

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

Minimum requirements of services to counter the ill treatment and abuse of children

Introduction

This document is intended to define the minimum necessary organisational and methodological requirements for centres providing services to counter the ill treatment and abuse of children.¹

Apart from the organisational structure (direct city or town council management of the responsibility for the protection of minors, or delegated to other bodies), this document is intended to confirm some technical-professional aspects regarded as essential for ensuring an effective service to counter and resolve cases of ill treatment/abuse.

A team engaged on ill treatment/abuse should be considered a specialist team at all stages of the intervention (detection, protection, evaluation and treatment) overcoming the traditional concept of two operational tiers in which the second tier (assigned to evaluation and treatment) has a 'supervisory' and consultancy function to the first tier (assigned to detection and protection), introducing skills that do not correspond to the specific experience.

It therefore seems more appropriate to focus on the differentiation and specialisation of the various functions, apart from the local choices if a team has to perform all the functions or if different teams have to perform different functions. In both cases special attention must be focused on monitoring and anticipating the risks inherent in each of the two choices (fragmentation and inconsistency between the stages in the case of different teams and predominance of one stage over another and self-referencing in the case of a single team).

The minimum composition of the team requires a social assistant and psychologist, with the support of other figures (e.g. educator, paediatrician, child neuropsychiatrist, gynaecologist, pathologist) according to the situation. In particular, the availability of a legal consultant is thought necessary at

¹ Ill treatment and abuse are intended as 'all those acts and deficiencies that seriously harm the child with regard to his/her physical well-being and physical, affective, intellectual and moral development, whose manifestations are: physical and/or psychic and/or sexual neglect and/or injury by a family member or others responsible for the child (Council of Europe, 1981)'.

all stages of the programme. The professionals must be trained to act in the absence of a spontaneous call for help, to work on the tendency for denial and to introduce elements of change within a prescriptive context. Individual and family psychotherapeutic expertise must be guaranteed, at least in the evaluation and treatment stages.

Close cooperation between the professionals working on the various stages of the intervention is of fundamental importance. Such cooperation must exist both on the case intervention and on inter-institutional interaction.

The consistency of the case intervention and the cooperation between professionals will be much simplified and improved by greater clarification and specification of the respective roles and responsibilities; furthermore, in a network approach to a highly complex problem like that of child abuse, it is necessary to identify a figure responsible for coordinating the various stages (case manager, or case referent).

On an institutional level an inter-institutional network must be created between the bodies working in this field (public and private social-health and educational services, schools, investigative offices, magistracy, lawyers) in order to agree on the aims of the intervention and to act synergically.

The Agreement Protocols adopted by the various bodies in which the aims and the subjects involved in the specific functions will be specified are of fundamental importance to this; the validity and application of the protocols as network tools depend on the level of agreement by which they are drawn up.

In short, some conditions that enable the correct organisation and management of services intended to protect minors can be defined:

- integration: need for the team and services to be highly consistent in sharing the assumptions and procedures of the work;
- suitable resources: long-term stability of the team and work times appropriate to the needs of the cases treated;
- specialisation: high level of specific expertise; need for integrated periodic training and supervision of an interdisciplinary and inter-institutional nature for compulsory interventions;
- ability to maintain relations with the magistracy: operative synergy in maintaining the specific nature of one's professional position, focus centred on the 'care' of the child and his/her family by the psycho-social services and added value given by the interaction between clinician and judiciary;
- research: collection, processing and comparison of data both within and outside the team on the case study and on the factors of quality and the intervention.

In cases of sexual abuse, reference is made to the Agreement Declaration, which defines the guidelines for this organisation on that particular problem area.

The minimum requirements will be defined according to the specific stages of the intervention: detection, protection, evaluation and treatment. Each stage will be further explained by DEFINITION, FUNCTIONS and INSTRUMENTS.

All stages should be activated autonomously or in cooperation with other services.

DETECTION

Definition

Identification of the signs of distress in minors and the risks for their growth, related to the prejudicial behaviour of the adults. This involves distinguishing the risk from the harm suffered by them and initial identification of the protective capacities immediately available in the family.

Functions

1. To establish the existence of harm related to parents' behaviour, identifying the risk from ill treatment/abuse when the service is notified explicitly or indirectly through other types of request.
2. To consult with public and private service providers (not specifically engaged on the problem) regarding cases of minors in their care and thought to be at risk.
3. To consult with non-institutional (private, volunteer) subjects who notify cases at risk of ill treatment or abuse.

Instruments

1. Psycho-social workers able to put the indicators of the child's distress and the behaviour of the parents into relation and make an initial evaluation of the seriousness of the situation and level of protection necessary.
2. Information and training for public and private services concerned in various ways with childhood and family matters, and with symptomatic parents (drug addicts, alcoholics, psychiatric patients).
3. Actions to raise awareness of the operational procedures necessary for safeguarding the minor, information on skills, multi-disciplinary interactions, privacy imposed by the need to not distort evidence in cases of an offence.
4. Agreement protocols between bodies, particularly regarding procedures for notifying the legal authorities.

PROTECTION

Definition

An intervention aimed at stopping the abusive behaviour, adjusted according to its seriousness: different types of abuse require different types of protection. In the more serious cases, where the figures naturally responsible for protection and care do not fulfil their functions, it becomes an intervention of a legal nature carried out to assist the minors.

Functions

1. To stop the repetition of acts of abuse, also through recourse to the juvenile and/or general legal authorities in cases provided for by law.
2. To provide supervision when the minor remains with his or her own family or, in more serious cases, separation of the harmful adult, or placement of the minor in a non-family environment (residential community, apartment group, etc.)

Instruments

1. Involvement and sensitisation of parents in less serious cases.
2. Notification of the legal authorities (“report an event relating to ...”), which does not necessarily imply comprehensive knowledge of the situation, but is a compliance provided for by law for public officials and those engaged in public services².
3. Knowledge of ordinary and special legislation and an ability to define the protection interventions in accordance with the provisions of the legal authorities.
4. Implementation of stable relations with resources that ensure adequate support and effective protection, possibly immediately, to victims of child abuse/ill treatment.
5. Agreements and cooperation protocols with the various institutions involved in providing protection for minors: police, schools, specialist services for adults; the manner of the intervention will be agreed with them if their presence becomes necessary in cases of separation.

² Art. 331 cpp for officially indictable offences, Art. 9 L.184/83 and Art. 1, paragraph 2 L.216/91 for situations of harm that require protective intervention by the juvenile court.

6. Definition of the types of relationship between family-minor-community-protection service for proper management of relations between minors and family.

EVALUATION

Definition

This is intended to evaluate the overall picture of the traumatic situation in its individual and relational aspects, 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. Such intervention differs from an expert operation in that it is also a dynamic diagnosis and consists of evaluating the response to the input for change, necessary for formulating a prognosis. It also entails the possibility of establishing a subsequent therapeutic relationship.

Functions

1. To define, recognise and maintain the context of control and protection for the minor authorised by the legal authorities to carry out clinical work in suitable conditions.
2. To maintain consistency between the surveillance-protection interventions and those of evaluation-support.
3. To expand evaluation of the traumatic consequences of the abuse/ill treatment to the minor through a medical-psycho-social study.
4. To accompany the minor victim of offences (sexual abuse, serious physical abuse) through the legal procedure.
5. To understand the operation of the family dynamics implicit in the ill treatment/abusive behaviour of the adult and/or his/her lack of protection of the minor, and to evaluate the possibility of recovering parenting resources.
6. To notify the legal authorities of the results of the clinical work carried out and express an opinion regarding the possibilities of recovery.

Instruments

1. Institutionally guaranteed spaces for maintaining the consistency of the interventions between the various professionals involved.

2. Protective resources to support the process of evaluating the minors and the family dynamics.
3. Workers able to work in a prescriptive context, at times in the presence of criminal inquiries, and to develop therapeutic engagement.
4. Methods and techniques for specific evaluation of the problem of ill treatment/abuse.
5. Written reports to the legal authorities in response to the mandate given, using recognised and recognisable diagnostic codes, on a protection plan that involves individual and family therapy where practical.
6. Average time required for such an intervention: about six months.

TREATMENT

Definition

In the case of a positive outcome of the previous stage, intervention aimed at restoring conditions of sufficient well-being for the child in the medium-long term, with his or her parents or at least one of them, if capable of acting in a sufficiently responsible way toward the children.

In the case of a negative outcome, treatment is aimed at encouraging the substitution of the parental referents for the child and clarification of their loss.

In these cases the intervention is aimed at allowing definitive separation of the parents from the child, reducing the traumatic impact as much as possible.

Functions

1. Description of the trauma suffered by the victim of ill treatment/abuse and by his/her siblings and recovery of an adequate parenting function, where possible, with restoration of parental authority.
2. Social-educational support for the family.
3. Dismissal of the minor from the community and return to his/her family or placement in a temporary foster family situation in the case of positive evaluation.
4. Restoration of autonomy to the family with the return of full authority (closure of case and avoidance of it becoming chronic).
5. Activation of substitute resources for the child in the case of a negative evaluation (closure of case and avoidance of it becoming chronic).

Instruments

1. Psycho-therapeutic treatment of the minor victim of ill treatment/abuse and the family both individually and as a group.
2. Targeted social welfare support, search for a home, a job, training paths, legal assistance, educational-home assistance.
3. Assignment to foster family.
4. Adoption.