systems, and the lack of continuing education constitute structural barriers that must be addressed through public policy. In the Ecuadorian context, this implies strengthening professional training programs, designing integrated care pathways, and ensuring that protection processes respect the dignity and emotional well-being of children who are victims of violence.

5. Conclusions

This research provided a comprehensive exploration of the perceptions of frontline professionals in Ecuador regarding the application of Psychological First Aid (PFA) in the care of child victims of violence. Through a mixed-method approach, it was found that PFA is recognized as an essential tool for immediate emotional support and that professionals have a solid theoretical understanding of the impact of acute trauma on child development. However, this ethical and cognitive disposition is constrained by structural and training barriers that compromise the intervention's effectiveness.

The findings revealed a critical gap between the intention to provide emotionally safe care and the technical preparation to do so. Most participants reported not having received formal training or regularly participating in continuing education on PAP. This lack of training, coupled with the absence of standardized protocols and institutional fragmentation, creates conditions that favor systemic revictimization. The fact that children must repeat their testimony in multiple instances, as evidenced in both quantitative data and interviews, constitutes a direct violation of their rights and a failure of the protection system.

Likewise, it was found that knowledge about acute trauma, although present, does not necessarily translate into effective technical practice. Low familiarity with structured models such as ABCDE limits professionals' ability to intervene in a protocolized manner, especially in highly emotional and urgent contexts. This disconnect between knowledge and practice underscores the need to strengthen professional training processes, not only in technical content but also in practical skills, ethical criteria, and inter-institutional coordination.

In this sense, the effectiveness of PAPs cannot depend solely on the professional's individual will. It requires a robust, coordinated care system backed by public policies that guarantee the emotional and psychological protection of children. The research underscores the urgency of designing integrated care pathways, establishing clear protocols between the health, education, and justice sectors, and promoting an institutional culture that prioritizes children's dignity, well-being, and resilience.

6. Recommendations

This study provides relevant empirical evidence for the design of continuing education programs, the review of institutional practices, and the formulation of public policies to prevent revictimization. In the Ecuadorian context, where training and structural gaps persist, the results of this research constitute a call to action: it is necessary to transform goodwill into technical capacity and ethical awareness into practical, humanized, and protective care systems.

Likewise, given the limited sample size ($n=60$) and the non-probabilistic sampling for convenience, we are aware that the results may be biased, preventing generalization and inferential analysis. We therefore reaffirm that the results presented in this article are descriptive and exploratory in nature and may serve as a basis for future research that expands the sample and deepens the analysis.

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