



Acquiring knowledge and  
raising the quality of services  
targeted to minors victims of violence



## WP 2 CONTEXT ANALYSIS

**JLS/2008/DAP3/AG/1262 - 30-CE-0312040/00-47 - Project "Acquiring knowledge and raising the quality of services targeted to minors victims of violence"**

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## ***INTRODUCTION***

“The Member States shall adopt every legislative, administrative, social and educational measure to protect minors<sup>1</sup> against all forms of violence, offence or mental and physical brutality, abandonment and neglect, child abuse or maltreatment and exploitation, including sexual abuse, for the entire time in which they are entrusted to one or the other parent, or to both parents, to their legal guardian(s), or any other person to whom they are entrusted. The above protection measures shall include, if necessary, effective methods for setting up social action programmes aimed at providing minors, and those to whom they are entrusted, the support they need, and also other forms of prevention in order to identify, report, arbitrate, investigate, handle and follow up the above cases of child abuse; the measures shall also include, if necessary, procedures for judicial intervention”.<sup>2</sup>

The project “*Acquiring knowledge and raising the quality of services targeted to minors victims of violence – ACKNOW MV*” synthesizes what is stated in Art. 19 of the UN Convention of 1989; it deals with the topic of violence towards minors, on the whole, and the methods for preventing and fighting this phenomenon in the different partner countries. In doing so, it starts from a description of the phenomenon – as it emerges from the scientific publications on this subject – and it tries to illustrate, through statistical data, how the situation appears in the different partner countries, and the implications the phenomenon has in the various realities.

## ***A FEW DEFINITIONS***

For the World Health Organization, as defined in the First World Report on Violence and Health of 2002, “...violence *is a primary public health problem throughout the world* and it is necessary to make suitable investments in every country to prevent it and to deal with its consequences...”<sup>3</sup>

The main messages that come from this Report, which touched off a global campaign for the prevention of violence, also confirms that:

- in addition to causing death and disability, violence contributes to causing a number of other health problems (alcohol, drugs, smoking, eating and sleeping disorders, HIV and sexually transmitted diseases);
- violence can be prevented, it is not an untreatable social problem or an inevitable part of the human condition;
- violence is the result of the interaction among individual, family, community and structural factors;
- a scientific approach to public health based on prevention can help to reduce violence.

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1 The term “fanciullo” used in the Italian translation is outdated. Therefore, in the Italian, Spanish, French, and other versions of this report, the terms used will be minor, child, adolescent, according to the context, while, in English, the term “minor” will be used. In all cases, the terms refer to people between the ages of 0 and 18 years that are under the authority of a parent or guardian.

2 Convention on the rights of children approved by the United Nations Assembly on November 20, 1989.

3 Report presented in Brussels by the World Health Organization (WHO) on 3 October 2002.

As early as 1999, the broad definition formulated by the WHO stated that “by *child abuse or maltreatment*, is meant all forms of emotional and physical ill-treatment, sexual abuse, neglect or neglectful treatment, commercial or other types of exploitation that entail potential or real harm for the minor’s health, survival, development and dignity, within a relationship of responsibility, trust or authority”.

With the awareness that violence is a *composite and many-sided phenomenon*, whose diverse manifestations never appear in separate or divisible forms, it is possible to indicate<sup>4</sup> the main forms under which violence presents itself:

- *neglect*, that is, serious and/or persistent failure to give care (= that which is not done) to a child, or failure in some important areas of education, or things that are done in an inadequate manner (negligence); whatever naturally causes serious damage to the minor’s health and development and/or retards growth even in the absence of organic causes;
- *maltreatment*: intentional actions on the part of persons, institutions and society itself that deprive minors of their rights and well being, threaten and/interfere with their physical and mental welfare and/or social development. In particular, by *physical maltreatment* is meant the existence of physical damage caused by assaults, maltreatment, physical punishments or serious attacks on the minor’s physical integrity and life. By *psychological maltreatment*, is meant an emotional relationship characterized by continuously repeated psychological pressure, emotional blackmail, indifference, refusal, disparagement and belittlement that damage or prevent the development of fundamental emotional–cognitive capabilities such as intelligence, attention, perception and memory;
- *sexual abuse*, i.e. the involvement of minors in sexual acts, with or without physical contact, for which they cannot freely provide their consent because of their age and of the abuser’s physical superiority, and also the sexual exploitation of minors or adolescents, child prostitution and child pornography.

In 2001, an American author, Felitti, appropriately introduced to the complex debate on the maltreatment and abuse of minors, the idea of *Bad childhood experiences* (*Esperienze sfavorevoli infantili* – *ESI* – to indicate all those situations experienced in childhood that can be defined as more or less chronic negative experiences (“setbacks”) compared to the ideal course of personal and relational development. They include all forms of child abuse experienced *directly* (sexual abuse, psychological and physical abuse, neglect), as well as conditions suffered *indirectly* which make the family environment unpredictable and dangerous (e.g. parental alcoholism or drug addiction, psychiatric illnesses and, above all, assisted violence, i.e. the involvement of a minor in violent acts perpetrated against role figures for whom the minor has an important emotional attachment.

Abuse and emotional neglect take place to an extent that is seriously dangerous for the minor, even if those caring for him (almost always parents) are not aware of the dangerousness of their behaviour.

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4 Marinella Malacrea, Firenze, 2006

Understandably enough, emotional abuse is almost a constant in cases of child maltreatment and physical neglect: some authors<sup>5</sup> have estimated that it exists in the other forms of abuse in 90% of cases.

The most preoccupying datum regards the fact that the very existence of this element with the other forms is a prediction of the subsequent harm to development that the abused minor will manifest, to a far greater extent than the seriousness of the abuse suffered.

Finally, attention should be given to the *emergence of new forms of violence*, such as enslavement, prostitution, involvement of minors in pornography and social exclusion deriving from illegal immigration.

Since 2007<sup>6</sup>, for example, in France, in order to intervene as appropriately and as extensively as possible, the discussion revolves around “*minors at risk*”, considering both abused minors and those only considered to be at risk (i.e. those minors who live in conditions that “risk” endangering their health, safety, morality and education, but who have not yet suffered damage).

In addition to connoting the various types of “violence”, it is important to describe what is meant by *traumatic experience* in order to make it easier to identify the most appropriate method of intervening: some interesting explanations on this subject have been provided by L. Terr<sup>7</sup> who defines *trauma* as “... the mental effect of a “shock” or a series of sudden “shocks” that temporarily destabilize a minor, and that cause the normal strategies used to cope with external events and defence mechanisms to fail .....

This concept not only includes those conditions marked by an intense reaction of surprise, but also those characterized by a previously predicted events.

All childhood traumas, which come naturally from the outside and which cannot originate only in the child's thoughts, cause a series of changes in the way the minor's psychology functions.

It is possible to state that, whereas in *acute traumas*, the subject behaves towards the traumatic experience as if it were a foreign body to be expelled as one would through the equivalent of a thriving inflammatory reaction. This does not occur with *chronic traumas or stress*. The difference is all the more evident the more precocious is the negative experience: in fact, although many situations of abuse and neglect surely produce seriously negative emotional states, minors do not perceive them the same way they would perceive typical traumatic experiences.

However, the absence of acute shock offers no protection, on the contrary, it paves the way to creating a pervasive effect on the processes that regulate the biological and psychological functions in the child, and causes more complex, and even more harmful, reactions than the post-traumatic stress syndrome.

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5 Claussen, Crittenden, 1991

6 Art. 375 of the French Civil Code reformed by the Law of 5 March 2007.

7 L. Terr, 1991

## ***THE DIFFERENT STAGES OF INTERVENTION FOR FIGHTING THE PHENOMENON OF VIOLENCE ON MINORS***

After having identified the forms and the different characteristics assumed by acts of violence and abuse of minors, we think it is useful to identify the conditions of a technical–professional nature that are essential for ensuring effective intervention in preventing and remedying these situations.

Therefore, it is possible to provide a very brief description of the particular phases of intervention to fight the phenomenon of child abuse/maltreatment<sup>8</sup> as the basis for the investigative work defined by the project, “*Acquiring knowledge and raising the quality of services targeted to minors victims of violence – ACKNOW MV*”:

- a) DETECTION: *consists in identifying the signs of malaise in minors and the risks for their growth, associated with the harmful behaviour of adults, distinguishing the risk from the damage suffered. At the same time, a first attempt is made to determine the capabilities for protection that are immediately available within the family.*

This is the moment in which the operator notices the existence of damage associated with the parents' behaviour, first distinguishing the risk from the actual maltreatment or abuse, through consultation with other operators not specifically involved in the problem, who indicate which situations are of risk and which show evident damage.

- b) PROTECTION: *this is the phase of intervention aimed at stopping abusive behaviour, which is decided according to the seriousness of the behaviour: different types of abuse require different types of protection. In the most serious cases, when the persons naturally in charge of protecting and caring for the minor do not perform these functions, legal action can be taken to protect the minors.*

During this phase, all those actions will be undertaken, resorting also to the Judicial Authority, that prevent the acts of violence from being repeated: through monitoring if the minor remains within the family, estrangement of the harmful adult, placing the minor in an environment outside of family, etc.

- c) EVALUATION: *consists of evaluating the overall context of the traumatic situation its individual and relational aspects, over the medium–long term, the degree to which the adults involved assume responsibility for the situation and the resources for protecting minors available among the adult parental figures. It also provides the possibility of starting therapy.*

Within this framework, the monitoring and protection of the minor is defined and followed

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<sup>8</sup> Article of CISMAI – Coordinamento italiano dei servizi contro il maltrattamento e l'abuso all'infanzia, 2006 – Guidelines for the reorganization and orientation of services for the protection of minors victims of violence – Region of Lombardy , 2004

up, with the legitimization of the Judicial Authority, so that it is possible to perform the work in the most suitable conditions possible: it is possible to perform an in-depth evaluation of the consequences of the trauma through a medical and socio-psychological investigation; to accompany the minor throughout the judicial process; to understand the functioning of the family dynamics at the basis of the abusive parent's behaviour and to assess the possibility of recovering the adults' capacity to parent; to inform the Judicial Authority of the results of the work carried out and to express an opinion on the possibility of recovery, etc.

- d) TREATMENT: *if the result of the previous phase is positive, the treatment will aim to restore conditions of well-being for the minor within the family (parents), or at least with one parent, provided they/he/she are capable of behaving in a sufficiently responsible manner toward the minor. If the result of the previous phase is negative, the treatment will be aimed at replacing the parental figures and at helping the minor work through the loss of his/her parent(s): therefore, the activity aims to help the minor separate himself/herself from parents by working to reduce the traumatic impact of this as far as possible.*

In this last phase, the minor receives help to work through the trauma suffered and an attempt is made to recover sufficient parental capacity, where possible, with the restoration of parental authority by: providing the family social and educational support, bringing the minor back to his home if estrangement was "forced", thus giving full autonomy back to the family.

If it is impossible to confirm parental capacity, the minor will be given substitute parental figures, for example, by being placed in a foster home, or by being put up for adoption.

Hope of successful intervention in cases of maltreatment and abuse of minors lies in the importance of a therapeutic pact based on the interpretation of a professional who shows himself to be friendly, confident and non judging.<sup>9</sup>

Many studies<sup>10</sup> have shown that the child, person, requires and believes that having the perception of being accepted, understood and listened to by the operator, is the most useful and inductive way to help them.

It is a matter of assessing the possibility of using the investigative model, which makes it possible to acquire data and, simultaneously, the model of mutuality, which allows children, persons to be treated as "experts" on their difficulties and makes it possible to increase the exchange of information, thus helping them to bring their inner resources and potentials (empowerment) to bear.

Therefore, it is recommended that:

- operators work *with* the family, even when the situation requires urgent interventions to protect minors ("the families have the problems, but they also have the solutions"). The family must be given full responsibility in consideration of the important role it plays in the community as "social operator". The involvement of families in self / mutual help groups

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<sup>9</sup> Anderson, H. and Gollishian, H. (1992): The client is the expert: a not learning approach to therapy", in Therapy as social construction. London, Sage.

<sup>10</sup> David Howe (1993) "On being a client: understanding the process of counseling and psychotherapy". London, Sage.

and/or associations, within the field of the interventions, is fundamental. It must be possible to involve the family actively in the “therapeutic project”.

- the transparency of the operators be always at the basis of communication;
- a “friendly” image of the service and of operators be put forward;
- the cases reported to the judicial system, or other such Bodies, be backed by a first professional evaluation documenting that a situation detrimental to the minor’s physical and/or psychological well-being actually exists;
- all the professional figures appointed to intervene in situations of abuse and maltreatment be qualified and have specific competence, as well as be willing to work as part of a network;
- the application of professional procedures be ensured (diagnostics, social work, networking, etc.), based on reliable tools that have been validated by the scientific community.

The need to make important decisions so delicate that they can influence the future of children and their families forever, necessarily requires that the quality of the interventions be guaranteed through application of the most rigorous methods.

In conclusion we can quote a phrase of Maria Cristina Koch<sup>11</sup> that summarizes what has been said: “I believe that the best way to defend children is to defend and look after their parents, by restoring dignity to their parents as adults and, in this way, give parents back to their children whole”.

### ***SOME DATA THAT MAKE IT POSSIBLE TO PLACE THE PHENOMENON OF VIOLENCE AND MALTREATMENT WITHIN THE CONTEXT OF THE DIFFERENT PARTNER COUNTRIES***

The data, or some facts that can be shown through the data, are referred to the information supplied by each partner country in describing the specific national and/or regional reference context of each. For detailed information regarding each partner country, reference can be made to the individual reports on each country. Below you will find comparisons and specific information of interest on this topic.

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<sup>11</sup> Director of the three-year accredited School S.I.Co. – Italian Society of Counseling

***Percentage of the juvenile population (0 – 18 years of age) out of the total population***

<b>Partner Countries</b>	<b>Population</b>	<b>Juvenile Population</b>	<b>Percentage (%) of Juvenile Population out of total Population</b>
Bulgaria	7,528,103	1,442,628	19
France	64,700,000	16,175,000	25
Italy	60,045,068	10,804,889	18
Romania	21,423,400	4,284,680	20
Spain	46,017,580	8,179,954	18
Europe	501,259,800	77,624,500 *	16 *

\* Minors from 0 to 14 years of age

As can be seen from the table, the percentage of minors out of the total population of each country is similar in the different countries taking part in the project. However, if we consider the forecasts for 2015 –2020, we note that some of the qualitative differences already present in the data concerning the total population, as well as the juvenile population, have grown, and these could greatly affect policies regarding minors, for example:

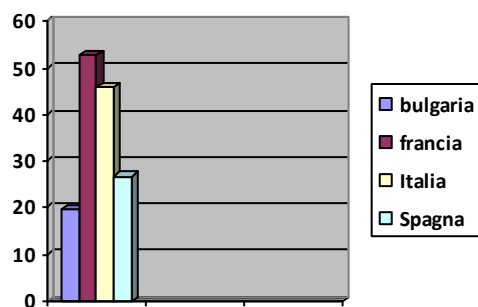
- in countries such as Bulgaria and Romania, there is a further reduction of the total population for both genders, mostly within the age groups from 0–14 years and from 15 – 35;
- the total population of other countries has increased, but while in France, the juvenile population has increased proportionally with respect to the rest of the population, in Italy and Spain, the juvenile population, especially within the age group of 0–2 years, has decreased or remained unvaried (see detailed regional table).

***Characteristics of families with minors***

The data analyzed below pertain to families with minors. The term “family” refers to “a group of persons bound by marriage ties, blood ties, ties of affinity, adoption, guardianship, cohabitation, and it also includes persons who live alone”



### Percentage of families with minors out of the total number of families



The above data indicate that  $\frac{1}{4}$  of the Bulgarian population is composed of families with minors;  $\frac{1}{3}$  of the population of Italy and Spain is made up of families with minors; while families with minors make up more than half of the French population.

With regard to the *number of minors present* in each family, the highest percentage is represented by families with only one child, to which families with two children are added, thus making up almost the total number of families (as many as 10% of families in France alone have three or more children). With regard to the *type of families*, the figures indicate that in Italy 8% of families are single-parent families, in France 38%, while in Bulgaria and Romania, over 80% of single-parent families are made up of mothers and their children.

The socio-demographic characteristics of the family's *person of reference* are important elements for better defining the family environment to which minors belong. In fact, according to the findings that have emerged from scientific studies, the level of education of the family's person of reference, as well as their professional status and position, are an indication of the sociocultural and economic environment to which the minor belongs.

For example, if we consider *educational qualifications*, we will notice that the highest qualifications in Spain pertain to primary and secondary education (around 50%), in Italy, the highest qualifications are represented by higher education (including vocational training) (equal to 41%), and in France, by the various degrees of university studies (around 31%).

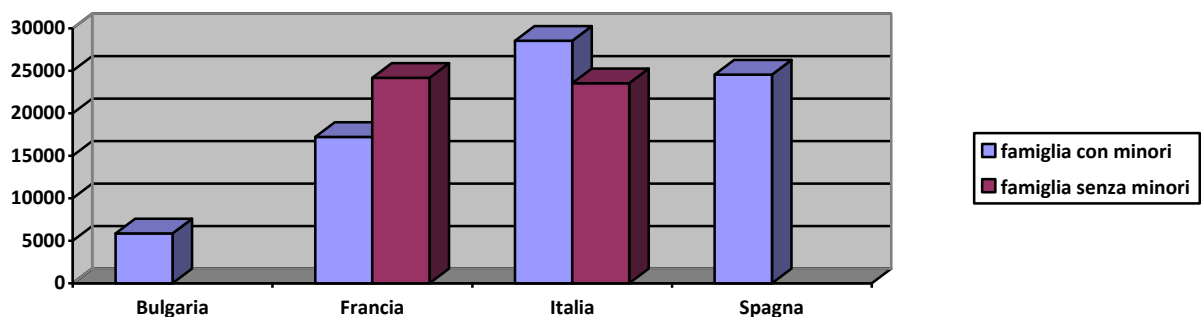
In all the countries considered (France, Italy, Romania and Spain), the *occupational status* instead indicates a majority of employed persons (from 71% in Romania to 96.7% in France), while as regards their *professional status*, most of these are made up of employees and workers, in any case, persons with middle positions.

In Italy, families with minors have higher *incomes* on average than families without minors. However, a higher income does not necessarily mean higher economic potential: in fact, we should note that families with minors are often more numerous than other families, and therefore, income must provide for a larger number of persons.

When the person of reference is a woman, the average income is lower (in France, as many as 16.2% of families is composed of women who raise their children alone). In Romania, as many as 84.9% of single-parent families are headed by women with children, 53.3% are headed by adults who are not active on the labor market: they are either unemployed or doing farming (where the income are not

regular, so these people are often not considered “employed”), housekeeping, retired or have other status" and 19% survive thanks to an income support.

### Average income of families with minors / families without minors



In Spain, 19.7% of the population live below the poverty threshold; in France, around 15% of children live in families whose standard of living is below this threshold (single-parent families with unemployed adults, etc.); in Romania, 32.3% of children are exposed to extreme poverty and live in families that reside in rural areas, where the person of reference often does not have a definite professional status.

### ***Data regarding minors (protection, abuse, criminal convictions, etc.)***

It is very difficult to compare data regarding minors because the data gathered depend on the different protection and juridical systems found in the partner countries.

For this reason, it is best to refer to the individual reports containing some elements, which provide an interpretation of the phenomenon, even if a synthetic one, based on the country.

### ***Conclusion***

As can be noted from this synthesis and from the analytical reports, the living conditions of minors in the partner countries are rather mixed because of the differences in composition of the families in which the children live, because of the training and professional status of the family's person of reference and because of income. But the conditions tend to be similar as regards the poverty indicators and the increased difficulty in consumption spending, especially for the purchase of necessary products (food, school articles, clothing), and as regards a reduction in available income.

It is within this type of socioeconomic condition that the phenomenon of violence and maltreatment originates. This is why it is necessary to implement fully specific and well organized procedures in every country to fight this phenomenon, which makes all societies “fragile” and damages the very future of these societies.