

A SYSTEMS APPROACH TO FAMILY VIOLENCE: CHILD ABUSE

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I. General Introduction

Unfortunately, violence in human interaction is observable in all types of relational, institutional, and family relations virtually all over the world, although it is probably more difficult to recognize in democratic countries due to the contradictions that exist between ideology and reality. As regards family violence in particular, the family for centuries has been considered outside of the law, and many aspects of this tradition still exist. For a long time we have believed that within the confines of the family unit, members could escape general and egalitarian law. During the last century, however, the barriers between family and social space gradually came down, and problems of family violence have become a major challenge for today's society. Many types of intervention have been sought to remedy, minimize or prevent these problems. These efforts are even more important when we talk about violence towards children, which is the topic I want to address today, not only because it is the area in which I have had the most professional experience, but also because it is one of the most delicate and painful aspects of family violence.

Children who are brought up in cultural and family contexts that do not address their needs humiliate them through abusive behavior or teach them to exploit others. Without early and continued help, these children are doomed to suffer from compromised socio-affective, cognitive and somatic development. They will become sick, rebel or develop severe dependencies on those around them. Furthermore (and this is particularly serious as we will see later) they, in turn, will reproduce the violent behaviors they have seen as they grow to adulthood.

Child abuse tends to transmit violence from one generation to the next, contributing greatly to human suffering. I decided to talk about child abuse because it is one of the roots of juvenile violence, the topic of these meetings. I believe that if we want to talk about juvenile violence, we must almost always go back to the violence that these adolescents experienced in their childhood. If we want to prevent juvenile or adult violence, we must try to treat and prevent child abuse.

Fortunately, protection of children was proclaimed one of the most important standards in the Western world many times during the 20th century (in 1959 the General Assembly of the United Nations issued the "Declaration of the Rights of the Child;" in 1986, the European Parliament passed a resolution on the protection of children against all types of abuse; and in 1990 the Council of Europe underlined the need to take measures to prevent child abuse).

In Italy, several initiatives have been developed over the last twenty years. Since 1980, several public and private centers specializing in the prevention and treatment of

child abuse have been founded. In 1993, after the passage of a law on sexual violence, efforts were made to coordinate these centers and services through the Italian Center for the Coordination of Services for the Mistreatment and Abuse of Children (CISMAI in Italian). One of its tasks was to develop “guidelines” on child abuse and its prevention (Malacrea and Lorenzini, 2000).

I have had the opportunity to follow the development and experiences of one of these centers as the director of the intervention teams and their activities. In this presentation, I want to describe the experiences we have had in one of the centers known as “The Blue Number” which was created especially for the treatment and prevention of physical or sexual abuse of children. I will present some of the practical implications and theoretical references based on my experience working at this center which served to bring about some important changes in the procedures used by the very committed intervention staff in these difficult and delicate situations involving the mistreatment of children.

Prior to this, protective judicial mandates often required intervention specialists to separate a child from the family. In these cases, when prevention was not feasible, the gravity of the situation was such that intervention became unavoidable. The creation of the center made it possible to find solutions other than the separation of child and family. The theoretical clinical reference of the systems approach has allowed for a new understanding of the concept of childhood trauma by introducing a dynamic perspective (cf. Masson 1981; Bentovim 1988; Cirillo, Di Blasio, 1989; Perrone 1989; Vannotti 1992). The possibility of other types of intervention that could make trauma dynamic again, was recognized as a result of the work done in the center where it was reintroduced as a therapy in a context in which a case, a place and a meaning could be found.

2) THE CENTER

a) Purpose

The “Blue Number” – the Institute of the Cagliari Provincial Government for the Prevention of Child Abuse – is a center for experimental research based on a therapeutic intervention model. It is the first public center of its kind in Italy.

Our work is oriented towards an intervention or “recovery” of the nuclear family through family therapy as a possible alternative to punitive interventions. This type of intervention is based on doing what is beneficial for the child, first of all, and favors, whenever possible, keeping the child with the family, which is also one of the goals stated in the UN Declaration of the Rights of the Child.¹ Nevertheless, we must avoid the danger of this being too easy and of always believing in the old adage “the mother is always the mother” or that the family can always and without question provide the best support for the child. Likewise, we also believe it is necessary to underline the fact that an abusive parent should not be evaluated or judged on the basis of standardized parameters, but rather should have to undergo therapeutic and/or judicial interventions appropriate for his or her specific situation.

We often find out that the abusive parent is an important part of the child’s and of the family’s life, even to the point of recommending the seemingly risky reinsertion of the

¹ The Declaration of the Rights of the Child, passed by the United Nations in 1958. More recently, on November 20, 1989, the Convention on the Rights of the Child was approved.

parent into the family unit rather than his or her immediate incarceration, as the law normally stipulates. In any case, this delicate choice is based entirely on the needs of the child when it appears that drastic punitive intervention could intensify the harm that the child has already suffered. The best thing to do is carry out every day activities showing respect for the people involved, that is, by constantly keeping in mind their personal backgrounds and situation. Intervention that emphasizes listening to the specifics can help guarantee that a child is recognized as a “holder of rights²” and not as a “holder of vengeance³.”

The same concept of trauma can have either a static or a dynamic connotation, according to the type of intervention that is carried out:

- a) the situation can be classified as irreparable by condemning the parent, removing the child, and avoiding any recreation of an event with all of the family members present, or
- b) the situation can be described, as much as possible, as something that can be fixed, with a positive evolution of the abusive parent through psychotherapy and by making the child and the family understand that “this has happened, but it doesn’t have to happen again.”⁴

B) Organization

The staff of the “Blue Number” is divided into three teams that work at three different levels:

- The telephonic contact team, made up of four employees (who work from 8:00 a.m. until 8:00 p.m.) and are in charge of answering the phone and taking the first history of the situation down in a file.
- The first face-to-face contact team (or “filter team”), made up of two psychologists and a social worker, who analyze the information in the file and carry out preliminary interventions in certain cases when they are in their purview (in the Cagliari area, nuclear family not being followed by any other service, and children under 12 years old).
- The therapy team, made up of three psychotherapists which the family sees for therapy under order of the Juvenile Court.

As a matter of fact, the court summons the family and the first contact team, and it is during this meeting that therapy is ordered. The goals of the therapy are agreed upon by the parties involved and the Court requests center control, as we will see more fully later in the presentation.

Cases under treatment are monitored monthly by professors from the School of Family and Relational Therapy in Rome. (I.E.F.Co.S. in Italian).

² This happens when adults, on behalf of a child or in a child’s best interest, try to understand and create conditions for a change in the “behavior” of the parents and of the center, which are favorable to the child.

³ This happens when adults condemn adults, objectivizing an event without any consideration for the best interest of the “victim” child.

⁴ Cfr. Cancrini, 1988.

C) The relationship with Juvenile Court

The relationship between Juvenile Court and the social services is problematic and is currently a topic of much debate at the national level, especially among professionals that work in the field of the sexual abuse of children. Efforts are being made to find a middle ground between the social reintegration of the family -- especially in the most desperate cases -- using the most recent recommendations of child psychology, and the fact that according to the law, a crime has been committed. This is very delicate crossroads between the judiciary and social scientists who share the common goal of guaranteeing respect for the weakest members of society, in this case, children. This guarantee must be achieved by finding points of mutual understanding and convergence between judges and intervention specialists who, in turn, must try to find a balance between rigor and innovation, an often difficult and laborious task.

The "Blue Number" Center and the Cagliari Juvenile Court, which is particularly insightful and attuned to the evolution of theories of child psychology, have come to an agreement on intervention. This agreement stipulates the participation of a judge in some of the strategic decisions related to mandating compulsory therapy. The Juvenile Court judge can propose a temporary suspension of the judicial finding and order therapy for the nuclear family as an alternative. However, two complementary conditions must be met for this alternative to be possible:

- First, the judge's order of family therapy should not give the impression of there being too strong of an alliance between the Court and the therapy team. If therapy seems to be an "extension" of the Court into the therapeutic field, it could seriously hamper the effectiveness of the therapeutic intervention.
- Second, the judge must always carefully monitor the family and the center assigned to help the family when he agrees to "an opportunity for therapy" (cfr. for a similar perspective, O. Masson, 1988).

Thus the Court continues to be seen as a serious institution with authority over the involved parties, which situates the family and the Center in a less symmetrical position than might be the case otherwise. The message implicit in the Court's pronouncements might be translated as: "To the intervention specialists: try to help this family, if they cooperate, to find a way out of the problems which I have noted here. Any progress you make should be reported to this Court so that judicial measures for the adult, which will be imposed if he does not cooperate, will not depend on you, the interventionists."

Families are thus sent to the "Blue Number" by both a judge and members of the "filter" intervention team who have already had contact with the family and will eventually direct them to the therapy team for family therapy.

3) THE THEORETICAL MODEL OF REFERENCE

Data from the cases we have followed up until now have allowed us to formulate theoretical hypotheses on the complex dynamics of child abuse. These hypotheses, which are currently partial and in need of subsequent verification, have been developed on the basis of systemic explorations in three main areas:

- The first has to do with the personal history of the abusive parent and the relationship with his/her own parents and siblings.
- The second has to do with the family, especially the parents of the abused child.
- The third has to do with the child.

A. Personal history of the abusive parent and the relationship with his/her own parents and siblings.

We have found that abusive parents often spent a long period of time during their own childhood in an institution or were separated from their family at a young age for one reason or another. They feel there has been a lack of affection in their life, whether or not there really was. This is often combined with being part of a very large family often living in poor socio-economic conditions. Unresolved conflicts between abusive parent and their own parents are frequent and on-going. Abusive parents often “officially” leave home quite early and create families of their own, thereby become parents themselves. They experience several traumatic episodes in their childhood and adolescence and feel obliged to take on responsibilities which require a level of maturity that they have not been able to achieve. (cfr. Boxzormenyi-Nagy and Spark 1973).

B. Parents and the abused child.

We have seen that the nuclear family of an abused child is often formed very quickly and that the parents are often not married, but instead live together. They have strong ties with their families of origin, which is justified by the fact that they became parents so young. Our data suggest that abusive parents often jump quickly and prematurely into adult roles in order to escape from a painful childhood. However, they take on these roles in an almost imitative sort of way, without really understanding them, and they behave almost like children playing with dolls. Playing with dolls and mistreating them really doesn't make any difference, and in the same way, these young adults, who still have fragile and infantile personalities, are unpredictably influenced by the events of any given moment.

In this “role-play” situation (or situations that simply seem to be “play”), not only is the relationship between these parents and their children at stake, but also the marital relationship between the parents themselves. Often times this relationship is based on a model of “reciprocal parenting” in which both the mother and the father are looking for the parental figure they never had. The fact that often times these couples live together without getting married does not always seem to be a conscientious decision but rather an attempt to distance themselves from marriage, perceived as being part of adulthood for which they are not yet emotionally ready.

C) The abused child

As regards the abused child, we have been able to see that he often serves as a call for help for the family. The abusive parent transforms pent-up emotions that he has not been able to confront into violent acts against the child, and the child seems to call out for the parent to deal with them. The child is often separated from his mother at an early age due

to a hospitalization or institutionalization, interrupting the bonding process. This bonding needs to be completed in some subsequent period of the child's life, often at a time when his physical development shows the mother that the time for the bonding that the child insistently seeks, was in the past. However, the mother does not want to have this kind of contact with "her child" at this point; she feels uncomfortable and rejects him. Thus the child continues to clamor for contact but the mother is incapable of responding. She remembers the lack of bonding with her own parents and these memories still provoke feelings of deprivation and guilt.

The child's unresolved emotional experience is similar to the experience the mother had with her own parents, and this creates a sense of profound affinity between the two. Nevertheless this affinity is denied, almost as if the mother's need for resolution of her experience leaves no room for the child's need to resolve his, and his demands for attention only provoke aggressiveness and withdrawal in the mother. This provocation can also be interpreted as a tendency for the child to take on the role of the scapegoat, a role which is often considered "necessary," as if the child somehow understood the parent's terrible need for a justification for the aggressive behavior. Thus the child "plays the role of ..." and takes on the old rancor that the parent feels towards his or her own mother or father. The child suffers the aggressions of a parent who feels wounded, and whose feelings perhaps have been unmasked in his illusory role as a parent.

The child becomes a "mirror" for the parents who are then confronted with their sad childhood and with the difficulties of assuming adult roles in a mature and conscientious way rather than in a strictly mimetic or imitative way. It is at this point that emotions can turn into violent and compulsive acts, because contact with the child puts the parent in contact with all of his pent up emotions.

4) ESSENTIAL ASPECTS OF THERAPY

A) The importance of the "here and now" to the "here and then"

First we meet the family and tell them that we will be working with them. Then we dedicate a number of sessions to taking the personal history of the parents. We play the role of arbiter and call the children in as necessary. We believe that personal histories can provide several important advantages that help define the therapeutic setting, provided that we avoid two common pitfalls:

1. A simplistic association between cause and effect can lead the family into the pitfall of linear rigidity: "It has gotten to where it is because of what happened in the past."
2. The commonly-held belief that what happened was inevitable: "given what happened in the past, no wonder the situation is what it is today."

This is a very delicate phase of therapy, during which we record the personal history of both parents as a couple, bringing together the different aspects in order to prepare a "circular cradle" where everything can be put, but where the "before and after" and the "after and before" are really a "now" which is trying to find a way to move forward. A

new feeling emerges: what happened before can help us understand how to avoid making the same mistakes and how to behave differently.

These therapy sessions are always led by two therapists, two hypothetical parents to whom the family can not only tell their story, but also show their anger and aggressiveness. The idea is to allow these adults, who still harbor childhood rage, to regress to the childhood that they abandoned so early in life, and through this regression find some sort of resolution. This resolution would be based on our hope and understanding. We hope that they could once again visit the painful childhood they had flee from at such an early age and that is still so real and present in them that it hampers their ability to handle their role as parents with maturity.

Francisca⁵, a young mother of five, has been abusing her fourth child, Mario, who is five years old. She says: “even though she is at death’s door, my mother should explain to me why she didn’t want me.” She was referring to a mother of 27 children, half of whom died during their first year of life and who, when Francisca was six months old, asked Saint Ignatius to save her five year old sister, who was gravely ill, and take Francisca instead. This plea might have been made in a moment of discouragement and despair, or simply because there is a much greater “emotional” investment in a child of 5 than in a baby of six months. It could also be a kind of sacrifice to a god that controls the life and death of her children or an expression of a sense of impotence as a mother.

Nevertheless, this plea made a long-lasting impression on Francisca, who is still haunted by it. Ilya Prigogine (1990) would call it a “butterfly effect”: “the beating of a butterfly’s wings in Peking, can provoke a slight movement of air that little by little becomes a hurricane that unleashes its force in California.” But how can we make Francisca understand that her abused son Mario might be in California? He might be saddled with this un-lived past or be seen as the proving ground for complex and unresolved emotions.

Assigning some therapeutic time to the telling of personal histories is, in our opinion, a very important step, precisely because it allows what is happening in the here and now – violence against a child – to be told as well. Even if this violence is evident and punished by the courts with a criminal sentence for the abusive parent, it is denied by the family in therapy until the therapists show some understanding of the abuse based on an understanding of the fact that what happens today is based on what happened yesterday. The abuse is denied until the association of ideas calms the parents down: “what does the child do to produce such rage in the parents?” It is difficult to find the balance between sense of “here and now” and “here and then” for two children and two parents.

We have tried to summarize the most important points that the telling of personal histories might suggest:

1. It creates a therapeutic humus: “here is the context in which I want to understand and accept you, the parent”
2. It creates a sense of trust in the therapy: we are working with someone who has never felt accepted; obligatory therapy essentially means “I love you above all else.”
3. It facilitates the restitution of a past which the individual tried to escape from: as quickly as possible by establishing a tangible correlation between what happened in the past and what is happening now.

⁵ Names have been modified.

4. It allows parents to go from the “training” of the child to the setting: old emotions about the child-parent relationship brought out through therapy do not necessarily have to be reactivated through the child who is sensitive to his parents’ needs.
5. It allows for comment upon what happens in therapy between psychotherapists (parents) and patients (children) through the use of self-referencing (cfr Elkaim, 1988).

B. The importance of using self-referencing

As regards this concept, Francisca’s behavior in this phase of therapy can serve as an example. Francisca was always attentive and serious about doing as she was told. She was a child who was eager to make her mother understand that she had made a mistake asking Saint Ignatius to take her, and she wanted to take revenge on a mother who she had always blamed and whose actions she could never understand. As a matter of fact, it was the grandmother who reported her daughter’s abuse of Mario as if to show that if Francisca abused her child, perhaps she had not been so wrong in her plea to Saint Ignatius. This was a convoluted way to justify her actions to Francisca and perhaps to ask for her forgiveness.

In like fashion, the only way that Francisca could justify her mother’s behavior was “If I abuse Mario, you are right.” Therefore, the more Francisca tried to benefit from therapy, the more the parents revealed about the way they mistreated Mario, at the grandmother’s urging. Was it possible for the grandmother to recognize that Francisca was good and that we were right? How could she, the mother of 27 children, admit to failing Francisca as a mother?

By using self-referencing techniques, we explained to Francisca how we saw her: she was trying too hard to prove that she was good to the point that she couldn’t enjoy the fact that she really was. This then translated into “trying so hard to prove that she was a mother that she couldn’t enjoy being one – and that she kept from being one – perhaps out of fear.”

Thus Mario became a child who felt sorry for his mother and knew that she was suffering from this misrepresentation of what she wanted to be but couldn’t. He provoked her in order to liberate her from this representational game and induce her to be a real mother. But can Francisca be real and can she accept her real defects? They do exist, but they are not so terrible as to justify her mother’s plea to Saint Ignatius.

The most important invitation for a session that we issued was to the grandmother, but she always refused. She was a grandmother who reported her own daughter for abuse of her grandson but who at the same time blocked any possibility of remission of this abusive behavior because, in our view, both she and Francisca needed the abuse to exist. Our goal was to free Francisca of her demonstrative compulsion to be omnipotent as a parent, even excluding her husband, Sergio.

We alternated sessions with the parents with others that included the children. This allowed us to introduce the adult-therapist sub-system into the children’s system and at the same time rebuild the parents-children-therapist system, thereby giving the children an opportunity to view their parents as more competent because they were working with us – adults – and also because they were there for the welfare of their family. We also

tried to more evenly divide responsibilities within the family between the two parents and incorporate Sergio, the husband, whenever possible.

Interactive aspects of a relationship are mixed with the most personal emotional experiences of the parents, children and therapists. The therapists try to build a therapeutic reality which is "objectively" difficult to explain because of the complex role of observer-observed, which in this type of therapeutic context takes on a very special meaning: therapists become objects of projections and find themselves in the position of being parents to the parents. They continually try to reproduce transgenerational understanding which is particularly important in this case. But how can the therapists maintain the necessary therapeutic distance when they have to take on such a complex parental role? And how can they represent these parents, who are preventing the family evolution, and at the same time be therapists who must help the family reactivate this evolution?

If an abusive family has become rigid and has lost its ability to receive information (Bateson, 1972), the presence of two therapists should favor the amplification of differences that would allow the family to receive new information. We use reflections of what happens to us and them as an echo of what probably happened between them and their parents and try to reorganize the system's elements and the data that emerges in order to propose a different definition of the problem, thereby making it possible for the system itself to find some sort of solution (Onnis-Galluzzo, 1990).

As regards the parents, especially the abusive parent, therapy often consists of creating the possibility of going back in time to redefine the past while at the same time being able to move towards the future. We represent the abusive parent allegorically as a person whose body is moving forward but whose head is looking backwards towards an unresolved childhood.

The therapeutic setting, which was first viewed as negative given that participation was "forced," can become a place in which life goals can be redefined and a future can be carved out. It is then that therapy changes from being coercive to being a shared endeavor that can have positive, constructive effects which should benefit the child more than anyone else.

5. AN INITIAL EVALUATION OF THE CENTER'S WORK

In ten years of activity, the case load of the "Blue Number" has been significant at all levels, and it is possible to now attempt a preliminary evaluation of its work. Some 4500 situations have been identified in the region of Sardinia. According to the conditions established when the "Blue Number" was founded, we have sent all cases that were not under our purview (Cagliari) to the appropriate territorial agency. We followed approximately 600 cases of which 150 participated in family therapy provided by our therapy team, almost 250 were sent to the family therapy team at the "Centro Clinico," and the rest were deemed not to be in need of specific psychotherapy after the "filter" team's intervention.

Research is currently being done that will allow us, through the compilation of a structured questionnaire, to verify the evolution of cases of child abuse according to the type of intervention used. This questionnaire will be distributed to all of the centers that work in this field. Its main goal is to identify intervention strategies that work and to

allow for their dissemination. As a matter of fact, requests for consultations by other centers, especially those in outlying areas, is increasingly important in cases of the abuse of minors.

Collaborative efforts between the different institutions are being strengthened and more completely defined: the agreement that exists between the Blue Number and the Cagliariari Juvenile Court and state attorney gives us a wonderful intermediary in the person of the judge. The police also consult our center when they need advice and when there are emergency interventions for children, and they collaborate actively when the center asks them to. But the most comforting element of these last ten years of work has been the gradual increase in requests for help and consultations by people or families experiencing difficulties. This allows us to respond more quickly and orient our intervention more and more towards prevention. (De Muro and collaborators, 1994).

6. CONCLUSIONS

We chose to focus our presentation today on abused children because sexual abuse has some specific characteristics – both as regards its interpretation and the psychotherapy used – which will be the object of subsequent study.

As regards abuse, confronting these dramatic and painful situations, dealing with pain in a therapeutic setting involving the whole family, and reconstructing personal histories, allowing us to make sense of something so distasteful, has led us to believe that whenever possible, we must avoid dealing with abusive parents by simply punishing them and ordering drastic separations. In situations in which the problem produces a violent rupture, therapeutic interventions run the risk of causing separations that collide with the dynamics that provoke the problem itself.

On the other hand, it is necessary to connect and rebuild events (Onnis 1988) and reconstruct the complexity of the histories, relationships, emotional and human experiences that give rise to these seemingly incomprehensible acts. This process will make it possible to discover the complex reality of a family and human story that, just like the abused child, clamors for recognition.

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