

C.I.S.M.A.I.

Italian Coordination of Public and Private Services Against Child Abuse

PRESIDENCY, SECRETARIAL OFFICE AND ADMINISTRATION

At Associazione Artemisia

Via del Mezzetta 1 interno

50135 Firenze

cismai@infinito.it

www.cismai.org

Document on the minimum requirements for intervention in cases of witnessed violence against mothers

This document is intended to set out the main critical elements requiring attention in the planning of interventions to help children who are the victims of witnessed violence against mothers.

The document begins with the definition of witnessed violence adopted by the CISMAI, indicating the minimum requirements for intervention relating to the stages of identification, protection, evaluation and treatment as they have been described in the CISMAI document 'Minimum requirements for services involved in ill treatment and abuse'.

It was unanimously approved by the Assembly of Members on 15 October 2005.

Definition of intra-family witnessed violence

Witnessed intra-family violence is defined as exposure of the child to any form of abuse through acts of physical, verbal, psychological, sexual and financial violence against figures of reference or other affectively significant figures, adults or minors. The child may direct experience of this directly (when it occurs in his/her perceptive field), indirectly (when the minor is aware of the violence) and/or by perceiving its effects. Witnessing the violence of minors against other minors and/or other members of the family, and the abandoning and mistreatment of pets are also included.

It is a form of abuse whose identification requires prior recognition of direct intra-family violence.

Witnessing violence against mothers

Violence against mothers is a widespread phenomenon and one that is still largely underestimated, and is behind many cases of witnessed violence suffered by minors.

It can threaten the psycho-physical health and life itself, both of mothers and children, starting from the first stages of pregnancy.

An abused mother is a traumatised mother. In addition to various kinds of physical damage, violence can cause a large number of symptoms similar to post-traumatic stress, especially if continued over a long period (chronic traumatisation). These strongly influence the relationship with the children and the ability to take care of them and attend to their needs.

Long-term abuse leads the victim to isolation, lack of resources at all levels and produces a condition of helplessness that also affects all aspects of parenting.

Children in families where abuse of the mother takes place find themselves directly or indirectly witnessing and/or perceiving the effects of:

physical violence

psychological violence

verbal violence

financial violence

violence concerning the area of sexuality.

Witnessing violence is a form of abuse that can have short, medium and long-term effects and can be one of the risk factors in the inter-generational transmission of violence.

It increases the risk of violence against children and may be the cause of physical harm to minors present during episodes of aggression toward the mother.

Early and appropriate interventions of detection, protection, evaluation and treatment are therefore necessary.

Intervention

Cases of witnessed violence require workers to make interventions for prevention and control. These are divided into four operational stages/functions that are logically interrelated and linked in time: detection, protection, evaluation and treatment

Detection

Detection consists of identifying the signs of distress in minors and the risks for their growth related to the prejudicial behaviour of the adults. It involves distinguishing the risk from the damage suffered by them and, in the initial identification, the capacity for protection immediately available in the family (Minimum requirements of services to counter the mistreatment and abuse of children, CISMAI).

This stage involves workers providing services both for minors and adults, from the social, health, education and legal sectors, given that it requires multi-disciplinary and multi-contextual attention.

Workers can be presented with cases of witnessed violence in spontaneous or forced form, manifested directly or concealed, and with different characteristics regarding urgency and severity.

It is fundamental to distinguish conflictual situations (without ignoring the harm these may cause children) from situations involving the abuse of one partner by the other, and to avoid identifying situations where acts and/or behaviours of abuse of the mother occur, which may be serious and repeated, as conflict or argument between partners.

Failure to describe the facts has negative effects on physical and mental protection and on treatment, and results in the events being incorrectly interpreted or minimised and in the impact that violent acts and behaviours have not only on those who directly suffer their consequences, but also on those who observe them, being underestimated.

In cases of witnessed violence against mothers, the detection stage must comprise a rapid evaluation of the level of risk and the physical and/or mental danger/lethality to the children who observe it, in order to activate appropriate protective and remedial interventions.

It is necessary to consider the level of danger of the situation right from the start in order to avoid taking actions that could increase the risk with regard to physical and psychic safety and the threat to life.

Evaluation of the risk and danger/lethality related to situations of violence depends on effective detection of the set of indicators that can typify the various cases:

1. Indicators relating to the type, characteristics and dynamics of acts of physical, verbal, psychological, financial and sexual violence, and to the time of their onset.
2. Behavioural, psychological, social indicators and those relating to the state of psycho-physical health of the mother, the mistreater and the minors who witness the violence.
3. Indicators relative to the presence of risk factors in the family and social context.
4. Indicators relative to individual, family and social protection factors and the resources that can be activated and expanded to protect the minors and to support the process to remedy the harm caused by the violence to the child and to family relations.

Protection

Protecting minors who are victims of witnessed violence and ensuring their right to physical and psychological health means in the first place stopping the violence against the parent who suffers it.

As pointed out in other CISMAI documents, protection is a fundamental prerequisite for further evaluation and for planning and implementing remedial interventions.

Stopping the violence witnessed by the child must be carried out by making protective and surveillance interventions appropriate to the seriousness of the situation, in terms of speed, effectiveness and duration. Such interventions will be made by activating the relevant services and institutions, and through recourse to the legal authorities, according to what is provided for by law.

The times and methods of protective interventions, including legal processes, must respect the needs of the minors with regard to their psycho-physical well-being and their greater interests.

Evaluation

This is intended to evaluate the overall picture of the traumatic situation in its individual and relational aspects and the processes of interaction between factors of risk and protection. In particular, the degree to which the adults involved assume responsibility and the protective resources available in the medium-long term in the context of reference adults for the minor (Minimum requirements of services dealing with mistreatment and abuse of children, CISMAI).

In cases of witnessed violence, a medical and psychological evaluation of the state of the children must be made and any other types of abuse they may suffer also identified.

In the evaluation it is essential to take into account the defence mechanisms present in all members of the family: negation, minimisation, normalisation, rationalisation, self-blame, in order to recognise the objective level of risk (of which those involved are not always aware and able to refer) and damage.

It is also necessary to make a medical and psychological evaluation of the state of the abused mothers.

An evaluation of the parenting capacity of the mothers themselves must also be made. In evaluating parenting ability in order to make a correct diagnosis, prognosis and treatment, the harm caused by protracted mistreatment must be considered, both in medical and psychological terms, discriminating any base problems or those relating to personality from post-traumatic symptomatology.

It is also necessary to implement similar evaluation programmes (including the evaluation of parenting ability) of the mistreaters.

Treatment

This comes within the protection and evaluation framework described above, of which it is not so much the premise but the first indispensable step, partly to verify the possible developments and the resources that can be employed.

Witnessing the violence of one parent against the other not only creates confusion in the child's inner world of what affection, intimacy and violence actually are, but also threatens the heart of primary relations.

Children subject to witnessed violence need remedial interventions both at an individual level and, where possible, at a level of family relations.

The treatment must be specific to the characteristics and effects deriving from this type of trauma.

Difficulties of intervention and need for training

Starting from the real fact of the imbalance between the resources required and those actually available, many other factors that have a bearing on the scarcity and possible inappropriateness of interventions can be improved through awareness programmes and specific training courses.

Programmes to raise awareness among the general public are therefore necessary, along with training programmes for medical, paramedical, psychological, social, education and legal workers regarding the problems of domestic and witnessed violence so that specific, suitable tools of intervention are made available.

Awareness programmes to counter:

- underestimation of the frequency of violent acts against women and minors within the family;
- underestimation of the danger of situations in terms of physical safety or danger to life, and the possible escalation of the seriousness of the violent acts;
- underestimation of the detriment to maternal parenting ability deriving from long-term abuse;
- limited awareness of the phenomenon, of the indicators of intra-family abuse, the indicators of lethality and the correct detection methods;
- mechanisms of negation, minimisation, rationalisation, stigmatisation at a socio-cultural level towards intra-family violence.

Specific training programmes on:

- recognition of witnessed violence as a form of child abuse and the harm it causes children;
- domestic violence as a risk factor in physical violence, sexual abuse and neglect of children;
- the interventions to be made for detection, protection, evaluation and treatment;
- perception of the damage that can derive from incorrect and uncoordinated interventions, also in terms of timing.