



*This project is co-funded
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Pangea 

la vita riparte da una Donna

**A BARRIER
TO STOP THE
INDOOR DOMINO
EFFECT FOR
CHILDREN
WHO WITNESS
DOMESTIC
VIOLENCE
(CWDV):
EXPERIENCES
AND GUIDELINES**





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A BARRIER TO STOP THE INDOOR DOMINO EFFECT FOR CHILDREN WHO WITNESS DOMESTIC VIOLENCE (CWDV): EXPERIENCES AND GUIDELINES



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A barrier to stop the indoor domino effect for children who witness domestic violence (CWDV): experiences and guidelines

This publication has been written and produced by the Organisations participating in the Daphne Project "B-SIDE: a Barrier to Stop the In-door Domino Effect"

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Introduction

In 2014 the Fundamental Rights Agency (European Union Agency for Fundamental Rights) estimated that violence in homes, in the workplace, in public places and online, affected at least 62 million European citizens between the ages of 17 and 74 - which means one in three women in Europe¹.

By domestic violence we refer to any type of physical, psychological, economical and/or sexual violence that takes place within the relationship of a couple and which is carried out principally by the man against the woman. This shows itself in various forms, often in different combinations and associations which affect both the mother and the children.

In 2006, the United Nations estimated that between 133 and 275 million children in the world are witnesses to or victims of domestic violence every year.²

It is clear that male violence against women is not a purely private question but a social phenomenon that does not happen by chance and which can be found everywhere on our planet, regardless of education level, economic status, religion, or family, ethnicity and social class.

The frequent exposure of children to various forms of violence in the family can seriously compromise their well-being, their personal development and their social interaction both in infancy and as an adult. The distorted message that they learn is that abuse is normal and acceptable, and this creates an endless domino effect of violence. Growing up, in fact, the children who have been witnesses to or have suffered from violence are more susceptible to symptoms of post-traumatic stress and to relational problems than those who have never experienced these situations. Above all, once they are adults, there is a greater risk of the violence being perpetuated, either through them becoming aggressors or victims themselves.³

As domestic violence in itself is a socio-cultural phenomenon which is not yet fully understood in all its complex dynamics either in public opinion or at an institutional level, it is difficult to involve either public bodies or private entities in the realisation of policies and systemic interventions in the fight against it. Children who are witnesses to domestic violence - which must be considered as one of the forms that domestic violence against women takes on - is an even more hidden phenomenon; as such it is very difficult ground on which to work.

In fact, with respect to other forms of child abuse, it is a type of violence that can only be identified with the prior recognition of the violence suffered by the adult living with the child and who is their main affective reference point.⁴

To better clarify the target of the project and the environment in which this publication was written, we would like to underline that those involved were children who witnessed situations of domestic violence - both experienced directly or perceived - such as verbal, psychological, physical, and sexual aggression against their mother.

In the following pages we will explain in detail how the experience of domestic violence compromises not only the mother and the child as separate individuals in the social context in which they live, but how it also influences their affective relationship. Concerning this particular aspect, we describe here how women's associations which deal with this phenomenon in three European countries - Italy, Spain and Hungary - despite differences in policies, laws and services, have contributed to the rebuilding of the mother/child relationship along the path out of violence, outlining their final conclusions and recommendations for those facing these types of situation.

Naturally this publication is not intended to be an exhaustive guide to all the good practices and methodologies which can be used, but as a contribution to the debate on the subject and to the drawing up of laws, policies, action plans and services in order to fight against the domino effect of the repetition of violence between present and future generations.

¹ FRA, *The first statistical survey done in 28 European countries on violence against women*, published in March 2014. <http://fra.europa.eu/en/publication/2014/vaw-survey-technical-report>

² United Nations Secretary General, *World Report on Violence Against Children*, 2006.

³ *The World Conference on domestic violence in Singapore in 1998 and the World Conference in Ipswich "Stop Domestic Violence" in 1999 had already considered CWDV as a primary form of abuse, on the same level as physical and psychological abuse, sexual abuse and neglect.*

⁴ *From the interview with Giorgia Serughetti, in July 2014, who collaborated in the research for Save the Children Italia, Spettatori e vittime: i minori e la violenza assistita in ambito domestico, 2010. Many thanks to her for the important and rich information she has shared with us.*

Chapter

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1.1 The B-SIDE Project

Since 2008 the Pangea Foundation has been working in Italy to combat violence against women. Amongst the various projects that it has supported is a programme for the care and recovery of the affective relationship between the mother and her children named “Piccoli Ospiti” (“Little Guests”), developed in partnership with some other anti-violence centres in the country.

Aware of the lack of essential and systemic policies and services linked with this theme in our country and in general in Europe, and after the extremely positive experience of the Piccoli Ospiti project, in 2012 the Pangea Foundation presented (as part of the DAPHNE III Programme) the B-SIDE project: a Barrier to Stop the In-door Domino Effect to the European Commission, together with other partner associations working in the same area.

The objective was that of comparing the experiences of different countries at European level so as to:

- set up Recovery Programmes aimed at helping both mother and child to overcome the traumatic experience they have suffered, to rebuild their self-confidence as individuals and support the mother/child relationship as a family, in order for them to be able to face the reconstruction of their future in serenity;
- develop a single method to evaluate and monitor the impact on the beneficiaries involved in the different countries;
- promote greater knowledge and awareness of the issue in public opinion and propose new intervention methods for public workers and those in the private social sector.

The B-SIDE Project was set up by the Pangea Foundation in partnership with other Italian and European associations: the Lilith Women's Centre in Latina (Italy), the Association of Assistance for Sexually Abused and Gender Violence Victims A.D.A.V.A.S of Salamanca (Spain) of Salamanca (Spain), the Women's Rights Association “NANE” in Budapest (Hungary); along with the participation as associate partner of the Association for Freedom and Equality of Sexes “A.L.E.G.” of Sibiu (Romania).

Comparing experiences between the various European partners has been very helpful as, despite working in extremely diverse social contexts and with different legislation regarding the protection of minors who are victims of domestic violence, it has been possible to go beyond these differences and find a minimum common denominator. This enabled us to identify both intervention and evaluation methods which can be repeated in other European countries independently of the specific conditions existing in the different contexts.

In addition, each partner, through a blog-forum for workers in this sector (such as employees in the Juvenile Tribunals, social services, paediatricians, school teachers, anti-violence workers) and a similar one also for the wider public, can interact and share documents and considerations, allowing others to better stand the phenomenon and the problems associated with domestic violence against women and children, as well as possible tools which can be used to stop the transmission of the violence between generations.

The lack of an adequate response at institutional level to the needs of the women and child victims of domestic violence, which became clear also during the implementation of the project itself, constitutes one of the critical points outlined in this document, which aims to be both a stimulus for workers in the sector for the implementation of analogous initiatives and a way of strengthening the battle against domestic violence against women and children.

1.2 Project Partners

1.2.1 The Pangea Non-Profit Foundation

The Pangea Foundation is an independent non-profit organization, founded in July 2002 in order to provide concrete responses to poverty, discrimination and violence and to promote human rights, starting from women.

The activities of Pangea are aimed at promoting both opportunities for new sustainable economies and microfinance, as well as the knowledge and the exercise of rights, fostering conditions for the well-being and the active participation of women, children and entire communities.

Pangea is currently running projects in Afghanistan, India and Italy, and since 2002 has supported programmes in Nepal, the Democratic Republic of the Congo and in South Africa involving more than 52,000 women and as many families. In 2008, with the pressure of the economic crisis, Pangea began to direct its attention to the phenomenon of violence against women also in Italy.

Progettoitalia: since 2008 the Pangea Foundation has been supporting five anti-violence centres in different areas of Italy (Milan, L'Aquila, Viterbo, Latina and Caserta) covering the costs of the facilities and the reception programmes for those seeking an exit route from violence, including sessions with psychologists and the legal expenses of the women.

Piccoli Ospiti (Little Guests) Project: Since 2008 Pangea has been working in Italy to support women who have suffered abuse and the children who have witnessed it. Through a programme that provides psychological support and educational-play workshops, we try to aid the recovery of the parental mother/child relationship so that the victims can overcome the trauma experienced together in a safe environment away from the violence, and thus re-establish a serene and balanced relationship for their future.

Online anti-violence helpdesk/internet site: Since 2008 Pangea has managed an online helpdesk - www.sportelloantiviolenza.org - offering news and information about violence against women, gender stereotypes, emergency numbers, support facilities and the laws regarding the protection of women and children. In addition to the people who write in asking for information through an online forum, we offer suggestions on what to do in cases where someone is experiencing one of the many forms of gender violence, also through specific tests that can be completed online.

Vodafone Angel Project: from 2009 to 2011 the Pangea Foundation ran a prevention project in Rome for women who were victims of stalking and whose lives were at risk.

Lobbying, Advocacy and Networking Activities: the Pangea Foundation is working to improve national laws and policies to combat discrimination and violence against women and children who witness domestic violence in Italy and to increase awareness of the phenomenon both in public opinion and amongst school and university students.

Pangea at institutional level has organised and participated in several meetings, the most important of which being:

- In 2009 two international meetings on “CEDAW and Gender Violence in an International Perspective: comparing experiences” and “Networks and actions to combat violence against women. Experience and knowledge of the world” between representatives of Afghan, Indian, Mozambican, Polish, Lebanese and Italian civil society.
- Between 2010 and 2011 Pangea promoted and co-ordinated the work on the platform “Work in progress: 30 years of CEDAW” for the editing and presentation of the shadow report on women’s rights which it presented to the UN in 2011 and to the Italian parliament in 2012.
- In 2012 it promoted the meeting between associations of Italian civil society with the UN Special Rapporteur on violence against women⁵ and organised a panel during the XX Session of the UN Council of Human Rights on the theme of violence against women, femicide and the UN Resolution 1325 in Italy.⁶
- In October 2012 the association promoted, alongside other organisations, the “No More - Conference against male violence towards women - femicide” making precise requests to the government and the institutions on policies relating to the prevention of and fight against violence and for the ratification of the Istanbul convention.
- In March 2013, during the 53rd Commission on the Status of Women, NGO section, Pangea organised and moderated a discussion panel on Italy entitled “Violence against women - Femicide”.⁷
- Between 2013 and 2014 Pangea participated as a representative of the civil society in the Department of Equal Opportunities’ task force to re-write the National Action Plan to combat violence against women in Italy, in particular in the area of “reinsertion of victims”, “gender stereotypes”, “education and school-university system” as well as taking part in the consultation for the Lazio region for the renewal of the regional laws regarding combating violence.
- In January 2014, on the occasion of the study visits organised by the French National School for the Judiciary and the Italian Magistrates School during a training initiative offered to European magistrates on the “Standing of victims in criminal proceedings: towards a Practical Judicial Protocol in EU”, Pangea gave a report on “Supporting the victims: general services available and support for gender-based violence victims” held at the Department of Equal Opportunities.
- In July 2014 Pangea co-ordinated the network of associations for the editing and presentation of the report on the implementation of the Beijing Action Platform 2009-2014⁸.
- In November 2014 Pangea, alongside other Italian organisations, presented a survey carried out in 25 of the principal municipalities in Italy on the policies implemented to prevent and combat violence against women in the various territories.

1.2.2 The Lilith Women’s Centre

The Lilith Women’s Centre in Latina was formed as a voluntary association in February 1986 with the aim of “*carrying out appropriate and stimulating activities [...] to protect the dignity of all women, both in working relationships and in private life, in particular to prevent and suppress violent behaviours towards women. To this end the association may represent the injured party in criminal proceedings where a woman’s dignity has been harmed [...], set up anti-violence centres and/or shelters for abused women, train and update reception staff and/or workers from public bodies responsible for the protecting the former aims.*”

Since April 1991, in line with these goals, the Lilith Women’s Centre has been part of the National Network of Anti-Violence Centres and Women’s Homes, which in 2008 formalised their work as a network by forming a national association, D.I.Re against violence, of which the Lilith Women’s Centre is a founding member.

Also in 2008, the Lilith Women’s Centre became a “Coordinator for the territorial content and actions” of the municipality of Latina, which is part of the National Anti-Violence Network of the Department of Rights and Equal Opportunities in the Italian Government (a national project named ARIANNA), which also includes Anti-Violence Centres and Shelters, social services around the country, health services and hospitals, police forces, courts, education and school services.

In order to widen as much as possible the opportunities of intervention in the territory, since 1997 the association

⁵ Rashida Manjoo, Special UN Rapporteur on violence against women ⁶ <http://lavorincorsa30annicedaw.blogspot.it/2012/06/panel-alle-nazioni-unite-di-ginevra.html>

⁶ <http://lavorincorsa30annicedaw.blogspot.it/2012/06/panel-alle-nazioni-unite-di-ginevra.html>

⁷ <http://www.pangeaonlus.org/2013/09/05/fondazione-pangea-alla-commission-the-status-women-Y4qDD54Zh90in3sy1rndII/index.html#VBtFv2PgW24>

⁸ <http://www.pangeaonlus.org/2014/07/24/rapporto-sull-attuazione-della-piattaforma-azione-pecchino-OrFgTDDWqCFoUMvAebKaM/index.html#VBtGX2PgW24>

has been listed on the Regional Register of Voluntary Organisations in Lazio, Social Services section as well as on the list of voluntary organisations in the municipality of Latina. Between 1996 - 2009 the Association operated under convention from the municipality of Latina for the management of an Anti-Violence Centre and in 2011 the collaboration extended to the Latina 2 District. The association, in addition, runs the Emily shelter in the urban centre of the municipality of Latina, accredited with the Administration of the Province of Latina - Political Social Sector and P.O. The facility has also obtained authorisation from the municipality.

The Anti-Violence Centre, operative since 1991, receives women in difficulty five days a week with morning and afternoon shifts each of three hours per day that require at least two receiving staff per shift. In addition, the reception activity is supported by a 24-hour telephone answering service. The centre offers interviews, legal consultation through the voluntary work of lawyers, and organises self-help groups.

The Emily shelter is a facility whose address is strictly confidential for security reasons as they receive women and children who have been forced to leave their homes because their lives are in danger. They can welcome up to a maximum of 7 guests, both women alone or with children, who are victims of physical and/or psychological violence.

Since 2008, the “Piccoli Ospiti” project aimed at overcoming the trauma caused by the violence suffered and/or witnessed of the Pangea Foundation has been held inside the Emily shelter. Both women guests and ex-guests together with their children take part in the project.

With regard to the activities for providing and disseminating information, the Lilith Women’s Centre has a documentation centre and a specialist library of women’s literature open to the public, in addition to which they organise courses, seminars and educational projects aimed at teachers and pupils in the schools in the territory, for the prevention of gender-based violence and awareness-raising on all the problems linked with this issue.

1.2.3 Asociación de Asistencia a Víctimas de Agresiones Sexuales y Violencia de Género - A.D.A.V.A.S.

A.D.A.V.A.S. is a non-profit organization based in Salamanca whose main objective is to protect women and children against violence. It promotes actions aimed at the effective assistance and protection of victims, offering them free services by means of a specialized professional team: social assistance from a specialized social worker; psychological treatment by a psychotherapist and a music therapist; and legal assistance from a lawyer.

A.D.A.V.A.S. is part of the National Federation of the Associations of Assistance for Sexually Abused Women, which was designated as an organization of public interest by the Ministerial Order of 30 July, 1996. For many years, this Federation has been collaborating with the Ministry of Health, Social Services and Equal Opportunities to develop national programmes for the Prevention and Comprehensive Care for the Victims of Sexual and Domestic Abuse. In addition, thanks to the financial support of the Ministry of Employment and Social Security, as well as the Women’s Institute, this Federation has also been able to implement specific programmes of prevention and care aimed at foreign women residing in Spain who are victims of violence.

Together with the Women’s Institute, A.D.A.V.A.S. is carrying out for one of the most important projects for the organization, at the same time as conducting the interventions with victims. The project deals with the prevention of sexual violence and domestic abuse while educating individuals about equality between men and women. This project is being implemented in various different educational centres.

On a local and regional level, A.D.A.V.A.S. has a collaborative agreement with the City Council of Salamanca and the Ministry of Family and Equal Opportunities (the General Directorate for Women), naming A.D.A.V.A.S. as one of the specialized social resources available in the Castilla y León Network of Assistance for Women Victims of Violence.

In addition to the on-going coordination with Institutions, Administrations and other social entities, A.D.A.V.A.S. has received financial support from various private entities for the development of specific projects such as “The Prevention of Violence in Children and Young Adults” (Obra Social La Caixa) and Support Groups for Social and Emotional Growth for Women Survivors of Domestic Violence (Premio 2008 de Caja España).

Since 2005, A.D.A.V.A.S. has been developing a therapeutic programme specifically designed for children who witness violence in their home environment (CWDV). This programme has established specific objectives based on the needs of the female victim as well as her children: to overcome the traumatic situation they have experienced;

to re-establish the mother-child relationship; to detect and prevent abusive behaviour towards children inflicted by their fathers; and to prevent children from developing behaviours which could result in the perpetuation of gender violence in their adult life.

Throughout its existence, the Association has participated in training courses for students, professionals from different fields of work and academics who are in contact with violence against women and children: social workers, psychologists, lawyers, the armed forces, security authorities, health workers, professors and teachers.

1.2.4 NŐk a NŐkért Együtt az ErŐszak Ellen - NANE (Women Together with Women Against Violence)

NANE Women’s Rights Association is a grassroots feminist women’s NGO founded in February 1994 by women engaged and interested in various women’s rights issues, but with a special emphasis on violence against women. NANE’s mission is to work for safe public and private spaces for women and girls. As a result of a system that is neither child-friendly, nor has any understanding of the dynamics of domestic violence, the majority of our case work and our work on best practice models deal with the children who are directly or indirectly affected by domestic violence.

Alongside the services we provide for women and their children, NANE is engaged in advocacy, lobbying, public awareness-raising, education of practitioners, publication of professional material, legislative and policy evaluation and development, and reporting to international bodies on the situation of violence against women in Hungary.

The very first programme set up by NANE - the helpline for abused women and children - opened in April 1994 and has been in operation ever since, staffed by trained volunteers. A trafficking prevention hotline was also operated between 2000 and 2006, helping young people planning to work abroad by providing a risk assessment regarding their plans. Since 2012, NANE has also provided a helpline for victims of sexual violence and sexual abuse. Both helplines are still in operation and can be reached from everywhere within Hungary, either free of charge, or for the cost of a local phone call.

NANE is a founding member of the international network: Women Against Violence Europe. The association has participated in over 20 international projects related mostly to domestic violence, and in some cases to sexual violence or trafficking for sexual exploitation. Within all these projects we have ensured that the situations of new member states from Central and Eastern Europe are taken into account when developing recommendations or good practices.

During over 20 years of activity, NANE has collaborated in the development of a multi-professional manual for the Hungarian police, child protection services, psychologists, medical staff, and legal practitioners on domestic violence. A significant part of the good practice manual tackles the dangers that violent partners pose to the children before, during and after separation, together with good practices in protecting children affected by domestic violence. As members of the European Trauma Network, we also participated in the development of an international training video and accompanying materials on post-traumatic stress disorder in children. Another international resource, co-developed by NANE - the good practice manual “Power to Change”⁹ (a manual on running support groups for abused women) - also deals with the issue of children heavily affected by domestic violence, by enabling women with or after leaving abusive partners to acknowledge the effects of domestic violence on their children, and by teaching them skills to be supportive towards others after an episode of abuse.

NANE has also participated in the development of two international good practice examples in connection with children, young people and domestic violence, resulting in two manuals for teachers and youth workers, the first focussing on being a child in a family where one parent abuses the other, the second focussing on violence in intimate teenage relationships. NANE volunteers are regularly invited to schools, youth dormitories and youth groups in Budapest and outside, where they hold workshops based on these two manuals. We also offer accredited training for teachers who are planning to use these manuals.

In addition, the association provides continuous support to local NGOs who plan to start working, or are already active in the field of violence against women by providing mentoring, training, and materials for their work. The NANE yearly conference addresses child protection professionals and teachers.

1.2.5 Associate Partner: Association for Liberty and Equality of Gender - A.L.E.G.

A.L.E.G. is a Romanian non-governmental organization located in Sibiu, which has been active since 2004 in promoting gender equality and fighting gender-based violence. A.L.E.G. acts as a focal point and member in the Coordination Committee of WAVE network (Women Against Violence Europe), AWID member (Association for Women's Rights in Development) and since 2012 we have been in the steering committee of the ASTRA network (Central and Eastern Europe Women's Network for Sexual and Reproductive Health and Rights). At local level we are members of the Equal Opportunity Committee and Sibiu Social Service Providers Network.

A.L.E.G. started as a small local organization and has grown both in terms of its outreach and the diversity of our activities and partners. In the last few years, A.L.E.G. has taken part in the implementation of EU funded projects, under Daphne, Grundtvig, EEA Grants and Youth In Action programs involving partners from more than 8 countries. A.L.E.G. fights against gender stereotypes and discrimination through educational activities and public awareness raising campaigns targeted especially towards children and youths - both girls and boys - and supports survivors of gender-based violence and their children in overcoming violence-related trauma through counselling and other forms of assistance.

Since 2005, A.L.E.G. has provided services for survivors of gender-based violence, both at local and national levels. Our work is focused on 3 main services:

Counselling and support for victims of gender-based violence - offering information, psychological support and legal advice in crises, together with long term individualized programs for trauma recovery. A.L.E.G. also offers counselling for children directly or indirectly affected by family violence, with the aim of preventing the violent pattern from being passed on and the children ending up later in life as perpetrators or victims of violence themselves.

Educational and awareness raising activities on violence against women and promoting gender equality addressed to youths: activities in schools, educational camps, public campaigns, annual Gender Equality Festivals etc.

Lobbying, Advocacy and Networking: involvement in projects to improve national laws and policies in combating gender-based violence and increase intervention through training, networking and advocacy. As an example, in 2012 we were part of a working group that drew up the national *Strategy for the prevention and fight against family violence*, adopted by the Government in November 2012. A.L.E.G.'s contribution was reflected in the prevention objectives that now include the introduction of gender education in the formal school curriculum in order to change traditional gender norms associating masculinity with aggressiveness and femininity with obedience. In 2013, together with 8 other NGOs we set up a project for monitoring the implementation of the new Family Violence Act, which introduced the Protection Order, for victims of family violence.

As Associate Partner, A.L.E.G. has not implemented the Recovery Programmes directly but has contributed in many ways to the project, in particular by preparing a list of conclusions on issues experienced when working with CWDV in the counselling program and a list with a description of good practices, as well as by supplying data, information, national legislation, changes regarding CWDV interventions in Romania, and giving feedback on the writing of the manual. A psychologist from A.L.E.G. attended two study visits (in Italy and Hungary), to compare methodologies with the other partners, and learn new intervention approaches regarding CWDV, giving feedback on the questionnaires and sharing examples of good practices and intervention programmes in Romania. As a partner they also translated all the key materials produced in the programme into Romanian and contributed with materials for the project's Blog and Manual. Finally, they created and promoted a link on the webpage to the on-line platform and the Project website and distributed the English version of the manual to relevant networks and institutions.

⁹The Manual can be downloaded in English: http://www.womensaid.org.uk/core/core_picker/download.asp?id=1963

2 Chapter

Children who are witnesses of domestic violence (CWDV) and the importance of the recovery of the mother/child relationship after the experience of domestic violence.

2.1 Definition and description of the phenomenon

2.2 The perception of the phenomenon on a social level

2.3 The importance of the recovery of the mother/child relationship after the experience of domestic violence

2.1 Definition and description of the phenomenon

“By the term “children who witness domestic violence in the family” we refer to any act of physical, verbal, psychological, sexual and economic violence against a key adult reference figure or other important figures, either adult or child; such violence can be experienced by the child either directly (when it happens within their perceptive field), indirectly (when they know about the violence) and/or by perceiving the effects”.¹⁰

In a context of domestic violence, the aggression can manifest itself in different forms and children unwantedly play a role within these dynamics. The threats of the violent partner towards the mother can be aimed at debasing the maternal figure; at harming the children themselves as a form of revenge against the mother, and may ultimately end up in the killing of both the mother and her children.

The children who are witnesses of domestic violence, moreover, could have been forced to participate in the violence against the mother or have been the targets themselves of more or less violent acts of aggression by the father. There have been many cases reported in the press, both in Italy and other European countries, of cases not only of femicide, but of children killed by an abusive father.

Witnessing violence either directly or indirectly, being subject to it or being forced to be part of it, have the same painful, confusing and terrifying impact. The desperation, the anxiety and the state of fear in which the mother lives in families where there is continual intimate partnership violence, can be perceived. Children may be aware that certain things happen and can see the consequences, such as broken objects and the physical marks on their family members or themselves. When the exposure to episodes of violence is repeated, the well-being, the individual's development and their ability to interact in a functional way at a personal and social level in the community in which they live, are seriously compromised.

¹⁰The definition given by the Italian Coordination of Services against Ill treatment and Abuse in Infancy (CISMAI) in 1999 and since then generally shared by the workers in this field, both in Italy and in the other countries involved in the Project (Spain, Hungary and Romania).

From the beginning, the child shows signs of discomfort: stress, depression, the taking on of adult behaviours, difficulties in school and of concentration, reduced capacity for empathy, low self-esteem, and the underestimation of themselves as a person.¹¹

In the long term there is an increased risk of drug-taking and alcohol abuse, or of them emulating the example of violence that they have learnt in the family (intergenerational emulation). This means that they have a higher probability than others to develop violent behaviour as an adult, often turning into aggressors themselves, or on the contrary, leading to submissive behaviours which expose them to becoming victims of violence. In both cases, violence is considered as a legitimate relational tool, above all in the relationship between a couple.

2.2 The perception of the phenomenon on a social level

Despite the fact that the phenomenon of CWDV is classified amongst the forms of childhood abuse, and is part of the Istanbul Convention - which came into force in Italy in August 2014 - its extent and effect is still highly underestimated, both from the point of view of social recognition, but also considering the need for an adequate response in terms of protection and care of children and their mothers, through appropriate laws and specific policies.

One of the biggest difficulties in understanding the phenomenon lies in linking domestic violence against the mother with that of CWDV and the extremely serious intra-generational consequences to which it leads. In the public opinion domestic violence is easily linked to the dynamics within the male/female couple, whilst it is more difficult to accept that this type of aggression has a direct effect also on the children. This is due above all to the persistence of a patriarchal culture in which, regardless of any other considerations, the role of the father tends to be seen as sacrosanct.

Nevertheless, in families in which the partner abuses the mother, the child is given a disproportionate example of strength and power (above all towards the other gender), of harming the dignity and respect of others. In the context of domestic violence a male reference model emerges which abuses power in the male/female relationship. This damages the psyche of the child, as well as their emotional and relational ability and in the worst cases can have negative consequences at a cognitive level. Unfortunately public opinion in general (in most cases in men, but frequently also women) tends not to condemn the violent father outright. Hence not enough consideration is given to the fact that the children who are involved in the dynamics of the violence are exposed to high risks to their own safety, compromising their personal equilibrium both in the present and the future.

2.3 The importance of the recovery of the mother/child relationship after the experience of domestic violence.

In general, in children who live in a context of domestic violence it is possible to observe an enormous sense of guilt and a disorderly emotional code, accompanied by a build-up of gender stereotypes. In the mothers, on the other hand, there is a difficulty in developing their parental reference role, given that most of their energy is required for the defence of their own psychological and physical safety as well as that of their children.¹²

In the majority of countries, the European Union support programmes for the victims of violence are separate from those of CWDV and focus on the well-being of the children or the recovery of the mother or the children often from a therapeutic-health point of view only, rather than that of their relationship or general care. This does not help the victims to rebuild the equilibrium necessary to face their future lives together.

¹¹ For a detailed description of the effects of domestic violence on women and children and on the methods used by our various partners to combat it see Chapter 4.

¹² For a detailed description of the effects of domestic violence on women and children and on the methods used by our various partners to combat it see Chapter 4.

The lack of targeted actions which include the children in the escape routes from violence against their mothers is therefore a problem that has repercussions in society today and which will create a domino effect in the future.

The workers in the anti-violence centres themselves are often aware of the problem, but do not have the opportunity to develop special methods, tools or programmes to intervene in a structured way which could guarantee effective results in the recovery of both - mother and child together - not only due to a lack of funds but also because of a lack of reference to methods which have been tested and shared.

The B-SIDE project therefore aims to create and experiment with intervention tools with a dual approach method, in order to re-establish the equilibrium in the roles and the affective relationship between mother and child, allowing both sides to become aware of how the violence has negatively influenced their way of relating to each other, their emotions, their thoughts and their abilities on a practical level and how to overcome these difficulties to face the future together, stronger and more confident than before.

In fact, although the effects of domestic violence on women and their children can be serious, there are many possible ways to intervene, as the well-being of the children depends on the relationship between risk and protection factors and the ability to rebuild a new equilibrium. In other words, it is necessary to combine actions aimed at reducing the negative impact of the traumatic experience with direct actions to encourage not only good care but also the resilience of the child.

Receiving children and young people who have been witnesses to scenes of violence in a protected, safe place far from the site of the aggression, together with their mothers, and working to construct a new “nuclear family” is the first step to facilitating their real inclusion into society and creating the basis for a future development which is non-violent.

3

Chapter

Status quo concerning children who are witnesses of domestic violence (CWDV) at European level and in the four countries involved in the project.

3.1 Information sheet on the status quo of legislation at European Union level

3.2 Information sheet on the status quo in Italy

3.3 Information sheet on the status quo in Spain

3.4 Information sheet on the status quo in Hungary

3.5 Information sheet on the status quo in Romania

3.1 Information sheet on the *status quo* of legislation at European Union level

Over the years the legislation at European level regarding the prevention of and fight against violence against women, and the protection of the rights of the children involved has developed considerably, but it has yet to be fully implemented in the Member States.

From the beginning of the year 2000 until the Istanbul Convention “A Convention of the European Council on preventing and combating violence against women and domestic violence” of May 2011, this trend was observed through some particularly important measures.

In **2004**, Council Directive 2004/80/EC of 29th April was issued relating to compensation for victims of crime (transformed into law in Italy with Law Decree no. 204 of the 9th November 2007) which lays down that all the Member States must ensure that “*their national laws provide for the existence of a system of compensation for the victims of intentional crimes committed in their respective territories, which guarantees fair and appropriate compensation for the victims*”.

In **2010**, the Council of Europe dealt with the question of children who witness domestic violence (CWDV) and issued two resolutions - no.1905 and no.1714 - and a substantive reply from the Committee of Ministers in January 2011 (Doc 12473 of 24 January 2011).

From these documents we can see a growing awareness in the Member States - at least at a theoretical level - of the size and severity of the phenomenon. Indeed, some essential questions emerge clearly in these resolutions such as the fact that for a child “*witnessing violence against their mother is, in all cases, a form of psychological abuse which has potentially severe consequences*”; that the Member States must promote the “*search for innovative approaches and working methods when it comes to dealing with situations of children who witness domestic violence*”; and work to “*continue to raise awareness on the situation of children witnessing domestic violence and take the issue into consideration in the context of national legislation and policies in an interdisciplinary approach integrating gender mainstreaming, aimed specifically at the protection of children especially, the punishment of crimes involving domes-*

tic violence or the provision of financial compensation for witnesses of violence as victims of its psychological consequences”; “strengthen the special consideration in legal and administrative procedures for children having witnessed domestic violence”. Overall, many recommendations can be found regarding the need to consider the education towards mutual respect as opposed to violence as a child’s right, as well as the prevention and interrupting of the intergenerational domino effect of domestic violence.

The discussion and the documents mentioned above also contributed to the inclusion of the issue of CWDV in the “Council of Europe Convention on preventing and combating violence against women and domestic violence” (CETS No.: 210).

In particular Article 26 “Protection and support of child witnesses” states that:

1. Parties shall take the necessary legislative or other measures to ensure that in the provision of protection and support services to victims, due account is taken of the rights and needs of child witnesses of all forms of violence covered by the scope of this Convention.
2. Measures taken pursuant to this article shall include age-appropriate psychosocial counselling for child witnesses of all forms of violence covered by the scope of this Convention and shall give due regard to the best interests of the child.

Together with Article 31, “Custody, visitation rights and safety” which reads:

1. Parties shall take the necessary legislative or other measures to ensure that, in the determination of custody and visitation rights of children, incidents of violence covered by the scope of this Convention are taken into account.
2. Parties shall take the necessary legislative or other measures to ensure that the exercise of any visitation or custody rights does not jeopardise the rights and safety of the victim or children. On 13 December, 2011, Directive 2011/99/EU was issued concerning the European Protection Order (EPO) which represents an important tool for co-operation between the Member States as it allows for a national protection measure of one Member State to be extended to the territories of other Member States. Moreover, regarding third party countries, Article 19 establishes that the Member States may continue to apply and/or conclude bi-lateral or multi-lateral agreements which allow them to go beyond the scope of the directive and contribute to facilitating the adoption procedures for the protection measures. In accordance with EU guidelines on violence towards women and the combating of discrimination against them, the fight against this form of violence is integrated into the drawing up of policies and in the dialogue concerning human rights.

It is important also to mention European Parliament Regulation no. 606/2013 which integrates the above directive from the relative reciprocal recognition of protection measures into a civil matter so as to guarantee that victims of domestic violence can rely on the protection orders issued in the Member State of origin also when they travel or move to another Member State. The Commission is supporting the Member States in a concrete way through mutual dialogue, the formulation of guidance documents and the organisation of meetings of experts to ensure that these normative instruments are fully and effectively implemented by the beginning of 2015.

Finally, it should be highlighted that, in several important documents of the Council of Europe references are made to the need to give due attention to CWDV, to their safety and their protection, as for example:

- The Council of Europe policy guidelines on integrated national strategies for the protection of children from violence, adopted in 2009.
- The Council of Europe Guidelines on child friendly justice, adopted in 2010.

3.2 Information sheet on the status quo in Italy

The combating of violence against women in Italy is included in the “National Plan to Combat Violence” of the Department of Equal Opportunities and the policies that every region and municipality decide on autonomously. The first National Plan against violence and stalking, which was launched in 2010 and ended in November 2013, con-

tained no specific points regarding CWDV, however, and was devoid of ad hoc structured measures. Moreover, the Plan was not applied in an adequate way, nor did the steering committee carry out any monitoring of its application¹³. At the time of publication of this manual (September 2014), the new Plan has yet to be drafted and it is not known whether there will be any specific reference to interventions for CWDV.

In terms of policies, laws and funding it can be said that Italy is still a long way from covering the real needs either of the women who are victims of violence or of the children who are witnesses¹⁴ to the violence.

Since the 1990’s this aspect of violence has been addressed thanks to the activities of private associations where work has been done by anti-violence centres and shelters for abused women, as well as other specialised centres and services - both public and private - that have begun to confront this problem.¹⁵ The debate and the research on this issue has developed progressively in various sectors, but never in a sufficiently incisive manner. This is due to the fact that Italy, to date, is lacking a comprehensive intervention plan regarding laws, policies and intervention strategies and the allocation of funds at national, regional and local level on the issue which would allow for a co-ordinated taking on of responsibility by the territorial social service networks dealing with CWDV.

In the Italian legal system, the phenomenon of violence which is witnessed and experienced by a child as the injured party for crimes which are committed in their presence towards other members of the nuclear family, is not considered under any norm as a separate crime in itself. This normative gap is filled by case law, going back to the specific behaviours under which “witnessed violence”, is considered a specific crime where the necessary conditions are satisfied.

As a consequence, there is no specific norm in civil law either which regulates or recognises explicitly the concept of CWDV. There are, however, numerous provisions issued by the judges in civil cases, in which a husband or partner who beats or insults the wife or girlfriend in the presence of children is ordered to leave the marital home (under norms found in law no.154 of 2001 “Measures against violence in family relations”).

With Law no.119 of the 15th October 2013 (a law converting the so-called law decree “on femicide”) the legislator introduced an increase in the penalty if the abuse is committed **in the presence** of children under the age of 18 and no longer if committed “to the injury of children under 14 years old”. In this way the legislator gave juridical significance to witnessed violence by recognising the severity of the damage caused to children who witness violence, despite not defining it as a specific crime in itself.

Concerning the situation described above, however, it is important to mention that Article 31 of the Istanbul Convention, ratified by Italy in June 2013, asks the States specifically to adopt “the necessary legislative or other measures to ensure that, in the determination of custody and visitation rights of children, incidents of violence covered by the scope of this Convention are taken into account” and the exercise of custody or visiting rights does not compromise “the rights and the safety of the victims and the children”.

At a regional level, only in Lazio and Molise¹⁶ is it possible to find explicit references to the question of children and domestic violence and the need to provide ad hoc interventions. The majority of other regional laws, on the other hand, simply refer to the fact that the anti-violence centres and the shelters must be able to receive and help women and children under 18 years old.

At regional level we can mention some very recent initiatives that demonstrate a growing interest in the subject. In November 2013, for example, a helpdesk which is unique in Italy - the “Urp Helpdesk for listening to and addressing gender and witnessed violence” - was opened in the Court of Justice premises in Brescia. The initiative was launched by the Equal Opportunities Committee of the Judicial Council of the Court of Appeal in Brescia (CPO) around which a network has been activated to promote the collaboration and the co-ordination of the various groups which operate in the region.¹⁷

¹³ The steering committee provided for in the plan met just once after 2 years, on the 27 November 2012.

¹⁴ See “Country Report 2012. Reality check on data collection and European services for women and children survivors of violence. A right for protection and support?”, Vienna, March, 2013.

¹⁵ In particular it was the CISMAI (Italian Coordination of Services against Ill treatment and Abuse in Infancy) which brought the issue to light at the beginning of 2000 and which coined the definition of “CWDV” in Italy.

¹⁶ Lazio Regional Law n° 4 of 5 March 2014; Molise L.R n° 15 of 10 October 2013

¹⁷ <http://www.casadelladonna-bs.it/2014/05/sportello-urp-ascolto-e-indirizzo-violenza-di-genere-e-assistita-2/>

In Turin, also in 2013, the bar association of the city organised a training course lasting several days for its lawyers on the issue of CWDV, where the subject was analysed from different points of view.¹⁸

In Italy, when a woman decides to put a stop to the violence that she is suffering she can go to the police; to date, however, there are many testimonies collected from women's shelters of the police trying to dissuade women from denouncing their husbands, especially if there are children involved. When a woman goes to the social services in the region, she is immediately sent to the relevant Municipality Office for Minors and from that moment onwards the woman and the children are followed by an anti-violence centre of the same office. No responsibility is taken either for the abusive husband or for the relationship between him and the children. This is true also in the case of shared custody, a situation which families are often forced into despite conditions of domestic violence and where the coordination and the collaboration between the social services and the anti-violence centres is basically left to the goodwill of the workers involved.

The social service workers, who often do not have specific training on the subject of domestic violence, frequently impose (with the approval of the Juvenile Tribunal), family mediation sessions between the mother who has been subject to the violence and the abusive father, applying shared custody rights and hence increasing the risks not only to the life of the woman but also the psycho-emotional and cognitive equilibrium of the children.¹⁹ The request from the mother and of the anti-violence centres to allow the children to participate in the Recovery Programme following the trauma they have experienced can go unheeded, as the violent father refuses to authorise their participation (a right given to him under shared custody rules) always with the approval of the Juvenile Tribunal, on the basis that the activities "could change the feelings and the evidence that the children bring with them". If the child refuses to meet the abusive parent it is often interpreted as an indicator of "Parental Alienation Syndrome" (PAS) with the consequent double victimisation of the mothers who have suffered direct violence and of the CWDV²⁰.

Finally, the lack on the part of the State as a whole of a clear acceptance of responsibility of the phenomenon is demonstrated also by the absence of a continuous collection of specific data on domestic violence. Quantitative data on CWDV can only be found indirectly through the existing studies on violence against women and on abuse and mistreatment of children in general.²¹

3.3 Information sheet on the *status quo* in Spain

In Spain, violence against women is covered by Organic Law 1/2004 of 28 December 2004, a general law against domestic violence (which does not expressly include minor children as victims of gender violence) as well as Organic Law 1/1996 of 15 January 1996 that provides legal protection for children.

The first law is designed to address the recommendations of the international organizations in order to provide a global response to violence against women. It also considers the protection of minor children who are indirect victims of the violence occurring within the family environment.

Many of the autonomous communities within Spain devise their own laws in relation to domestic violence, while maintaining due respect to the General Law.

The second law reassesses the situation of the unprotected minor child through private common law (applied to children who are under 18 years of age and reside in Spanish territory).

In Spain, according to the Organic Law, victims of domestic violence have the right to receive emergency assistance, support, shelter and comprehensive rehabilitation. The right to comprehensive social assistance is also extended to children under 18 years old who live in a family environment where domestic violence takes place. The social services must have a sufficient number of places available for these children and also provide staff with specific training in order to effectively prevent and avoid situations which could cause psychological and physical harm to the children.

¹⁸ <http://www.ordineavvocattorino.it/node/76681>

¹⁹ See paragraph 1.2.

²⁰ Report Beijing + 20 of the civil society 2014.

²¹ See the recent surveys of the CISMAI at www.cismai.org.

The responsibility for the management, co-ordination and supervision of these resources rests with the government where specific women's assistance services are also considered. Some local governments even have their own shelters or protected flats, although most of them are managed by private entities which collaborate with the government. The services can be managed independently by the local, provincial, regional or national government. By calling the national helpline 016 (available 24 hours a day, 365 days a year throughout the country), callers can receive information about services according to their place of residence, as well as legal advice and psychological support in emergency situations.

Legal assistance for women who are victims of domestic violence is immediately available both in judicial or administrative proceedings and is free for those who are able to prove that they lack the financial resources for litigation. In order to ensure conciliation between work and conditions of domestic violence, the victim is guaranteed protection if they have to leave their employment either temporarily or permanently. In cases where the victims are unemployed, they are assured integration into the labor market with the right to reduced or flexible hours, geographic mobility, work leave with the right to return to their job positions, legal termination of an employment contract by the employee and protection from being dismissed by their employers. Victims also have the right to be absent from work due to medical, psychological or legal assistance and appointments derived from the situation of violence.

In the case of separation and divorce, the victims have the right to solicit a widow's pension if they meet the established requirements, even if the victim was not given a compensatory pension in the initial court sentence. (With regards to social security benefits, women who are victims of domestic violence have the right to receive early retirement funds when they terminate their labor contract due to their victim status and they meet the established requirements).

Concerning integration into the labour market, women who are victims of domestic violence are registered in Public Employment Services as individuals seeking employment and thus can benefit from the following: a personalised plan for integration into the labour market which is created by specialized staff, a specific informative programme which is created to promote self-integration into the labour market and incentives to encourage the victims to begin a start-up activity by reducing the interest on investment loans for their businesses. Incentives are also offered to companies who hire victims of domestic violence in the form of reductions in the company's social security contributions. Moreover, companies are incentivized to facilitate geographic mobility and to compensate salary differences in the cases where a victim is unable to maintain their professional category. In the cases where a victim has to change their geographic location, they have the right to immediate schooling for their children at any time during the school year and are given priority for special grants for school materials.

In addition to these services, there are two types of financial assistance available. One is referred to in Article 37 of the Organic Law and is managed by each individual autonomous region in Spain. It is targeted at women who are victims of domestic violence and have insufficient income as well as special difficulties in obtaining employment. The other financial assistance is called the "Active Insertion Income" and is managed by the employment services of each individual autonomous region. It is directed at women who are unemployed or trying to improve their situation by obtaining work. It gives the victims priority access to protected housing and senior residence for the elderly as well as financial assistance for rental housing.

With regards to protection for victims, there are two services available. One is called ATENPRO and it is a telephone-based service which is an assistance and protection service for women which equips the victim with a device that puts them directly in contact with the police in an emergency situation. The other is a service which entails the use of electronic devices to monitor the aggressor.

In order to guarantee an effective protection for victims, a single registry of all victims who have been granted a protection order has been created which requires close coordination between the private entities and the government.

In Spain, domestic violence and indirect violence towards minors can be reported by any individual or institution, which will then initiate a legal proceeding (the investigation of the crime). Children may find themselves defenseless due, in large part, to the delays and shortages of resources which could affect their testimony (external influences, forgetfulness). In many cases, the minor must appear in court as their declaration is not properly recorded in advance.

The latest figures presented by the Ministry of Health, Social Services and Equality from the year 2013 as of 31 December, state that 42 children under the age of 18 were orphaned as a direct result of domestic violence and 6 were killed.

3.4 Information Sheet on the status quo in Hungary

In Hungary there are no specific legal regulations regarding children who witness domestic violence. The only laws that can be applied in the case of domestic violence are either more general child protection laws and regulations, or domestic violence laws and regulations with no specific rule for children included. With regard to general laws, in the Penal Code there are various sections that consider the committing of specific crimes against a minor as an aggravating circumstance. From 1 July 2013, the *Penal Code* contains a *sui generis* crime called “Relationship Violence” which includes children in general as potential victims, but does not specifically mention CWDV as victims.

Art. 11 of the *Act on Child Protection* (Act XXXI of 1997) stipulates that it is the obligation of all legal entities and private persons engaged in the raising, education, treating of, or legally representing children to protect children’s rights. *The Government Order 149/1997 (IX. 10.) on Child Guardianship Authorities* regulates visitation issues and states that these rights may be suspended or removed if a parent, through his/her own fault, severely endangers/jeopardizes the physical, emotional, mental or moral development of the child – except for the case of the non-payment of child-allowance. The law itself, however, does not specify “his/her own fault” and “severely”, nor does it mention domestic violence as one way of severely endangering the child. This allows the authorities not only to disregard domestic violence in visitation disputes but also to issue fines, or even press criminal charges against the mother for “obstructing visitation rights” while they are trying to protect themselves and their children from fathers who are abusive ex-partners. *Act CXXXV. 2005 on the “Support of victims of crimes and on state compensation”* set up national offices regionally and locally.

The law also theoretically offers support to victims of domestic violence, but as a result of the strict eligibility conditions which are set down, only an extremely small proportion of the caseload of the Victim-Support Services is linked to domestic violence – and even in these cases it is mainly thanks to the individual goodwill of the staff. No information is available on whether any of these cases include CWDV.

Concerning specific laws, *The administrative/civil law restraining order (Act LXXVII of 2009)* is applicable in cases of intra-family violence. When a temporary restraining order or a restraining order is issued in a case of domestic violence, the children are automatically included in the protection. *The Chief of Police Order 32/2007. (OT 26.)* on the tasks and protocol of police intervention in cases of domestic violence and the prevention of further violence, and *Chief of Police Order 37/2009 (OT 22.)* on the implementation of the rules of temporary restraining orders contain well-defined specific tasks for the police (mainly of protection and signalling to the child protection system) in cases involving children. This too is underused, however, especially regarding police activity in acting *ex officio* when children witness domestic violence. Hungary signed the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention CETS No.: 210) on 14 March, 2014, but it has yet to be ratified.

Hungary has a continental law system. The courts are: the Curia (supreme court, second or “third instance”, depending on the case, providing general guidelines for judicial decisions), the regional courts of appeal (second instance), the regional courts (first or second instance depending on the type of case), the district courts (first instance) and the administrative and labour courts.

Cases involving CWDV may appear in front of a criminal, a civil (family) or administrative judge. None of these receive any special training, nor are they required to pass any specific tests or examinations related to domestic violence. Family judges also rely heavily on forensic psychologists who do not receive any specific training nor are they required to pass specific knowledge or attitude tests related to domestic violence or various forms of violence against women. Some court decisions take the position that violence against a mother in the presence of her child constitutes the crime of “endangering a minor”. However, the experience of the NGO women’s rights victim services accumulated throughout years of litigation and support programs has proved that in most cases even if domes-

tic violence is made obvious, the legal system and the authorities are usually unresponsive to the fact. At best, the system failed to take into consideration these cases. At worst, reporting on, and evidence of domestic violence was in many cases used against the victims.

There are no specific government policies in Hungary regarding CWDV. The National Crime Prevention Strategy 2013–2023 (Government Order 1744/2013. (X. 17.)), for example, contains superficial references to earlier results, international documents and the Restraining Order Act, but does not stipulate any specific action for the prevention or tackling of domestic violence, nor any specialist services to be provided for the safety of victims, nor any specific training in any of the professions involved. No financial resources are committed to the issue either specifically or within the framework of the National Victim Protection Services. The Strategy is also blatantly anti-Roma and anti-poor in several of its statements (e.g. that “typical circumstances of victimization are related to belonging to excluded social groups [a wording commonly used in Hungary to refer indirectly to the Roma population] i.e. low socio-economic status”). The implementation of the National Strategy for the Advancement of Equality between Women and Men (2010-2021) (1004/2010 I. 21.) has never been initiated.

As a result of both internal national and international pressure, since 2005 governments have started to slowly acknowledge the fact that victims of domestic violence (as well as victims of trafficking) should have some specific services available to them. In 2005-2006 some places (beds) at the so-called “Temporary family homes” and “Mothers’ homes” which exist nationwide were reserved for women escaping from violent relationships with or without children. These institutions operate under child protection and social services laws. These places are called “Regional Crisis Centers” and were designated in a gender-neutral way for adult victims of family violence of any sort, not only violence in intimate relationships.

There are no shelters for women in Hungary in the internationally-accepted meaning of the word. With the exception of women’s rights organizations, none of the above-mentioned institutions even comes close to conforming to internationally recognized standards and protocols regarding the treatment of victims of domestic violence or other forms of gender-based violence for three reasons: they are not based on human rights standards; they are not widely available; and the staff are not trained in domestic violence. Even the NGOs do not conform to the required standards in as much as they cannot provide widely available legal representation and social-psychological services, nor 24/7 hotlines.

No other services other than those described above are available, and even these are not fully or solely funded by the government, with the exception of OKIT (a national hotline for victims of violence). Neither the NANE helplines (the only NGO helplines for victims of gender-based violence in Hungary) and the legal aid provided to victims of domestic violence by a joint project of NANE nor the PATENT Association (the only NGO providing such a service in Hungary) receive any government funding.

In Hungary gender or age-disaggregated statistical data related to domestic violence is not widely or easily available. Statistical data is required from time to time by women’s rights organizations and is provided upon request. No monitoring of the data-collection is possible, therefore the reliability of these data cannot be assured. The rest of the data come from studies, research and surveys. There is no information at all regarding the number of CWDV in the country.

3.5 Information Sheet on the status quo in Romania

Domestic violence in Romania is treated by law as part of the family violence phenomenon. The term “domestic violence” does not appear in the text of the first **Law 217/2003** on prevention of family violence, nor in its most important change, promulgated in 2012, Law 25/2012. The Romanian **Penal Code** does not foresee domestic violence as a separate crime in itself, but includes it under Article 199 “Offences Against a Family Member” and applies higher sanctions for crimes and the possibility of ex-officio prosecution of such acts.

Although Special Law no. 217/2003 on family violence provides such a definition, it does not stipulate a new category for domestic violence offences. Romania’s Criminal Code imposes stronger sanctions (including longer jail

sentences) for violent crimes committed against family members than for similar offences that are committed against non-family members. Unfortunately, however, Romanian courts have prosecuted relatively few cases of domestic abuse, as many such cases are resolved before or during trial as a result of the victim's reconciliation with her violent partner and/or the victim's desire not to press charges.

Law no. 217/2003 on the prevention of family violence, which established the National Agency for Family Protection (NAFP) within the Ministry of Labour, Family and Equal Opportunities, provides standards for counseling offices and shelters for victims and defines family violence. This law includes provisions for children affected by violence (either directly or as witnesses).

The prevailing family-centred approach is complemented by a women's human rights undertone in the second part of Article 2, which stipulates that restraining a woman from exercising her fundamental rights and liberties constitutes family violence. Rape within marriage is implicitly recognised by the Penal Code: the family relationship with the victim is considered an aggravating circumstance, which increases the punishment. As in other cases of violence, criminal investigation requires the prior complaint of the victim.

The concept of “*violence against women*” has not been employed in either national legislation or documents pertaining to equal opportunities policy. Family violence is commonly understood as synonymous with violence against women. A family-centered perspective prevailed in both the 2003 law and in the first National Strategy on Preventing and Combating Family Violence (2005-2007). The national strategy for equal opportunities between women and men 2010–12 addressed the issue under the generic promotion of the principle of equal opportunities between women and men in social life.

Law 211/2004 expands upon Law 217/2003, giving victims the right to information on their rights and providing for psychological counseling, free legal assistance, and financial compensation granted by the government.

In March 2012, Romania adopted **Law 25/2012**, amending Law 217/2003 on the prevention and combating of family violence. The most significant part is the provision allowing a victim to seek a Protection Order, which can be used to prohibit a violent husband/partner from remaining or returning to the family home (even if it is his property) or contacting the victim, requiring them to keep a minimal distance from the home, and forcing them to bear some costs, such as medical and court expenses. The law also provides for some financial penalties against the aggressor.

Government Decision **HG 49/2011** approved the methodology on prevention and intervention in the multidisciplinary team and the network in situations of violence against children and family violence. Annex 1 refers to II.2 “*Family violence includes a common part of violence against children, namely physical, emotional and/or psychological, sexual and neglect, inflicted by parents or legal representatives, and part of the adult victim.*” and to II.2.1: *A child witnessing family violence indirectly suffers emotional and /or psychological abuse.* The Governmental Decision approaches the issue of violence against women living in the family in point III.2.1. and in point III.2.2. violence against children in the family.

Government Decision **HG 1156/2012** approved the National Strategy to prevent and combat domestic violence for the period 2013-2017 as well as the Operational Plan for the Implementation of the National Strategy to prevent and combat family violence for the period 2013-2017.

In 2010, the rationalization of public expenditure led to the unification of the National Agency for Family Protection responsible for family violence, with the National Authority for the Protection of Children's Rights. The resulting body had the responsibility for both family and child protection. Until March 2014 the General Directorate for Child Protection had similar missions and responsibilities within the Ministry of Labour, Family, Social Protection and Elderly Persons. In March 2014, however, through new legislation, the Directorate for Child Protection was cancelled and the responsibilities were transferred to a new body, without regard to the issue of family violence which at the moment remains without a national coordination body (as of spring 2014).

Twenty NGOs requested the government to demonstrate that ending violence against women was a political prior-

ity and to urgently find a solution and set up a specific coordination body in line with the provisions of the Istanbul Convention. The Romanian Government, at the proposal of the Ministry of Labour, Family and Social Protection and the Foreign Ministry in 2013 adopted the Memorandum on signing the Istanbul Convention on preventing and combating violence against women and domestic violence specifying a deadline of 2015.

In 2013 in Romania there were 66 support and counselling centres and 47 shelters for women victims of domestic violence run by public or private institutions. These service centres are insufficient in number and are too unevenly distributed to adequately address the widespread nature of domestic violence within Romania as a whole. Romania, through its Directorate for Child Protection (DPC), in partnership with NGOs, is continuing its attempt to curb family violence by implementing programmes aimed at prevention and providing better conditions and support services to women victims of domestic violence and their children. Romania has also launched a national initiative in order to combat violence against women and raise public awareness of the issue.

The National Agency for Family Protection (NAFP) established in 2003 had the responsibility of creating a database that managed family violence cases. In conformity with this provision, NAFP gathered and centralized the database concerning the cases of domestic violence, including cases that involve the decease of the victim. National data on family violence cases were available only for the period 2004-2009, as the NAFP was taken over in 2010 by the National Authority for Family Protection and Children's Rights (Decision 1385/2009) which did not continue updating the database.

The total number of victims of domestic violence (produced by the Child Protection Direction within the MLF-SPE) is based only on the DGASPC reported cases and does not bring together data from other institutions that collect data or provide statistics referring to victims of domestic violence (such as the General Prosecutor's Office, The Superior Council of Magistrates, the Police or The National Institute for Public Health). These data do not give detailed information on the victim or the aggressor. At Ministerial level there is an interest in developing a national electronic system of data registration, data collection and statistics but funding is difficult to secure and this goal has yet to be accomplished.

4

Chapter

Description of the CWDV Recovery Programme in Italy, Spain and Hungary

Description of the CWDV Recovery Programme in Italy, Spain and Hungary

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4.3 The Recovery Programme in Hungary

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The story of S.B

This chapter outlines the interventions carried out by the project partners. These are necessarily different, given the diverse socio-cultural contexts in which they operate. This has made our work even more valuable, as, thanks to the differences seen in each partner's programme it has been possible to compare each intervention and come up with a definition of an evaluation method which is highly innovative and applicable to various national contexts.



Italy

4.1 The Recovery Programme in Italy

4.1.1 Brief introduction

Since 2003 the Lilith Women's Centre in Latina has managed a shelter named "Emily", located in the province of Latina - a place where shelters have been operating since 1986. The facility was opened following a public tender in accordance with regional law 64/93 which stipulates the presence of at least one shelter with exclusively female staff in every provincial capital in every region.

The shelters are protected facilities with confidential addresses which receive women and children who find themselves in situations in which their psycho-physical well-being is threatened and for which reason they need to be distanced from their own homes rapidly.

The facility is located in the city centre in order to make the reinsertion of the women and children into the community easier. The Emily shelter can host up to 8 people; the activities organised by the social workers take place inside the house and the rooms are organised in such a way as to guarantee every guest the chance to manage their own day either autonomously, or with the other guests and their children. There is an age limit for the acceptance of male children who must not be over 14 years old.

In the Emily shelter there are four staff with different training backgrounds who work there everyday: two teachers, one social worker and one counsellor. In addition, the facility is supported by a lawyer and a group psychotherapist.

4.1.2 Reception, identification, definition of profile and selection of beneficiaries

The primary objective of the Emily Shelter is that of protection; the mother's ability to protect herself and her children is closely linked to the intervention programme the operators will carry out with the women who are victims of aggression with regards to the representation and the interpretation of reality. In fact, it is only when the woman is distanced from the violent context and through a new interpretation that is given to the episodes

experienced, that they can really perceive the gravity of the situation.

It is the direct observation by the personnel themselves of the life of the women and children in the shelter that promotes an understanding of the damage suffered by having lived in a violent context.

After the protection phase, in which the women and their children feel welcomed, it is important to look towards the goals of the building and rebuilding of autonomy and of a different relational model from that experienced in the context of violence.

In addition, in most cases the women are received with their children, who have all been victims and witnesses to the violence and show the effects and the damage caused by domestic violence. The children in fact have not been able to count on the protection that both the parents should have guaranteed them. In particular, with regards to the mother, the violence suffered and the search to protect herself, the necessity of surviving the husband/partner, has not allowed her to notice the signs of suffering of the children, limiting and preventing her from recognising their many needs besides that of basic care. Moreover, the behaviour of the violent partner who limits their freedom and belittles the abilities of the woman/mother on a daily basis, automatically influences also the way in which the mother manages the children and her relationship with them.

Living in a violent context generates a *confusion of roles*: the children often turn into little adults in the eyes of both parents, and frequently find themselves having to protect their mother from the violence, leading them to construct a confused and misleading perception of the function of the mother. The woman's full perception of the damage done by "witnessed violence" to children comes only with time, after numerous activities carried out in the shelter, when it is possible for them to accept the fact of not having provided in full one of the principle parental functions: the protection of the child.²² For all these reasons, the support regarding parenting represents another important activity and a primary objective of the intervention programmes provided in the shelter.

In the first phase - that immediately following their acceptance in the Emily shelter - the work of the anti-violence staff is centred on building a relationship of trust with the woman: in the house the woman feels welcomed, believed, and at the same time, feels that the staff, with their skills and their knowledge of the problem, are able to support her in finding an exit route from the violence. The building of this trust relationship is a necessary precondition for her to be included in the activities of the B-SIDE project, aimed at supporting parenting, as only after having built a relationship with the personnel can such delicate issues such as that concerning herself as a mother be faced, either in groups or individually.

After this initial phase, the various moments of the project are shown to the women explaining the objectives and informing them of the chance to make use also of the individual psychotherapy service both for themselves and for their children. Almost all of the women have chosen to embark upon this path, both for themselves and for their children, recognising its importance. Some have had to drop out due to difficulties in obtaining the authorisation from the fathers of the children.

4.1.3 Monitoring the beneficiaries during the programme

At this point there follows the work of the re-elaboration of the experience they have lived through - both with the women and the children.

The children, upon entering the Emily shelter, often feel distrust towards the adults as they believe that they themselves are the cause of the aggression of the father towards the mother and they live with a sense of guilt regarding their family history; they have the tendency to assume behaviours and responsibilities which are typical of adulthood, demonstrating insecurity and unexpressed anger and the search for the definition of the roles of men and women. It is on the basis of these very observations that a structured educational programme dedicated especially to them is developed.

The first step of the centre staff for the children is that of making them feel that the Emily Shelter is a safe place, where they can express themselves freely. This allows them to face up to their fears and doubts and confront their experiences both in individual interviews and in groups with the other little guests. After this, the staff work both with the children and their mothers, to ensure that the children are able to recover a dimension of life which is

²² The sense of impotence and the lack of self-esteem are reflected also in her maternal role. The violence is a barrier between the mother and the child: depressed and without hope, these mothers often cannot find the energy to contain and look after their own children. In reality, they have a distorted perception of their own capabilities and their own strengths and they feel useless and incapable. This underevaluation is a direct consequence of the sense of guilt for the fact of not being able to carry out their social role as a support and a guarantee to the correct functioning of the family" (Marchueta 2005).

more appropriate for their age; only in this way can they then work on their desires, supporting their dreams and their future projects.

The activities dedicated to them are divided as follows:

- *actions of welcoming*, to get to know each other, form groups and create a trusting relationship
- *actions of support*, over the course of the B-SIDE project
- *monitoring them when leaving* the project itself.

There are rooms specifically designed for the various activities and it is through art, understood in a pedagogical way, that they experience themselves. Looking after the garden, playing, drama, listening to songs and analysing the lyrics, making music, watching films and discussing them in groups, drawing, painting, writing and expressing themselves through dance and movement, all allow them to experience their own bodies and emotions, re-elaborating what they have lived through.

Regarding the intervention for the women, in the first phase the work of the social service providers is centred above all on aspects of their own family history, using stories and writing as a tool. Autobiographical writing, in fact, is a highly valid means not only for the reconstruction of real facts - an element which is not insignificant when a more realistic point of view is either missing or lacking, distorted by the abuse - but also for increasing their own feeling of value and for the development of their cognitive abilities, aspects which have been damaged by the aggression.

In the interviews/activities, the women have the chance to find a new vision of themselves, to mobilise new energies and to enhance their skills. The underlying request, which is almost always present, is the hope of change for themselves and for their children in which the woman is involved in first person. In cases where the abuse occurred a long time in the past, such as in infancy or adolescence, the women find it more difficult to participate in the change and it is for this reason that the project provides for individual psycho-therapeutic support. Often these women describe their partner as a good father for their children, with no perception of the damage that witnessing violence can do to them, and frequently they believe that their partner can change following their decision to leave.²³

The basis of the work of the social service staff for the mothers in the workshops is to foster the recovery of their self-esteem linked to a positive representation of themselves. They emphasise the fact that, despite the violent context in which they were living, they were able to survive both for themselves and for their children. They can re-discover their sense of self through small daily decisions, experience a relationship based on trust and being able to express themselves freely without fear of being judged and without what they say being used against them. The anti-violence workers never take the place of the mother by making decisions for them, but try to improve their decision-making ability concerning all matters relating to their relationship with their children.

We chose to use the “support group” as a tool, led by the social service workers in order to encourage an exchange of experiences, involving also women who were former guests of the shelter in the project. This allows us to give a positive testimony and to let the women understand that they are not the only ones to have experienced domestic violence: there is a way out of violence. The aim of sharing emotions and experiences is that of breaking the isolation in which the victims of violence are forced to live by their partners.

In the reflection on the concepts of taking care of herself and of her children, it is of fundamental importance to continue to remind them of their infancy and the experience of care-giving that they lived with their own mothers. The tools used during the workshops with the mothers are; brainstorming, the re-working of the experience and the emotions through the observation of photos taken during the mother/child workshop, creative writing, graphic representation and story-telling.

The workshops with the mothers were always a prerequisite to the activities shared with the children, and a moment of reflection on the experiences lived, giving value also to informal moments in life, understood as precious opportunities for personal and collective growth from a non-violent perspective.

²³ As already mentioned in the Introduction and Chapter 2, domestic violence against women is still a very common socio-cultural phenomenon, the effects of which tend to be minimised. In addition to this the everyday experience of this kind of violence makes it seem normal. This means that the women who suffer the violence do not perceive the seriousness of it and are not entirely aware of the severe damage that it can cause to themselves and to their children.

Alongside the activities aimed at the children and those for the mother, there are specific mother/child activities to observe the relations within the mother/child couple, a relationship of primary importance in the life of every child in that it represents the first source of emotional awareness and emotional nourishment. In the victims of violence or CWDV one of the most badly damaged spheres is the emotional - affective one. This type of damage is reflected in the short, medium and long term, both on an individual and a relational level, compromising the establishment of a balanced, non-violent dynamic. For this reason it is important to encourage the meetings between mothers and children, in moments of emotional exchange, confrontation and affective practices. The work of the social workers in the workshops on the emotional sphere with the women, the children and the mother/child couple, both individually and in groups, is therefore fundamental so that they can rethink and reposition themselves in the relationship. The methodologies, the language, the techniques and the tools are appropriate and respect the different age groups.

4.1.4 Description of the workshops and other activities: methodologies, forms of intervention, professional resources, daily internal and outside observation, on-going, final and impact evaluation

The concept of taking care of oneself is talked through in its many aspects.

The “**affective maternity**” journey has various phases, each one a pre-condition for the next and, as we already mentioned, through which the women must pass and experience, re-establishing contact with themselves, with their past and their present:

- the body: from the violated body to the protected, cared for and cherished body;
- communication and language: from the shouted and dirtied words of violence to the coloured and whispered words of love;
- trust, authoritativeness, rules: from the denigration and the underestimation of the violence to the awareness of themselves as a woman and mother;
- gender identity: from the stereotypes and the inversion of values and roles of the violence to a non-violent future... the chain which is broken!

These four phases represent the macro areas of the interventions which are worked on with the women and with the children.

The metaphor of the “voyage” gives a good idea of the course that these women and their children are going to embark upon. As in any journey there is a “**log book**”, a personal and collective summary of the difficulties encountered and the successes reached, all through the viewpoint and the emotions of the little and big travellers, realised through the photographs taken during the various activities and the many materials produced by the children and their mothers.

1. The flower that represents us

Description of the Activity

Starting from the concept of “taking care of...”, at the basis of our metaphorical journey into “affective maternity”, we dedicate ourselves together with the women and their children to the planting of a garden inside the shelter. After having prepared the soil, we then plant aromatic plants, which are cared for over time by the beneficiaries of the project. These plants are then used daily by the guests of the shelter and on special occasions such as parties and theme-based dinners, to be enjoyed also by the former guests who are part of the project to encourage the sharing of the fruits of the work done together.

The moments of particular emotive importance, in addition to the planting and the care of the garden, are the activities dedicated to the group reflections (one activity only for the children and another only for the mothers) on their experiences and what they feel during the mother/child activities; the attention is obviously both on the positive aspects experienced in those moments, but above all on the difficulties and the critical moments which arose. The most important and effective tool for reflection used in the two group activities are the photographs taken during the previous meetings in which the mothers / children work towards a common goal - the creation of the garden.

The photographs are used by the children to remember and to re-live these moments with their mothers in an exchange of ideas and opinions between peers, co-ordinated by the social workers, in order to produce a poster representing their experiences visually and concretely.

With their mothers the photographs are, on the other hand, used to open an exchange of emotions between them,

again co-ordinated by the social workers, on what they felt in the days of the mother/child activities and the sensations they felt when they saw their behaviours, looks and expressions in the various photos, in which they were taking care of themselves, their children and their relationship.

- Individual or group: group
- Frequency of the sessions: twice a month
- Duration of the activity: four sessions
- Location: activity room and shelter garden for planting and care of the plants
- Materials used: paper, colours, boxes, photographs, garden tools, aromatic plants
- Professional staff: anti-violence workers, trainers and social assistants

Objectives:

- Talk through the concept of “taking care of ...”
- Offer the mother and children time in which to be able to experience a new way of being together
- Work on respect for each other’s rules and times
- Offer the mothers a new way of looking at the needs and emotional requests and practices of their children
- Experience a playful dimension full of meaning in the relationship
- Give voice to the thoughts and feelings of the mothers and their children with respect to being together
- Analyse with the women their way of being a mother, with their strengths and weaknesses, with the intention of highlighting what is good and to improve areas that are lacking due to their own life stories and the violence suffered.

2. From the abused body to the cherished body

Description of the Activity

The guiding thread of the project is always the concept of “taking care of ...”, an aspect of parental skills of abused women which is often compromised as a result of the aggression suffered at the hands of the partner. Talking about “taking care of ...” it is necessarily to pass through a reflection of what for each one of them is an affective relationship and a communication of feelings: everything which is seen concretely in the gestures of affection, in the words of childly love and in the daily parental relationship. We begin from the concept of affection and we analyse it in separate activities, with the women and children, observing it from different points of view. With the children we discuss and compare experiences on what affection is and what it means to feel loved; they seem to have very clear ideas and each of them represents their idea graphically by drawing what in everyday life these concepts mean to them. In two separate activities the children recount and draw their “recipes of the heart”, i.e. their favourite dishes that their mothers cook when they ask them to, and their “favourite snuggles”, or the way in which they prefer to be received in a moment of emotional need.

With the women, instead, through brainstorming we discuss affection beginning from when they were children and arriving to their being mothers today. Huge difficulties often emerge for them to remember gestures, words and positive experiences of affection and care from their mothers, and from this we reflect together also on the difficulties that they encounter with their children in showing and communicating their affection and above all in knowing how to read their requests for affection. These activities are a prerequisite to a mother/child activity in which the women and their children build a form together (using DAS modelling clay) which for both of them has emerged as being the best representation of what affection is - in this case, a hug. The mothers and children, occupied in giving form to their own personal hug with the clay, compare the physical sensations and the feelings that they have when they hug each other with the rest of the group with the support of the social workers.

- Individual or group: group
- Frequency of the sessions: twice a month
- Duration of the activity: four sessions
- Location: activity rooms inside the shelter
- Materials used: cardboard, sheets of paper, colours, DAS, iron and copper wire, acrylic paints, pens, photographs.
- Professional staff: anti-violence workers, trainers, social assistants.

Objectives:

- Give a name and a form to what makes them feel good and what makes them feel loved in the mother/child relationship
- Bring to attention and listen to the emotional needs and demands of the children
- Talk through the concept of affection, shedding light on the path from abuse to care and appreciation of a person
- Offer the mothers and children time in which to be able to experience a new way of being together
- Offer the mother a new way of looking at the needs and emotional requests and practices of their children
- Experience a playful dimension full of meaning in their relationship
- Give voice to the thoughts and feelings of the mother and their children regarding being together
- Analyse with the women their way of being mothers, with their strengths and weaknesses, in order to highlight that which is good and sufficient and to improve on that which is lacking due to their personal histories of violence suffered.

3. Discovering the world

Description of the Activity: exploring the country

- Individual or group: group
- Frequency of sessions: two outings
- Duration of the activity: one day
- Location: one trip to Sabaudia (Latina) and one to Sermoneta (Latina)
- Materials/human resources used: coach as a means of transport and a tour guide
- Professional staff anti-violence workers, trainers, social assistants

Objectives: to promote and foster the awareness of the children and their mothers of their country and allow the social workers to observe in an informal environment the relational dynamics between the mother/child outside the facility.

4. Hippotherapy

In order to concretise or simply to consolidate on the objectives laid down in the various phases or macro areas of the project, we made use also of the collaboration and intervention of some external partners, identified each time in the area, on the basis of the needs and the specific circumstances being faced.

In the context of activities on the concept of “taking care of ...” we passed from the care for a space (a garden), to the care for a living being (the horse), making use of the collaboration of a group of horse-riding experts in the area. The therapeutic effect of hippotherapy is scientifically recognised and is based on the specific dialectic relationship that is fostered between the individual and the horse, founded essentially on an empathic and motorial language rich in pleasant and reassuring feelings, which is extremely involving at an emotional level.

Children aged between 3 and 14 years old participated in the experience, with a daily commitment of around 4 hours for 4 weeks in August and September 2013. One day per week - Friday - the mothers were also involved. The principal objective, reached with the help of the horse co-therapist, was that of supplying a complete intervention that involved the mothers and their children.

Other more specific objectives were:

- the relational aspect: recovering the relationship of the child with the mother permitted the sharing of emotional states and emotions and the definition and respect for roles. The care of the animal (feeding, brushing, washing it and providing for its needs), encouraged a process of caring, attachment, responsabilisation, caring for oneself and altruism;
- behavioural and sensorial aspects: the management of the horse, both from the ground and in the saddle, enhances the self-esteem of the child and increases their autonomy. Moreover, as the horse in its nature is very sensitive to stimuli, the relationship with it led necessarily to the children (but also the mothers) gaining a better awareness and management of themselves;
- the emotional aspect: the horse offers a very strong emotional stimulus, also producing at times contrasting feelings in the children. The specialist personnel from the stables helped them to recognise, verbalise and

share these feelings, thus encouraging a higher tolerance for frustrations and an emotional expression appropriate to the stimulus;

- the cognitive aspect: through the various activities both on the ground and in the saddle, it was possible to improve and maintain concentration more quickly, increase waiting times, the ability to imitate both fine and coarse movements, balance and understanding of complex verbal messages.

In order to consolidate on the objectives reached through this equestrian activity, the second part of the day is dedicated to water games/sports, using the swimming pool at the stables. The children and their mothers are able to relax and enjoy themselves and thus, through sharing these moments, can consolidate the relationship within the group and between each other.

5. Psychotherapy

From March 2013, the EDA Service was appointed by the Lilith Women's Centre to carry out a psychotherapy service for children and women at the Emily Shelter, aimed above all at the support of the mother/child relationship. Such a request led us to provide a form of intervention that could be both functional in reaching the required objectives but at the same time did not overlap with the group activities already put in place by the shelter workers. The intervention carried out by a mini-team made up of three psychologists - psychotherapists was essentially divided into three phases:

- The individual and relational psycho-diagnostic evaluation of the women and the children.
- The planning of a therapeutic intervention specific to the individual and the family shared with the group of personnel of the Emily Shelter and the women involved in the project.
- A multi-method course of psychotherapy (individual and of the mother/child couple).

With regards to the first phase of the psychodiagnostic evaluation, a clinical interview, the patient history and a psychological personality test (the MMPI-2, the Test of the Human Figure, the TAT for adults and drawing tests and narrative projection for the children) were used.

The second phase of the analysis of the results allowed us to identify the resources and the criticalities of each case through the work of the internal team and with the group at the Shelter, in order to establish the short-term objectives to attain through the course of psychotherapy.

In some cases individual psychotherapy sessions were implemented, in others, on the other hand, it was considered appropriate to work simultaneously on the mother/child relationship between the two of them with the aim of:

- Facilitating the mother/child relationship through moments of play;
- Giving the mothers the chance to be guided and to establish more functional relationships;
- Helping problematic situations emerge and give a containment response.

The individual courses, however, were necessary above all in the conditions of the most serious violence, to have a deeper reflection on their role as a parent (for the mothers) and indispensable emotional containment for the children, for whom, in the majority of cases, serious psychological and physical traumas were evident.

In particular we believe that the care, in situations of infant trauma, should be understood as the promotion of a reparative experience that is both factual and emotional. In other words, there is a need to put together an intervention aimed at allowing them (and at times also those who are near to them) to experience meaning systems which are different from those that the victim has encountered previously and which have been compromised by the traumatic experience, with the construction of a concrete and more reassuring experience. The child must be able to count on the fact that the world in which they suffered the violence is a world that can offer them an alternative.

Psychotherapy is, therefore, aimed above all at acting on this meaning system, changing the "lenses" through which the traumatic experience is seen, which must be processed and integrated into oneself.

Our model proposes various and integrated approaches through the continual comparison between different psychotherapy methods applied to situations of infant trauma, made possible by the fact that we work in teams. The work done through the multi-disciplinary team of the EDA service guarantees an active exchange regarding the predisposition of the project interventions. The acceptance of this role requires, in general, the involvement of

various experts who work in different and integrated ways on two levels (child and mother) based on the plan defined during the frequent team meetings and in the encounters with the specialist staff of the Emily shelter. The team holds weekly working meetings aimed at sharing intervention projects concerning this responsibility. In addition it carries out regular supervision with a psychotherapist regarding the planning of the interventions and the development of the cases in progress.

6. Monitoring along the course, at the end, and of the impact

The entire course of the women and children inside the B-SIDE project was monitored on a three-monthly basis through the use of specifically structured forms drawn up during the various encounters with the project partners. The forms are divided into three types: on-going, final and impact; the first allows us to "take a photo" of the women and children and their interaction at the beginning; the second shows us the evolution during the course of the project; the third is used to show the success of the intervention over time. Each form is filled in by the social workers who follow the various nuclear families during the different workshops.

4.1.5 Leaving the Recovery Programme

Once having finished the intervention programme described above, women and children who wish to or feel the need to can be placed in a follow-up programme, which is a form of support path in the emotional and practical management of eventual changes that could happen in their lives outside the protected context of the shelter.

4.1.6 Local support network

Since 2008 the Lilith Women's Centre has been a "Reference Structure for content and action in the territory" for the Latina municipality, which is part of the National Anti-Violence Network of the Department of Rights and Equal Opportunities of the Italian Government as a Territorial Area Network (ATR) - a national project named "ARIANNA".

The following services are involved in the local networks; anti-violence centres and shelters, social services, health and hospital services, police, tribunals, educational and school services.

On the 25th November 2009 all the institutions included in the Citizens' Network (the City of Latina, the Prosecutor's Office, the Prefecture of Latina, the Police Headquarters, the Provincial Command of the Carabinieri, the Municipal Police, the hospitals, Health Authority and the Lilith Women's Centre) signed the Protocol: Network to combat violence against women and children in the city of Latina.

The function of the Citizens' Network is that of sharing best practices amongst people who come into contact with the problem of violence against women. In order for this to be set up it was extremely important to find a shared language and content so as to be able to overcome cultural stereotypes which are often very widely held. The staff of the Lilith Women's Centre led many training courses for social and health workers and these were fundamental to the success of the project. Another objective of the Citizens' Network, which has yet to be reached, is the creation of a shared database that allows information to be collected in a uniform way.

During the B-SIDE project, the exchanges of information and best practices established with some of the others in the network who enter into daily contact with CWDV, were extremely useful. The Lilith Women's Centre staff members, who have worked with this problem for many years, were seen as a reference point to whom to entrust the work of elaborating, and at times supporting, the programme. Thus, the project represented a valid tool not only to overcome the difficulties that the public services often face in the region with respect to taking on the therapeutic responsibility both of the women and the children, but it also presented a privileged viewpoint from which to make daily observations on the damage done by violence.

The story of Emanuela

The acceptance of Emanuela³⁰ and of her son, Pierluigi, 5 years old, into the Emily Shelter came following a request from the Juvenile section of the social services, on the indication of a hospital at which the child had been treated, in the orthopaedic and trauma ward, following a fall. After having spoken to the social services assistant in the hospital, we learn that the child had suffered a compound fracture of the right arm as well as a fractured skull after having fallen from the roof of a tool shed and it had been necessary to operate.

We meet Emanuela and Pierluigi just after they leave the hospital. Emanuela appears very stressed, having spent a week at her child's side in hospital without ever having received a visit from the child's father or other members of his family. None of the family had worried about her basic needs such as water, food or a change of clothes, nor had they asked about the child's condition, even on the day of the operation. Emanuela's family, on the other hand, live in another region of Italy.

During the meeting we inform her quickly about the type of facility in which she would stay, but she already seems aware of the fact that she has no other alternatives at this time, as the social services had an order from the Public Prosecutor's Office for Juveniles for the placement of the child outside of the nuclear family, with or without the mother.

From Emanuela's stories we discover a family history with many different problems, both in terms of her home family, and her new nuclear family. Emanuela meets Pierluigi's father through a chat-line and after some months they decide to meet, moving in together very soon after. Emanuela gladly leaves her family home where the emotional situation is very oppressive. In fact when she was only 9 years old, her father who was very depressed and under the care of the Department of Mental Health, commits suicide. She and her 7-year-old sister discover the body in the woodshed of the house and from that moment on the family situation steadily worsens. The mother does odd jobs and, apart from the three children from her marriage, gives birth to two more children who are not recognised by her partner. They live in hardship and with aid from the municipality in which they live, and Emanuela, being the oldest, often has to look after her brothers and sisters. She goes to school until the third year of high school and from then on she takes care of the house and her family full-time. As if this is not enough, two years before moving into our area, her 17-year-old brother has a serious road accident and remains in a coma for some months. He comes home but the damage is irreversible. From these stories it is clear why Emanuela wants to escape as soon as she has the opportunity. And she obviously does not take the time to evaluate and interpret the numerous signs that she gets when living together with her partner about his behaviour, given her urgent need to feel loved and accepted. From the beginning she realises that her partner takes drugs, but the experience in her own family does not allow her to interpret the information correctly and she is unable to get any explanation from him.

After having lived together for two years, Emanuela realises that she is pregnant and after the birth of Pierluigi she lives for some years in a state of almost daily psychological, economic and often even physical violence. Pierluigi is frequently present when these bouts of aggression towards the mother take place, so much so that more and more often he throws himself at the father in an attempt to defend her. In the recent past the police and ambulance services were called very frequently. Emanuela tells us that she spends many hours out of the house with her son in order to protect both him and herself. It is in this context that Pierluigi's accident happens: she is at the house of one of her partner's cousins when the child, together with his cousin who is older than him, climbs up a ladder leaning against the shed. When he is told to come down, in his haste, he falls.

During the workshops done in the B-SIDE project, Emanuela is urged to reflect on the fact that her inability to defend herself, but above all her son, is linked to the state of her own family, which has continually undervalued her and left her unprotected. Her partner and his family fitted perfectly into this context of low self-esteem, reinforcing the lack of respect she has for herself.

Furthermore, we reflect together and contextualise also another important aspect of domestic violence, the social isolation that Emanuela had already experienced in her own town, where her mother was stigmatised as an "easy woman" and a "bad mother" - a situation which was revived by her partner as a means of control.

³⁰ The names given have been changed in order to respect privacy laws.

The atmosphere created, in which she is not judged but valued, increases her self-esteem that in this case is very low, as the mistreatment of Emanuela dates back to her childhood. In fact, the neglect and the absence of a parental figure and/or a protective family have made Emanuela susceptible to future risky behaviour above all in the affective sphere. For this reason we suggest that she embarks also on an individual course of psychotherapy in order to analyse in depth and talk through the problems linked to her infancy. Obviously the working group of/with Emanuela involves also her relationship with Pierluigi.

Upon entering the shelter, Pierluigi, 5 years old, is a very lively and curious child who relates easily to the staff. From an affective point of view he is extroverted; he often hugs and kisses his mother, but also the other guests and the social workers. Also when playing with the other children in the shelter he is pro-active and collaborative. From a cognitive point of view he is normal for his age. In the educational - play activities that he is given he speaks of the violence he has witnessed in a particularly detailed way.

Emanuela's difficulties in getting him to listen to her requests, however, are immediately evident. She often complains that she is not able to be authoritative with her child in an effective way and in interviews with the social workers she relates this difficulty to the sense of guilt that she feels towards him for "having taken him into that house of crazy people". From daily observation Pierluigi's difficulty in respecting rules and limits emerges, as he is used to questioning every choice of his mother. Actually, from the stories already told by Emanuela we had already heard the tales of the practical and emotional abandonment by her parents from an early age, as well as great loneliness and her need for love and acceptance which led her to be open to anything in order to have a minimum amount of recognition. These relational problems are also reflected in her relationship with Pierluigi, and these are also inserted into her individual course of psychotherapy.

One picture that Pierluigi draws is especially illuminating: the task he is given is that of drawing a child under the rain and the drawing that he does for us is that of a child (himself) under a rainstorm without an umbrella. His relationship with the world (the rain) is therefore one without any protection, a protection that he should have from his adult role model.

We share our interpretation of the drawing with Emanuela, explaining that also the extroversion of Pierluigi can be read as a difficulty in referring to his parents as those who should protect him from the adversities of the world: in fact he thinks that he can turn to anyone for help. We share with his mother the need to work on the verticalization aspects of their relationship, which will allow her to be able to manage the relationship more easily, above all for aspects linked to rules and limits.

On entering the shelter Emanuela's life was on the brink of an abyss and she had risked losing the person who was most important to her: Pierluigi. Her state was linked to her inability to think differently from how everyone else - including herself - up to that moment, had thought of her. The various interventions provided for by the B-SIDE project allowed Emanuela to explore her state of distress, to be supported while she sought the causes and the reasons for it, to be listened to whilst she entered into contact with her wounds, to be encouraged in her deductions and at the same time opened up for her new glimmers of understanding of reality allowing her to identify the barriers to her project for regaining an autonomous life with her son.

Emanuela and Pierluigi's course in the Emily Shelter was especially long - 23 months - also given the numerous difficulties that women encounter when they want to/must go back to work without having any specific skills. She and her child were the first beneficiaries, together with another nuclear family, of the Lilith Women's Centre project named D.E.A - Dopo l'Emergenza l'Autonomia (After the Emergency, Autonomy), which provides women coming out of shelters with the chance of making use of two public housing apartments made available by the municipality of Latina for a period which varies from 6 months to one year. The inclusion of the nuclear family in the project is linked to them having a minimum level of economic autonomy to allow them to manage daily life. The project envisages that the women and children (where present) are supported and monitored in the change by the operators of the house.

On the 6th June 2014 Emanuela obtained an apartment in public housing to which she will shortly move with her son to embark on a new, completely autonomous life.



Spain

4.2 The Recovery Programme in Spain

4.2.1 Brief introduction

The A.D.A.V.A.S. association offers professional services to victims of domestic violence, which supplement the actions of shelters and other institutional services that exist in the city. The work done with these centers is coordinated in an effort to achieve the most effective outcomes possible. A.D.A.V.A.S is not a shelter, but a day centre that offers specific services.

The intervention is carried out in conjunction with other programmes from public or private entities, which cover other scopes of action and are essential for dealing with the diversity of domestic violence cases and the necessities that could arise in each individual case.

4.2.2 Reception, identification, definition of profile and selection of the beneficiaries

The coordinator/social worker is the first point of contact with the case, either over the telephone or in person.

A. Reception and initial assessment of the case:

- Procurement of cases referred from other professional services.
- Procurement of cases from other channels of access: informal networks such as people close to the victim, Internet, etc.

B. Initial interview. In the first contact with the victim, a semi-structured interview is conducted in which we:

- Provide the individuals with information regarding the centre, the nature of the association, the professional team and their functions and the intervention protocol.
- Fill in a form in which we collect the most significant information including:
 - General identification information.
 - Genogram. The make-up of the family unit and relationships with the extended family.
 - Employment status and level of financial independence.
 - Examination of the support system and relationships with regards to residence and living environment.
 - Assessment of vulnerabilities: physical, psychological or sensorial disabilities and belonging to an ethnic minority, immigration, etc.
 - Health history: past and present diagnosis and treatments and possible dependency or abuse of drugs.
 - Family history and origin: structure, relationships and significant events that have occurred.
 - Assessment of prior experiences with abuse.
 - Collection of relevant information about the aggressor and the abusive behaviour.

Collecting this information allows us to:

- Evaluate the history of the violence, the victim's perspective on it and symptoms manifested by the woman or the children.
- Examine the mother-child relationship.
- Determine the woman's needs and requests.
- Assess the risk involved for the woman and the children in her care and initiate the protocol of protection measures.
- Inform the victim of the B-SIDE Project, assess the possibility of including the case in the project and obtain a signed commitment form in order to carry out the intervention.
- Assess the degree of the woman's motivation to participate in the project.
- Plan the intervention project: establish the objectives, methodology, and prepare the resource map indicated for the case.
- Share the information with the rest of the team as well as other outside professionals that would be involved in the case.
- Provide psychotherapy services: after the initial contact with the centre's coordinator, the woman is referred to the psychotherapist, in which the first interview is aimed at specifying the therapeutic context, including acceptance of the conditions of access to the programme and the creation of a victim-therapist relationship.
- Provide music therapy services and detect the cases that meet the requirements of entering the B-SIDE Project: the mother is scheduled for an individual interview, followed by an interview with the child and then the initial evaluation forms are completed and the sessions are set and a plan of action is designed for each child.

Requirements for the inclusion of a case in the Project. Women who:

- Are legally of adult age and have experienced violence from their spouse or partner.
- Have abandoned the relationship with the aggressor and no longer live with him.
- Have children between the ages of 4 and 14 years old.
- Along with their children, are not receiving any other psychological treatment due to the violent situation in which they have been living.

Voluntarily sign an agreement to participate in the Project in which they commit to:

- Attending all the scheduled therapeutic sessions and workshops along with their children.
- Participating in all levels of evaluation designed for them.
- Communicating any and all obstacles that may arise, preventing them from complying with the requirements of the programme.
- Informing the father that the child is participating in therapy and obtaining his authorization.

Causes for exclusion from the Project:

- Voluntary abandonment of treatment.
- Repeated and unjustified absences from therapeutic sessions.
- Returning to the aggressor.
- Having serious mental problems or additional issues that may hinder the therapeutic treatment as a result of not having had specific treatment.
- The father's objection to working with the children (in cases where the father's parental rights have not been restricted by law/court order).
- Clear indications that the child has been/is being abused.

4.2.3 Monitoring of the beneficiaries during the programme

1. With the woman and children: in-person or phone interviews are conducted in which the actions and resources involved are reformulated in the light of any new situation that may arise throughout the intervention process. Monitoring of the psychotherapy service is conducted by applying the intervention programme once the needs are identified and the objectives of the treatment are defined. In each session, the advances and difficulties that occur and are reported by the woman are collected and recorded. Monitoring of the music therapy service is done through direct observation of the various sessions and workshops that are held, where the most relevant and significant information is noted in order to complete the monitoring sheet in which the therapeutic progress of the minor is detailed.
2. With the internal professional team: meetings are held every 15 days to discuss the monitoring of the cases and the on-going evaluation of the interventions.
3. Coordination with the other professional services that are involved.

4.2.4 Description of the workshops and other activities: methodologies, forms of intervention, professional resources, daily internal and outside observation, on-going, final and impact evaluation.

1. Psychotherapy with women victims of violence.

Domestic violence is a reality that continues to be present in our society, as demonstrated by the number of judicial complaints and reports from health professionals and social services dealing with the subject.

Domestic violence affects all members of a family whether they are the target of direct physical and psychological aggression or not. Children for instance, may not be attacked directly by the aggressor, yet they live in an environment where they lack adequate security, emotional well-being and stability.

These negative effects are found repeatedly in children who have been exposed to domestic violence, resulting in physical, psycho-emotional and behavioral difficulties at school as well as with family and social relations.

It has also been observed that the actual psychological state of the women victims, such as low self-esteem and high levels of anxiety and depression, determines the role that she plays as a mother, noting a significant deficit in her parental abilities.

It is therefore important to provide the women and their children with the proper assistance necessary to minimise as far as possible the negative effects of their situation.

For this reason, the psychological intervention with the victims of violence has been set up to function on four main levels:

1. General evaluation of the impact on the victim, taking into account the different variables involved, such as type of abuse, its duration and severity, and the emotional state of the victim at the time of evaluation. It is important that the therapeutic intervention be tailored to the individual needs of each victim.
2. Provide an environment where the victim can talk about the violence experienced and express their needs, feelings, emotions, wishes and doubts and to also help them remove the stigma surrounding their situation, as well as their feelings of self-blame.²⁴

²⁴ The psychological violence that is characteristic of the phases of the spiral of violence contributes to the reduction in the level of the woman's self and in the long term to the manifestation of vulnerabilities and a sense of guilt.

3. Therapeutic intervention aimed at the victim's recovery in the areas most affected, such as their psycho-emotional and behavioural state.
4. Intervention with the victim's parental abilities by helping them to develop more secure bonds and positive views of social roles and respectful conduct of men and women, and to help them develop healthy relationships which are not based either on control or submission.

The general approach of the intervention is established through 10 interviews that take place with each woman. In each session, the work is aimed at:

- Assessing the risks and the need to leave the situation immediately. Creating an environment of trust.
- Improving the victim's safety and security and increasing awareness of the strategies of prevention and protection when faced with domestic violence.
- Providing the victim with an explanation of their status as a victim and the characteristics of the violent relationship.
- Helping the victim understand that her poor physical and emotional state is a result of the domestic violence situation.
- Increasing their self-esteem and self-confidence.
- Learning and/or supporting their decision-making, problem-solving and coping skills.
- Encouraging adequate communication and social skills.
- Resolving conflicts.
- Modifying their traditional beliefs about gender roles, sexist attitudes and myths about domestic violence.
- Reducing the symptoms and psychological impact of the abuse.
- Helping them develop parental skills and an understanding of their role as a mother who has been a victim of domestic violence.

While these points are used as a minimum guideline for the therapeutic sessions, the essential focus of the intervention is determined by the therapeutic objectives which are defined at the beginning of the session with the victim, and are tailored for each woman in order to address the needs that she perceives to be important in her therapy.

Observations are made throughout the therapeutic sessions, workshops and services by other professionals who may be involved in the interventions, such as doctors, nurses and social workers. These professionals communicate with us by phone and inform us of their perception of the personal and psychological state of the women.

2. Methodology of music therapy

It is important to bear in mind that children who are exposed to domestic violence are not only affected psychologically but also have the need to be protected and live in a violence-free environment. For this reason, the intervention must be multidisciplinary. The therapeutic approach establishes a connection between the fundamental impact on the minor in different areas, the seriousness of the symptoms and key emotional expressions.

The music therapy method is eclectic and based on the combination of methodologies from Juliette Alvin and Mary Priestley who work symbolically with music, sound and movement. Music is a form of expression in which the children can use the tools to express their sentiments and emotions and re-structure the values associated with violence.

1. Expression of emotions

- The creation of an atmosphere in which the child feels that they are being listened to and can freely express their feelings, emotions, needs and fears and be able to talk about the violence that they have suffered. In order to guarantee the child this type of atmosphere, the environment must be as warm and friendly as possible, allowing the child to manage, identify and express their emotions.
- Working with the circle of trust and security – people who the child can trust and depend on.

2. Psycho-emotional and behavioural effects

- Restructuring of the values associated with violence and the tendency to repeat the role of the mother victim

- or the aggressive father.
- Promoting self-esteem, making it easier to express their feelings.
- Learning how to resolve conflicts in a non-violent manner.
- Encouraging empowerment and resilience.
- Eliminating self-blame and stigmatization.
- Developing better communication skills.
- Educating on gender equality.
- Modifying disruptive behaviour.
- Finding different communication methods and alternatives to aggression.
- Eliminating the debilitating psychological symptoms that may be present in the child's psychological state.

Approximately 8 to 10 sessions are conducted and a subsequent evaluation is performed to establish whether or not there have been improvements. If the child is found to be more stable, they can leave the therapy programme (with a follow-up plan) and if not, they may need to continue with further sessions.

The work is generally done on an individual basis. However, group therapy is considered with children of the same age group with similar problems. Brothers and sisters may participate in some sessions. The mother is responsible for providing the therapist with any significant information about the child and the child's conduct that she observes throughout the week.

The sessions are of 50 minutes and are conducted on a weekly or bi-weekly basis depending on the severity of the individual's situation.

3. Methodology of the psychotherapy

The therapeutic sessions are one hour in length with the following regularity:

- Weekly for the first two individual sessions.
- Every 15 days for the next eight individual sessions.
- Two follow-up interviews are also established by phone or in person, beginning six months after the date of release from therapy.

When evaluating the psychological effects of violence, abuse and control, it is necessary to consider:

- Cognitive changes, whether they are from the cognitive maps, expectations, terms, perceptions or self-esteem of the abused woman.
- The indicators of psychological dysfunction.
- Problems in relationships with people other than the aggressor.

Experiential: Workshop activities.

Psychotherapy

1. Description of Activity: Transforming the negative self image into a positive one.

- Individual or group: Group.
- Frequency of sessions: Twice during the Project.
- Duration of the activity: Two separate two-hour sessions.
- Location: A.D.A.V.A.S. Headquarters.
- Material resources: Black/Whiteboard and construction paper.
- Professional resources: A psychologist.
- Description of the techniques used: The perception that the women have of themselves is defined, identifying which aspects of this description they believe to have been created, magnified or diminished by the psychological abuse they suffered and which aspects they believe to be idiosyncratic. The intervention involves working on self-esteem and empowerment and the development of social abilities and assertive communication. An interactive and participative method is used.

2. Description of the Activity: From romantic love to shared love.

- Individual or Group: Group.
- Frequency of Sessions: Twice during the project.
- Duration of the activity: Two separate two-hour sessions.
- Location: A.D.A.V.A.S. Headquarters.
- Material resources: Black/whiteboard and construction paper.
- Professional resources: A psychologist.

During the sessions we:

- Attempt to identify the genealogy of love, the perception of the relationship links and the origin of the relationships.
- Work on the social models of couples and of love and lack of love.
- Promote an experimental framework for the exploration of the relationship links.
- Understand how to live within real love and not idealised love.

3. Description of Activity: Parental skills.

- Individual or group: Group.
- Frequency of sessions: Twice throughout the Project.
- Duration of the activity: Two separate two-hour sessions.
- Location: A.D.A.V.A.S. Headquarters.
- Material resources: Black/Whiteboard and construction paper.
- Professional resources: A psychologist.
- Description of the techniques used: Defining the importance of working from a model of kindness and identifying the suffering and emotional impact on the children.
- Advancement, reinforcement and learning of parental skills and understanding the children's rights to have a mother figure capable of caring for them and respecting their rights.

4. Description of Activity: Laughter Therapy: using laughter and humor as tools for achieving better health.

- Individual or group: Group.
- Frequency of sessions: Twice during the Project.
- Duration of the activity: 3 separate three-hour sessions (two with the women alone and one with mothers and their children together).
- Location: Julian Sanchez "El Charro" Integrated Municipal Center
- Material resources: pamphlets, neck scarves, balloons, clown noses, overhead projector, computer and music equipment.
- Professional resources: A laughter therapy specialist.
- Description of the techniques used: The objective is to understand and experiment with a sense of humor and laughter, based on the premise that these activities produce extraordinary affects on the physical, mental, emotional and social state of an individual that will help to improve health and increase resistance to stress. They learn to improve their capacity to relate to others, communicate better and face conflicts. They also boost their image of the fun, positive and creative self.

Other workshops:

1. Dog Therapy Workshop:

- Individual or group: Group (with women and their children).
- Frequency of sessions: At the end of the Project.
- Duration of the activity: One two-hour session.

- Location: Municipal Facilities.
- Material resources: The resources appropriate for the activity.
- Professional resources: An expert in dog-assisted therapy.
- Description of the techniques used: Activities that encourage shared responsibility, mutual care and a bond of affection between the mother and child.

2. Learning to live without financial dependency – an educational and work guidance workshop:

- Individual or group: Group (with women).
- Frequency of sessions: At the end of the Project.
- Duration of the activity: One two-hour session.
- Location: A.D.A.V.A.S. Headquarters
- Material resources: Handbooks on labour rights and job search techniques.
- Professional resources: A lawyer who is an expert in labour law and domestic violence.
- Description of the techniques used: Group dynamics and analysis of case studies in order to understand the existing rights for women victims of violence: such as the job search resources that exist in each community.

4. Music Therapy with children who are victims of violence.

The activity conducted with the children who are victims of domestic violence is Music Therapy. This discipline is a creative artistic therapy which uses music, sound and movement not only for their intended purpose but also as a form of communication and emotional expression. The intervention is led by a professional with a degree in music therapy and years of experience in matters of child abuse.

The goal of music therapy is to discover the natural potential of the victim or to restore their individual abilities allowing him or her to improve their intra and interpersonal communication skills, thus improving their quality of life through the preventative and rehabilitative aspects of treatment. This technique uses specific tools of observation, interpretation and intervention such as sound, music, voice, musical instruments, and all sound and rhythmic forms expressed or experienced through the body, objects and acoustic means of communication.

Music Therapy also allows for the possibility of covering the following three levels of assistance:

- Promoting health.
- Aid for illness and disorders.
- Rehabilitation for the consequences of the illness or disorder.

Music Therapy is appropriate as an individual or group approach for the treatment of individuals with organic or psycho-affective pathologies and also to develop preventative actions.

Music Therapy is a recreational, educational and therapeutic form of intervention which:

- Opens channels of expression and communication.
- May prevent disorders.
- Stimulates creativity.
- Focuses on healthy emotions in order to normalize the situation as much as possible and stimulate learning.
- Allows the victims to face their difficulties through the development of communicative and socio-affective abilities.
- Correct dysfunctional behaviours which are derived from these communicative and socio-affective difficulties and to provide physical, emotional and social well-being.

Music therapy workshop activities:

- Handmade Instruments. This workshop is designed for the construction of musical instruments that are made with everyday recycled materials, and will later be used by the participants in creating their own music.
- Creating songs together. Each participant contributes ideas from which lyrics are created together.

- Music, murals and emotions: Murals (posters), containing messages about abuse prevention, are created by using images found in magazines and on the Internet.
- The “Story Written Together” workshop - “My mum and me” is conducted with mothers and their children with the theme of an effective bond. With the contributions of both mother and child, a story is created with words, images and music.
- Relaxation music. This workshop deals with creating different relaxing atmospheres by using recycled and conventional musical instruments.

The observation in Music Therapy is conducted within a therapeutic context. It is the mother of the child that provides the information from outside of the context.

Professional Resources:

Project Supervisor. Functions:

- Technical and administrative management of the project.
- Coordination with other institutions and entities.
- Supervision of the professional team.
- Overall evaluation of the intervention project.

Social Worker. Functions:

- Case identification, assessment and initial case report.
- Social intervention project.
- Management of community resources.
- Referrals to internal professional team and coordination of the interventions.
- Monitoring of the interventions carried out by professionals from other entities.
- Planning and coordination of the activities performed by the external personnel / freelance personnel.

Psychologist. Functions:

- Case identification.
- Psychological evaluation of the women.
- Intervention sessions with the women.
- Planning and development of workshops with the women.
- Coordination and evaluation with other team members.

Music Therapist: with a degree in music therapy and a specialist in matters of child abuse. Functions:

- Case identification.
- Music Therapy intervention with the children.
- Coordination and evaluation with other team members.

Lawyer. Although this project focuses its intervention on the emotional and social aspects of the women and children who are victims of violence, it is important to have the services of a lawyer who specializes in domestic violence and family law.

While it is possible to obtain this service externally, it should be noted that it is more suitable for the lawyer to be a part of the internal professional team. This facilitates the coordination of the intervention between the team members and brings the service closer to the women, fostering better communication throughout the process. In addition, the lawyer is an essential part of the development of the educational and labour guidance workshop.

Dog Therapy Professional. Functions:

- Planning and development of the workshop with women and children.
- Evaluation of the activity.

Laughter Therapy Professional. Functions:

- Planning and development of the workshop with women and children.
- Evaluation of the activity.

Due to the infrastructure of the centre, the individual and some of the group interventions with women and children are conducted in the facilities of the centre itself.

While the first contact with the case may be by telephone or on-line, the interviews are carried out in-person and by appointment. If possible, the first intervention in person with the women is conducted within three days of the first contact.

For the laughter and dog therapy workshops, we rely on the co-operation of the local venues that are free of charge.

4.2.5 Leaving the Recovery Programme

The case is closed when the programme is completed and the participant is released from therapy. A final evaluation is then performed in relation to the initial objectives of the intervention.

Ending the psychotherapy sessions: the therapy can be stopped when the therapeutic objectives are considered to have been reached, as determined through the various methods of evaluation. A follow-up treatment plan is established at this time.

Ending the music therapy sessions: when the child has reached the objectives established during the initial phase and his/her emotional state is considered to be stable they can stop attending the therapy. There is the possibility of a reinstatement of the sessions if the mother observes an emotional relapse in the child and contacts a professional to conduct an observation.

4.2.6 Local support networks

The local network of assistance for women and children victims of domestic violence consists of representatives from the areas of social intervention, health, law, security and education.

In the area of Social Services, the centres specializing in assistance for women that stand out belong to the City Council of the Castilla and León region and the Local and Provincial Governments of Salamanca. However, the coordination of cases is also often carried out with basic social service teams referred to as CEAS (Centres for Social Action) in Castilla and León. These services are the first entry points to aid services for the community and as such, they perform one of the main actions of the domestic violence cases, which is that of case detection.

In the same way, the health service teams at the general Health Centres and the Mental Health teams also play an important role. Due to their close contact with the women and children, they can not only detect and report the instances of abuse, but also do continued follow-up of cases and refer them to specialized services.

The network of resources is supplemented by the actions of non-profit organizations that offer their services free of charge and in coordination with the Administration. They are organised within Emergency Centres, shelters and other specialized services.

The function of the police forces is indispensable, in particular the work done by their specialised teams which deal specifically with cases of violence against women and children: EMUME within the Civil Guard, SAF within the National Police and SEAMM within the Local Police.

With regards to the legal area, the actions of the public and private services specialising in violence are supple-

mented by the legal assistance offered by the Community's College of Lawyers. This service guarantees legal assistance as considered by Organic Law 1/2004, of 28, December (Integrated Protection Measures against Gender Violence) and Law 13/2010 of 9, December, against Gender Violence in the Castilla and León region.

Coordination between professional workers and services

In order to coordinate the interventions in the best possible way, Law 13/2010 of 9, December against Gender Violence in the Castilla and León region, considers the possibility of creating a single, unified case file which is pending further development.²⁵ This same law establishes specific entities to coordinate the resources: The Regional Commission against Gender Violence and the Local Commissions against Gender Violence, with the latter being from the provincial area. These commissions include all the institutions and organizations such as associations and private entities which are included in the network of assistance services.

The Government Delegation for Gender Violence was created by Organic Law 1/2004 of 28, December - Integrated Protection Measures against Gender Violence. Its main functions are the formulation of policies and coordination with the rest of the Administrations who have authority in the area of gender violence. As such, it monitors and evaluates actions in conjunction with the State Monitoring Centre for Violence Against Women. Each unit working with violence performs the functions of the Government Delegation for gender violence in each province.

On a technical level, the protocol followed by the professional teams that intervene in the cases is based on:

- Identification of cases and referral to public services and/or specialised private services.
- Planning of the intervention based on the necessities of each case.
- Monitoring and evaluation of actions.

The referral and monitoring of cases are done by phone, through written reports or meetings held by the teams involved.

The Story of Yeni

Yeni came to ADAVAS seeking psychological help for herself and for her children, after separating from her husband with whom she had lived and suffered domestic violence during the past years.

Yeni began a relationship with José 15 years ago. At first, the relationship was very pleasant and José was very attentive and loving, constantly telling her that there was no other woman like her in the world and that she was wonderful. The relationship became serious over time and they decided to get married. From that moment on, José's behaviour towards Yeni began to change. During the first few years, they went through different stages which at times were better and calmer and other times worse, with José displaying adverse behaviour towards Yeni. Amidst this situation, they have their first son, Manuel (who was 9 years old at the time that they contacted ADAVAS). According to Yeni, the major problems began when she got pregnant with their daughter Maria (who is now 5 years old). At that point, the yelling, humiliation and insults were continuous and became even worse when Yeni stopped receiving the family financial aid. As she had already been unemployed for quite some time, she ended up with no income whatsoever. From this moment on José continually called her a kept woman and told her she was useless and would get angry if she left the house with the kids. He continually controlled where she went and even wanted to prohibit her from going to her brother's wedding because he didn't like the clothes she was wearing.

The situation got worse and worse until she decided to leave her husband. At that point he even went as far as to push, insult and belittle her in front of their son Manuel. This is when she decided that she would no longer put up with it. With her mind made up about breaking off the relationship with her husband, Yeni came to ADAVAS seeking psychological help for herself and to assess the impact of the domestic violence on her children Maria and Manuel. ADAVAS began working with them at the beginning of 2013.

²⁵ As provided for by the law, a new model is being drawn up and it will be worked on from September this year (2014)

During the psychological evaluation with Yeni, the following symptoms were observed: Shame as well as fear that her husband would show up in public and begin to insult her. She was in an acute state of submission and seemed to be emotionally paralyzed, unable to react or respond adequately to the attacks. She also showed elevated signs of depression and anxiety.

During the psychological evaluation with the children within the music therapy sessions, Manuel appeared to be taking on an excessive amount of responsibility and blamed himself for his parent's separation. Maria was very afraid and cried often.

They both had sleep and digestive disorders and had problems concentrating and paying attention at school. They also displayed signs of very low self-esteem.

The treatment initiated with Yeni was aimed at enhancing her personal resources and diminishing her current symptoms. Throughout the intervention, Yeni's well-being was evaluated in four different areas: her evolution with respect to her violent partner, her evolution with respect to herself, the evolution of the psychological impact of the situation and the evolution of how she saw herself with respect to her children.

For the children, a music therapy program was designed to increase their self-esteem and strengthen the relationship between the children and their mother.

Yeni's evolution from the beginning of the intervention was positive. The symptoms that she displayed at the beginning of the intervention diminished significantly and she claimed to be feeling better about herself and her role as a mother.

Little by little, the children began to accept their parent's new situation and showed signs of improvement in their self-esteem, a fact which was demonstrated by higher marks at school and a better relationship with their mother on a daily basis. Although they did not feel enthusiastic about the visits with their father every two weeks, they were able to develop protective emotional strategies so that the visits were the least problematic possible.

In March of 2014, Yeni and her children were released from the therapeutic program, ready to take on a new phase of their lives where violence no longer has a place.



Hungary

4.3 The Recovery Programme in Hungary

4.3.1 Brief introduction

There are no special shelters in Hungary for women leaving an abusive relationship. Women who cannot afford to live on their own resources either stay in the relationship or may try to find a temporary place in the so-called family and mother's homes. NANE Women's Rights Association cooperates with a few of these institutions, but these are scattered throughout Hungary. This program was made available to women who were in special programs (legal and/or other support programs) for survivors of domestic violence offered by women's rights NGOs in Budapest. Most women came from a program run by the NANE Women's Rights Association which provided a mobile alarm²⁶ for women who had left an abusive relationship but were still being stalked by their ex-partner and also had to meet him regularly because of visitation rights given to the aggressor by the court.

Groups for women and their children who have been victims of and/or witnesses to domestic violence do not exist in Hungary in any systematic form. As the types of support for victims of domestic violence in Hungary do not fulfil international standards (e.g. those of the Council of Europe), it is likely that nothing similar to the services offered by the program described here has ever been offered to victims in Hungary prior to this. Domestic violence affects over 240,000 women a year in Hungary (close to 850,000 women, almost a quarter of those aged over 15, have experienced domestic violence in at least one of their intimate relationships during their lives)²⁷. There are 122 crisis beds for women escaping domestic violence²⁸ (only about 10% of those necessary according to Council of Europe standards), and there are no widely available specialized services for victims and survivors.

²⁶ This program, in cooperation with Vodafone's "Safety for Women" and with the Budapest Police Headquarters, introduced the mobile alarm for victims of domestic violence in Hungary.

²⁷ Sources: EU Agency for Fundamental Rights, Domestic Violence. Violence Against Women: an EU-Wide Survey (2014): <http://fra.europa.eu/DVS/DVT/vaw.php>; Hungarian Census results, 2011: http://www.ksh.hu/nepszamlalas/docs/ablak/demografia/04_01_01_04.xls.

²⁸ These are assigned to people fleeing from domestic violence in various "Temporary Family Homes", but these places can only be occupied for about a maximum of 2 months

4.3.2 Reception, identification, definition of profile and selection of beneficiaries

Before entering the programme, we interviewed each woman who expressed an interest in participation to find out about her and her child(ren)'s needs, the specific problems they wished to have help in solving, and the legal and emotional situation in which she and her children found themselves regarding contact with the abusive father. We also introduced the goals and main features of the programme and what it could and could not offer. These interviews took about an hour. If the woman was interested and our team also thought the group would be beneficial to her, she and her children were given a place in one of the two groups of beneficiaries followed by the B-SIDE project. Most women expressed a need for support in the following areas:

- In the case of sons: behavioural problems and agitation before and especially after visitation days; occasional outbursts of anger; being the target of bullying among their peers; showing violent behaviour towards other children and/or his mother; learning difficulties; not respecting rules and boundaries;
- In the case of daughters: behavioural problems before and especially after visitation days; occasional outbursts of anger against the mother; withdrawing from company; silence; agitation; fears and nightmares; illnesses before visitation days; signs of being lost and distrustful after visits; lack of self-confidence;
- On the part of the mothers themselves: fear of the ex-partner; fear of not being able to protect the child and feeling constantly guilty about this; problems of not being believed by the authorities; frustration over the authorities' not recognizing and/or acknowledging the harmful effects of the aggressor's actions on the child and not wanting to protect the child; difficulties in reconnecting with the child after visitation days; being constantly worried for the well-being of the child in light of recognizing the harmful effects of the violence; being unsure about whether they could give enough support to the child to overcome the damaging effects of the violence whilst at the same time setting boundaries.

All of the children in the group had either been direct victims of the abusive father and/or had witnessed the violence against their mothers.

In general, women who are victims/survivors of domestic violence and who have small children (aged between 0 - 14 years old) have different needs from women who either do not have children, or whose children are older or adult. It is also clear that women have very different needs and wishes in cases where the abusive father has visitation (or custody) rights than when he does not.

In this pilot program we received women with children aged between 6 and 15 years old, most of whom were still in contact with the father. This latter was not a criterion, but women who do not have to be in contact with their former violent partner through their children do not usually report on difficulties with their children. Moreover, most women with small or early adolescent children who leave violent relationships are legally forced to keep in touch with their partners because the fathers – almost without exception – get visitation rights. Regardless of whether these visits are free or supervised, they have a detrimental effect on children's well-being that the mother is then forced to deal with.

During legally enforced visits, the mother may be forced by the aggressor (i.e. the other parent) to become the upholder of illogical and/or unreasonably strict rules or unrealistically high expectations, or she may be undermined by inconsistent permissiveness towards the child on the part of the aggressor, who at the same time still expects perfect mothering from his ex-partner. The goal of these behaviours is to set children against their mothers and vice versa, and they are often successful. Even in cases when children find themselves burdened with trying to protect their mothers from the abuse, they may be confused by these behaviours on the part of the aggressor.

Women receive very little sympathy in these situations, especially when they come into contact with the authorities (usually in child custody and visitation cases) when their skills, competence and performance as mothers are harshly tested, scrutinized and criticized also by the state institutions involved.

4.3.3 Monitoring of the beneficiaries during the programme

The project was managed by a professional working group who kept in close contact through a mailing list which was created to support quick and accessible communication among the team members. Decisions regarding the groups were made by the professional group and technical and financial management was provided by the B-SIDE project team. Group therapy sessions were followed by a de-briefing and evaluation of the session itself by the professional staff involved. In case of an emergency in-between group sessions, specific team members were available to consult with the mother over the phone.

Feedback was received from the mothers in the group sessions. A long questionnaire was filled in at the beginning and the end of the group process, as well as a briefer one after each session in order for each participant to evaluate the progress made. The impact of the group process was measured partly on the basis on these questionnaires, partly through direct observation, and partly through the reports of the women in the follow-up period.

4.3.4 Description of the workshops and other activities: methodologies, forms of intervention, professional resources, daily internal and outside observation, on-going, final and impact evaluation

The rationale behind the program is based on the recognition that mothers who became victims of domestic violence and their children who have witnessed the violence against their mothers have special difficulties and needs. Perpetrators of domestic violence do not only commit physical, emotional, verbal and economic violence, but most often also attack a woman's mothering practices and try to erode her parenting skills in order not only to enable themselves to further lower their partner's self esteem, but also to make her more vulnerable to subsequent attacks due to her "bad-mothering". Even if the mother is capable of continually fulfilling her parenting role competently, these attacks can and often do take a toll on her skills, with her having to constantly put up with criticism and trying to fulfil contradictory and unrealistic expectations. Perhaps even more importantly, these practices also have an effect on the mother-child relationship.

Our cases show the importance for the health and well-being of both the mother and the child(ren) and for their relationship itself to rebuild trust and reliability in behaviours, rules and habits between the mother and child. Once mothers are allowed to carry out their parenting without the interference of abusive partners and state agencies blind to the abuse but extremely critical of women, they can regain the full scale of their competence and build a healthy mother-child relationship.

The Recovery Programme is designed to support this process through both psycho-educational and pet therapy methods and exercises. Each session was built on the theory and practice of pet therapy, and the programme was tailored to the specific needs expressed by the women in the interviews and the preliminary sessions and, in general, the special needs of survivors of domestic violence. There were two groups of women with their children, one following the other, with eight and seven women and their children, respectively. The original applicants were assigned to the groups taking into consideration visitation weekends, as our sessions were on Saturdays. As the usual arrangement for regular visits is every second weekend, we alternated the session accordingly so that the children were always able to participate.

Below is a description of the sessions in which therapy-dogs were involved. In this pilot project, several meetings were held with the first group (both mothers, children and support staff together, and children and mothers in their own groups with the relevant professionals) prior to the sessions with dogs in order to better evaluate needs, and create a good environment for the dog-assisted therapy. With the second group, however, this preparatory work was considered unnecessary as the general needs of victims are fairly universal and the dogs were fully accepted from the first session in which they participated.

The dog-assisted therapy group sessions were held in a community centre in Budapest with a large room (for the joint sessions), and several smaller rooms (for the separate sessions). One of the rooms is suitable for holding sessions for painting, drawing or any other art activities, another is a room with children's books, toys and games, and the women's group was held in the large room. The therapy-dogs were allowed to go anywhere in the facility.

We found that the ideal number of participants was 6-10 women with their children.

1. Group sessions

Each group session lasted one hour and a half. Sessions with the mothers, the children and the dogs were followed by a break, then a session where mothers and children were in separate groups. An example for a joint session and an example for a session with the mothers can be found below in the description of the workshops. A group course lasted for 10 sessions.

The programme was designed to foster cooperation between the mothers and their children, among the children themselves, and between the children and other adult participants. Pet therapy facilitates cooperation, enhances attention to needs and empathy and can contribute to increasing the self-esteem of both the mothers and the children. The joint group targeted the development and experience of cooperative skills through games and educational activities with the dogs led by our educational psychologist and the assistant dog-trainers. The dogs helped to relax and cheer up both the mothers and the children, and they were the driving force in the cooperative and competitive games.

Children in the joint group sessions were observed to become more relaxed over time. This was visible in the more withdrawn children who became more talkative, smiling more and more by the end of each session and also over the whole period of the group process, gradually letting go of their mothers and interacting more with each other and other adults. Mothers also reported that the children were excited about and looked forward to the group sessions during the week, that they used their memories of the group to calm themselves, and in the case of a very withdrawn child, the mother reported a clear improvement in the child's self-confidence and self-esteem which she attributed to the group.

Mothers in the joint session were also observed to become less stressed over any real or perceived misbehaviour of the child (stress caused by fear that they will be judged as mothers through the behaviour of the child), and more relaxed, supporting their children in the games. They reported on a gradually growing trust in the group and their place in it.

After the break a further hour and a half was spent in separate groups - one for the mothers and another for the children, with one dog remaining in the children's group. The mothers-only group provided a safe space to discuss observations, experiences, issues of self-confidence, self-esteem, feelings arising from the first session, etc. In this second session of each workshop the educational psychology model was used to work with women on understanding domestic violence, working on the negative emotions produced by violence, understanding needs, human rights, responsibilities toward their children, the children's needs and experiences, and discussing the difficulties of protecting their children in a legal system which does not recognize the harmful effects of domestic violence on CWDV, or the fact that often aggressors also directly inflict violence on their children. Cooperative activities, reading and writing assignments, literature on victims of intimate partnership violence were also employed during the meetings.

The sessions with the mothers was built on the program described in Power to Change, a 14-session group programme for survivors of domestic violence, modified to the special needs of this programme. The focus was on sharing the experiences of the joint sessions, possible lessons to learn about the children's needs from the cooperative and competitive games and their relationship with the dogs and the reasons for their behaviour, together with a sharing of experiences of the effects of the group between sessions, and understanding the sometimes confusing and contradictory behaviours of the children in the context of the violence they witnessed and/or suffered or still witness/suffer during visitations.

This focus was extended to increasing the participants' knowledge about the nature and effect of domestic violence on victims and CWDV, post traumatic stress disorder (PTSD) and re-establishing self-esteem after leaving a violent partner, as well as providing useful reading materials. These sessions were held by one of the social workers and the lawyer, without the dogs.

The children's group was led by two psychologists and a social worker, who continued providing an environment of creative games of cooperation for the children and also observed behaviours of the children that could help

them to identify specific problems arising from contact with the abusive father, as well as the specific difficulties in forming a harmonious relationship with their children that the mothers could have as a result of this contact. The professional staff participating in the project were available for individual appointments with any of the workshop-participants if the need arose.

Example: First session with the dogs

- Greeting, introductions (chairs are arranged in a circle - participants, professionals and dog-trainers with their dogs are seated in a mixed arrangement)
- Only first names are asked for and everybody introduces themselves in a few words. If children are shy, they are helped with simple questions (e.g. How old are you? What do you like to do in your free time?) and the dogs are then introduced by their trainers.
- A round of "petting the dogs" follows where dogs are led around the circle, spending a little time with each participant, which allows participants to get acquainted with the dogs, and participants are asked to talk about any experience they may have with dogs or other experiences of pets.
- Learning the names: a game with ball(s) and the dogs is played to facilitate the learning of the names of all participants. By the end of this game all participants (including the professionals) know the names of everybody else as well as those of the dogs.
- Participants choose a "favourite" dog and several "learning" games follow with the help of each dog's trainer. Participants experience giving acceptable instructions, peaceful leadership, and co-operation with people and animals, finding solutions to unforeseen problems, etc.
- Group games: all participants have to cooperate in order for the task to be carried out.
- Closing circle: participants return to sit in the circle and share experiences, impressions, a thought or feeling they take with themselves from the session.

Example: Women's group

Themes covered in the group:

Group rules and confidentiality; Needs and expectations; Identity; Self-confidence/self-esteem; An aggressor's methods to undermine victims' self-confidence and mother-child relationship; The nature of DV/IPV (Power-Point presentation and discussion); PTSD (educational video and extra material in a handout on the effects of systemic violence on children); Boundaries – assertiveness – non-violent communication; Available support and navigating among authorities.

2. Children's group:

The children are encouraged to draw, paint, and play either with the dog that remains in their group or do some kind of group game (puppet theatre, board games, etc.). The games are based around the themes of sharing, empathy, love, acceptance, rules, boundaries and rights. The professional staff in their group make sure any problematic behavior is dealt with. Children with behaviors which are clearly influenced by the violence they have suffered (aggressiveness, agitation, "pushiness", etc.) are given special attention and, if necessary, the child is given individual attention by a specific support person on his/her own. The professional staff report any expressions, behaviors, and language on the part of the children that may shed light of the type of abuse they suffer during visitation and any indications that could help them understand the specific difficulties the children may have with their mothers. These may be important in case of legal procedures and also in order to help the mothers to improve their own behavior with the children.

The following results have been noted:

- The less contact the children and the mothers must have with the abusive father, the more useful and effective the group process is for the participants;
- The group can support the mother-child relationship and the cooperation between them even in adverse circumstances;
- The group (especially, it appears, dog-assisted group therapy) can: restore the children's belief and trust that there are safe environments and safe adults besides their mothers and their home; help in raising awareness about the violence, and in increasing the self-esteem both of the children and the mothers; reduce stress re-

lated to potentially difficult behaviours of the children; enhance the cooperative skills of the children; and empower the women to set boundaries and show affection at the same time;

- The group cannot substantially mitigate the effects of authorities (courts, child-guardianship authorities, schools) that are ignorant or dismissive of the harmful effects of contact between children and the abusive parent.

The support persons/animals were:

- One social worker and human rights expert with special training on domestic violence and 15 years of experience in counselling survivors of gender based violence,
- One social worker with special training on domestic violence and in counselling survivors of gender based violence,
- Two psychologists and human rights trainers with special knowledge of domestic violence and 6 years of experience in counselling survivors of gender based violence,
- One social and mental health professional with special training on domestic violence and counselling victims of domestic violence, in child development and special-need children, and in therapy-dog training,
- One educational psychologist with special training in integrative child psychotherapy
- One lawyer and human rights expert with special training on domestic violence and 15 years of experience in counselling victims of gender based violence,
- Three assistants with experience in working with therapy dogs,
- One trainee (student in psychology),
- Four dogs.

4.3.5 Leaving the Recovery Program

Based on the needs of the children, some mothers were offered three forms of individual counselling for a further period after the group sessions:

- Regular contact for a while with one of the social workers after the end of the group process,
- Further individual sessions for the child(ren) with one of the dogs,
- Legal counselling if needed after the end of the group process.

Further contact was offered to the participants through the helpline of NANE, through the legal helpline of PAT-ENT Association (a women's rights organization that has a joint project with NANE providing integrated client services). As we expected, women showed gradually lower intensity in the need for further contact and counselling.

4.3.6 Local support networks

As already mentioned above, no appropriate services exist in Hungary to support women who decide to leave violent relationships or to support children and protect them from domestic violence. Co-operation has therefore been planned with some of the services that could be rendered suitable for such care and they will be contacted within the framework of this project.

The story of Reka

Reka had been married for 15 years, the divorce procedure started in 2010. For five years prior to that, the client had already been contemplating divorce. She has two daughters with her violent husband - aged 9 and 7 years old. In 2010, after a physically violent outburst from her husband, the client called the police. The officer encouraged her to get a divorce, but was unwilling to issue a restraining order, because, as he said, "her husband will come back and will only be more enraged and take revenge".

The husband gradually became more and more violent and threatening during the marriage. The client found leaving very difficult because of the two small children. The aggressor represents a danger to other people as well: there are

several criminal procedures against him both on charges of violence against his wife and children but also against other strangers with whom "he lost his temper".

The most pressing issue of this client regards the custody and visitation of the children, the second most important is the division of the property.

Securing custody and visitation rights became urgent after a specific episode when the client fled to her parents in another city. Her husband followed her there and kidnapped one of the children from the playground where they had agreed he could visit them. He suddenly picked up the child, threw her in the backseat of the car, then sped away at a high speed without seat-belted the child or securing her in any way. The police started a search, but were unable to find him. It turned out that he had driven to the house of an acquaintance. He locked himself and the child in the house and sent the owners of the house outside. The owner of the house called the mother and told her that the father was at their place with the girl and was threatening to harm the child, so they dare not approach him. The client arrived at the scene with the police, but the police said they could not do anything because the father may be dangerous, so they suggested that they wait. After a few hours the father talked with his "shaman" (occultist/para-psychologist master) who was luckily able to convince him to give the girl back to her mother.

Even after this event the client had to fight with several authorities to obtain supervised visitation (the court refused outright to withdraw visitation rights, so the next safest thing to ask for was supervised visitation). The visitations were finally ordered in the offices of a child-protection service. Instead of dealing with the children during visitations, the father brings his notebook computer and conducts conversations with his parapsychologists and orders the children to talk with the strange man/woman on the other side of the line. He forces physical/bodily contact with the children, keeps inquiring about their mother and forces them to eat. Sometimes he weeps throughout the visitation, and orders the children to cry as well. During the supervised visitation he emotionally abuses the children, for example, by making jokes about child-kidnapping. The professional staff present in the supervised visitation do not ask the father to stop this kind of behaviour. The father, on his part, does not consider himself bound by the rules of the supervised visitation as he has not signed the contract with the providers of this service since September 2012. The children are extremely agitated before visitation days. They do not want to leave the house and the younger child does not want to leave kindergarten in the afternoon before the visitation. Both children have clear symptoms prior to and after the visitations and both are being treated by psychiatrists. The older daughter has recurrent suicidal thoughts - she does not understand why she has to live like this. Both children are angry at their mother, because she does not prevent the visitations. They cannot understand why they have to meet their father, whom they fear and whom they remember as also having been violent with them (e.g. throwing objects at the older one when they still lived together).

The trust of the client in the child protection system is completely shattered. She feels that the services (providing the "supervised visitation") protect and support the father rather than the children, in spite of the history of the case and in spite of the court's decision. She sees that the lack of interference stems from their wish to get rid of the responsibility of having to conduct the burdensome supervised visitations.

The man, in breach of the rules of supervised visitation, harasses the client and the children, appears at school events, watches them and follows them, even though he is aware that he should only meet the children in the presence of the child protection service social worker. The school of the children is not a partner in the protection of these girls: disregarding references to the rules of the court ordered supervised visitation by the client, the teachers consider the mother as overly anxious, and state that they do not see any problem with the father suddenly appearing at the school events or the fact that the father tries to get close to the children through the principal.

In the meantime the legal procedures are still continuing: the father appealed the custody decision of the court of first instance; there is a criminal procedure against him for failure to pay child maintenance; he has a suspended prison sentence for attacking an unknown woman on the street - the suspension will expire in the fall of 2014. There are further criminal procedures against the father on charges of endangering the children and physical assault. He fails to appear at his child-maintenance criminal case hearings as in this way he can gain time. The judge recently ordered to have him examined by a forensic psychologist. The mother and the two girls live in a state of continuous alert, ready to flee or call the police at any moment, as the man continuously harasses them. The client considers him extremely dangerous.

Shortly after the start of the therapy group sessions, the father was taken into custody because of the criminal charges. The client was worried that this would hinder the progress of the civil law court procedure related to the distribution of property (this determines the use/sale and debts of the former joint apartment), an unsolved issue which has already put a tremendous financial burden on the mother (who fled to a rented flat from the joint apartment but is still responsible for the bills, the loans and the maintenance of the joint property, without being able to sell it due to the lack of an agreement from the husband as joint-owner). She was also worried that the father would apply for visitation rights while in prison (if granted, the mother has to take the children there on visits).

With our help, the client found a new lawyer who is familiar with the issue of domestic violence. The lawyer took over the case in May 2014, and is doing everything to make sure the cases are not treated separately. The hope is to reach an outcome where the threat of having to meet the father is lifted from the children so that they can start developing, without the recurrent fear of the bi-weekly meetings.

At the beginning of the group sessions the girls did not speak at all. They would not venture further than a meter away from their mother. In the sessions for children only, they sat quietly and seemed a little confused. They never initiated any play or games and were unresponsive to suggestions from other children or the support staff. During the dog therapy sessions, they were only willing to work with the smallest dog of the group (a Dachshund), and even with him only if the mother and the two girls worked together.

As the group sessions progressed, the girls slowly became more responsive and more open and gradually started to work with larger and larger dogs, first only together, then individually. In the children-only sessions they gradually started to talk, participate, initiate and suggest games, and cheered their peers in group-games.

In the discussions with the mother about the effects of the groups on the children, the mother noted a highly positive increase in their self-esteem and a heightened level of self-assurance and initiative on the part of both daughters which both she and the girls credited to the group sessions. She said the dogs were a regular topic among them between group sessions, and the work with the dogs and through them with the other children (tasks successfully carried out) have been a reference to the girls as a source of positive feedback and sense of achievement. A month after the sessions ended, the children still refer to the group sessions, recalling the games with the dogs, apparently empowered by the memory of the laughter and the tasks successfully completed with the dogs. When one or the other child has an apparently uncontrollable outburst of anger (which naturally stems from the frustration of the girls over the lack of real protection they should be entitled to), the client consciously uses these joint and joyful memories by reminding the children of how successfully they solved specific tasks with the help of the dogs.

Reka also formed a friendship with another participant of the therapy group. The other woman has one son, and the two violent ex-partners have a lot of similar traits. Recently, when this latter woman suffered a serious accident, Reka visited her in the hospital and supported her with useful ideas and practical help.

Chapter

Requirements for setting up a CWDV Recovery Programme

- 5.1 Brief introduction
- 5.2 Who can implement the programme?
- 5.3 The beneficiaries of the programme
- 5.4 Methodology
- 5.5 Evaluation tools
- 5.6 Critical points
- 5.7 Recommendations

5.1 Introduction

The CWDV Recovery Programme has been tried out in three European countries: Italy, Spain and Hungary. Despite the diverse characteristics of the countries involved, both regarding the policies in place and the recognition of CWDV, it was possible to implement the programme effectively, carrying out activities aimed at the recovery of the mother/child(ren) relationship compromised by the violence suffered.

We can state without doubt that the CWDV Recovery Programme has been a highly positive experience that could open the way to encouraging new, analogous experiences in different contexts through the application of certain essential requirements.

5.2 Who can implement the programme?

A CWDV Recovery Programme can be set up in any country by people or organisations possessing the following specific requirements:

- An association or anti-violence centre (shelter) managed by women with an in-depth knowledge of gender issues, the phenomenon of violence against women and CWDV and the consequent effects and trauma, preferably with previous experience in the field.²⁹
- The staff caring for the children must have specific training in the psycho-social field, as well as having specialist professional qualifications for working with children: developmental psychologists, educators and child psychologists. They must, in addition, be aware of the dynamics of domestic violence, “CWDV”, and the developmental age, know the legal aspects of the protection of minors.
- Other professional figures, where necessary also from outside the reference facility, who will be involved in setting up the programme, must also know about gender issues and have experience in the field of domestic violence as well as the phenomenon of domestic violence against children.

²⁹ Regarding the importance of this first prerequisite, see *Combating violence against women: minimum standards for support services*, Council of Europe, Strasbourg, September 2008.

5.3 The beneficiaries of the programme

The women and children involved in the CWDV Recovery Programme should be selected on the basis of certain fundamental characteristics.

1. One essential prerequisite is that the women and the children involved in the programme must be far away from the scene of the violence.

This means that women and children who live with the violent partner cannot take part in the programme. Before embarking on the programme for the recovery of the mother/child relationship which has been compromised by the violence suffered, it is fundamental to rebuild the conditions necessary for the protection - both physical and psychological - of the mother and the child. In cases where, by court order, the father has the right to visit the child, it is still possible to involve the child in the project given that the situation is not one of permanent co-habitation. It should be considered that in these circumstances the mother and the child could be subject to violence during the meetings and for this reason it is essential to draw up a safety plan together with the mother.

2. The woman has to be aware of the fact that she has been a victim of domestic violence.

Even if they are still working on the process of exiting from and/or reworking of the violence experienced, it is important that the women participating in the programme are aware of the fact that the violence was harmful to them. The violent behaviour used by the aggressor as a form of control over the woman is culturally identified as an act of “love”, which leads to this kind of behaviour being considered as “natural”. This acceptance of intimate partner violence “as natural” is common in our society which often permits as “normal” behaviours which are clearly not. It is for this reason that many women do not identify the abuse for what it is, or even seem to agree with the aggressor’s “reasons” for using violence, minimising the consequences. In order to implement a path towards the rebuilding of their mother/child relationship, it is fundamental that the past history of the violence against them is clear.

3. The women must recognise that their children have been victims of domestic violence.

Often the women who are victims of violence from their partners are convinced that their children have either never noticed and that they are growing up serenely, or that their father has never used violence against them, that they are too little to understand, or that the violence happened when they were not around. This lack of awareness is common to many women. It is impossible to embark on a course towards the rebuilding of the mother/child relationship after the aggression if the women do not admit that the children have been direct or indirect victims of domestic violence.

4. The women must choose and share with the social workers the desire to start on a path to rebuild their relationship with their child/children.

The determination of the beneficiary is fundamental to the success of the programme. Facing the problem is not easy, but it is impossible to begin on a path to recovery of the relationship between the mother and her children if she is not decided and convinced in doing so. For the protection of the participants and respect for their privacy, every woman involved in the Recovery Programme must sign a document allowing the B-SIDE working group, the external staff and other people involved in the programme to exchange information regarding the activities undertaken, the participation and the reaction of the beneficiaries.

5. The age of the children to include in the programme.

The children included in the programme should be aged between a minimum of 4 years to a maximum of 14 years old. In addition, the children participating in the individual activities should as far as possible be of the same age, considering that in many cases the difference in age can lead to a different impact. When selecting beneficiaries it is important to identify a homogeneous group of children in order to carry out the activities.

5.4 Methodology

The methodological system of the CWDV Recovery Programme, in the light of the experience of the B-SIDE project, must be based on certain irrevocable criteria that can be integrated with the contribution of eventual new experiences.

- A. In the various activities that are carried out in the CWDV Recovery Programme, the participants are sub-divided into separate groups of mothers and children, taking into consideration the formation of groups of children of as similar age as possible, as well as groups of mothers and children together.
- B. In order to evaluate the real effects of the recovery path, all the beneficiaries must participate in the same activities.
- C. The CWDV Recovery Programme can be implemented in different contexts on the basis of the following indications:

- **Activities:** The possible activities in the individual centres are extremely various and linked to the specific context in which the centres work. In the B-SIDE experience some of the activities carried out in the countries involved were different, but they were all oriented towards the same target: rebuilding the mother/child relationship compromised by the violence. In Latina (Italy) for example, hippotherapy was amongst the activities proposed; in Salamanca (Spain) music therapy and in Budapest (Hungary), dog-assisted therapy. Another important aspect to highlight is the psychotherapeutic support for the women and the children who participate in the Recovery Programme which aims to offer them the help necessary to minimise the consequences of the violence that they have experienced.
- **Staff involved:** One essential criteria on which to base the choice and the involvement of the specialised staff both inside and outside the project is that of proven training on gender issues, both on violence against women, and that of CWDV, given that it is absolutely indispensable for all those involved to have adequate interpretative keys in the assessment of the behaviour of the women and their children involved in the recovery activities. (see also § 4.1 “Who can implement the programme?”). In countries where the legal system and the services for the protection of minors pay little attention or are even hostile to the victims of domestic violence, or where services are scarce, it is necessary to involve lawyers in the awareness of the dynamics of domestic violence and the specific difficulties that the women and children face when living with a violent partner / father.
- **Logistics and management of the spaces used:** The attention to the psychological and physical well-being of the beneficiaries should, without doubt, be the main criterion on which the logistical organisation and the spaces used should be based. This involves particular care in safety, and the predisposition of materials and resources available to ensure that they are suitable for helping to create a climate of trust and serenity over the course of the activities. The spaces used must respond to the needs of the individual sessions - in some cases these cannot be realised inside the facility itself where the programme is carried out, in which case external venues can be used on condition that they are specialised in the activities in question and are safe from the aggressor.
- **Evaluation activities:** The monitoring and evaluation activities are fundamental to the success of the programme. From the initial phase of the recovery path up until the final evaluation of the impact, and throughout the ongoing monitoring of each case involved in the programme, it is necessary to monitor and evaluate the path established. Beginning from the observation of the dynamics of the relationship between the mother and the children during the workshop activities and the psychotherapy meetings, important information can be recorded on evaluation forms regarding the progress made in every individual case. Every social worker or expert responsible for the workshop activities or for the psycho-therapeutic process can take note of the data on the evaluation and monitor forms provided. From the analysis of these evaluation and monitoring forms and through comparison with staff and experts who are accompanying the women and children in these activities the necessary modifications and adjustments can be made to the programme in order to reach the predefined objectives.
- **The beneficiaries:** It is important that certain selection criteria are applied rigorously in the choice of the beneficiaries, since the activities for the recovery of the mother/child relationship are still in an experimental stage and are at increased risk of failure if the participants in the activities do not match clearly identified profiles, constituting an obstacle to the attainment of the objectives and risking compromising the participants’ exit route from the violence. The beneficiaries who are involved in the programme should meet the requirements defined (see: “The beneficiaries of the programme”). They can be guests or former guests of shelters, women and children followed by anti-violence centre staff or external gender equality associations. In each case a relationship of mutual trust must exist between the women and children and the organisation proposing the programme.

- D. Many different activities have been developed in the B-SIDE project in the three countries involved. Every one of these was chosen according to the possibilities available in each individual context. It is important to stress that none of the activities that we described in Chapter 4 can be considered a necessary prerequisite for setting up and implementing the programme but all have been found to be useful to the purpose. Every organisation will choose and find activities which are suitable to their own context and to the possibility they have of being able to complete the programme. It is important that every activity is employed as a useful tool to reach the predefined goal - always that of strengthening and rebalancing the mother/child relationship in a safe environment.
- E. All of the activities in the CWDV Recovery Programme must provide for the presence of working group staff and project leaders, both in the case of activities carried out inside or outside the facility hosting the project, as well as in the case that the activities require the contribution of external experts (having the skills described in the paragraph “Professionals involved”).
- F. The external staff who provide a service, but who are not part of the B-SIDE working group, must have prior training regarding the issue of violence against women and “CWDV”. Every expert involved, also in the case of individual therapy, must always file a report to the working group responsible for the programme.

5.5 Evaluation tools

In order to evaluate the effectiveness of the intervention and to monitor the evolution of each person involved in the programme, we have developed an assessment tool based on specific parameters useful for the collection of information that, together with the observations of the social workers and experts, allows us to orientate and direct the recovery path of each woman and child, as well as the relationship between them. This tool has an empirical rather than a scientific value, but has proved to be indispensable for allowing the staff to carry out regular monitoring in various phases of the recovery path of the women and their children and to act quickly in cases where it was necessary to make changes to the intended path.

Questionnaires have been drawn up to be given out at various phases of the programme:

- **Initial phase:** it is of fundamental importance to do a preliminary analysis of every nuclear family that participates in the programme, as it is from this analysis that it is possible to measure the progress of the people involved and the impact that it has on each woman and child. For this reason a survey form must be completed at the beginning, both for the woman and for the child, aimed at providing as complete as possible an overview of the initial context from which they embark on their recovery path.
- **Monitoring (ongoing evaluation):** in order to measure the effectiveness of the intervention, a monthly evaluation form needs to be filled in, through which it is possible to verify the progress made along the course embarked upon, for each mother and each child, as well as for the mother/child(ren) together.
- **Evolution:** for the assessment of the development path of the beneficiaries it is essential that when analysing each “Monitor Form” a value is assigned which corresponds to the improvement seen for each beneficiary. Periodic monitoring of the development path of every single woman and child involved in the activities in the programme is fundamental in order to be able to intervene with necessary adjustments and relative changes in the recovery process through targeted actions.
- **Impact - final assessment:** The impact form is an assessment tool given to every participant at the end of the Recovery Programme which allows us to observe the results reached, any eventual difficulties encountered and the obstacles that have prevented them from reaching the objectives set.

5.6 Critical points

There are many critical points which prevent women and their children who participate in the programme from undertaking the path to the recovery of their relationship, which has been compromised by the violence suffered, in a serene and straightforward way. In addition to the countless stereotypes that unfortunately our society is still struggling to break away from and which make the lives of women and their children harder in overcoming the trauma, there are concrete barriers which in many cases prevent beneficiaries from participating in the programme.

- **The father does not authorise the child / children to participate in the CWDV Recovery Programme.** To complete the programme, workshop activities, pedagogical games and psychotherapy sessions are programmed and hence the authorisation of the father is needed in some countries. Unfortunately, it is frequently the case that the fathers do not give permission for their children to participate in such activities. This decision is very often accepted by the authorities involved without taking into account the positive effects on children of these activities.
- **Lack of collaboration between the professional workers and the institutions and services involved at local level.** The lack of cooperation between different institutions involved (schools, public bodies etc.) is the reason why there is scant knowledge of one another's work, which leads to the problem of domestic violence and the predefined goals to escape from it not being fully understood. This gives rise to prejudice and negative experiences.
- **Lack of information and of adequate training for the professional institutional and service staff involved.** Training is an essential element for creating a good network of services and qualified social workers and for improving the services offered to women and children who are victims of violence. The requirements for a good level of reception, for taking charge of and evaluating risk and prevention, are that of training staff in the field and keeping them updated in order to provide them with an adequate basic knowledge of the phenomenon of domestic violence and CWDV.
- **Lack of specific services and/or inadequate functioning of those already existing.** From the first contact with the services it is necessary to offer the victims of violence an adequate standard of response, which is shared and guaranteed throughout the country. A competent and quick response aims to avoid victims of violence having to make redundant and useless steps through approaching inappropriate staff and services, as well as trying to prevent the worsening of the history of violence due to an inadequate acceptance of responsibility.
- **The oppressive situation in which women who are victims of violence live makes it difficult to overcome the trauma suffered and move on.** Getting out of the cycle of violence often requires a medium-long term commitment; the relational circuit in which the woman finds herself frequently concerns the people closest to her and affects all her life choices. There is a long phase in which the woman feels alternately fear, sadness, and powerlessness, but also determination. The situation in which the woman finds herself after having chosen to move away from the violence represents an enormously difficult phase. The incomprehension, the lack of support from the family, her inability to be economically autonomous, the long court cases - both civil and criminal - can make it very tough for a woman to escape from the violence. These aspects certainly make the inclusion of women in the CWDV Recovery Programme more problematic.
- **The lack of a deep awareness and the acceptance of domestic violence as a real problem conditions the effectiveness of the participation in a CWDV Recovery Programme.** The deep wounds caused by the violence need to be faced in every path out of it, in the case of the CWDV Recovery Programme the women re-live the violence experienced, bringing up extremely painful questions that concern not only themselves, but also their children - a fact which may lead to a slowing down or an interruption during the course of the programme.
- **The exit process from violence produces secondary victimization effects** The path out of violence is accompanied by collateral effects such as the length (at times) of court cases, the perception of the absence of justice and the complexity of the bureaucratic procedures, which are all factors that force victims to re-live repeatedly their experience and that hinder them along the difficult route that they have embarked upon.
- **Lack of confidence in the justice system** The lack of awareness of the particularities of the phenomenon of domestic violence on the part of workers in the judicial system in almost every country results in the minimization of the true damage suffered by the victims and the playing down of the history of violence, with no certain guarantee of the perpetrator being punished. This in turn generates a prevailing lack of trust in the women towards the judicial system itself.
- **No adequate protection measures exist for the CWDV concerning their contact with the father.** In many countries the CWDV are exposed to conditions of high risk, even after having been distanced from the scene of the violence. Joint custody and the visitation rights of the abusive father can increase the level of hostility, of manipulation and psychological and physical danger to the children.

5.7 Recommendations

1. It is necessary to update the various legal regulations in all countries with respect to the request of the Istanbul Convention which came into force in August 2014, in particular Article 26 - "The Protection and support of child witnesses to violence" and to take up the European directives for the protection of women and children victims of violence. In fact, in many countries the absence of legal regulations to protect CWDV and to allow for intervention in their psycho-physical recovery is particularly serious. It is essential to update the legislation for the full recognition of the condition of CWDV as victims of domestic violence.

In many countries, from a legal point of view CWDV is not considered in itself a criminal offence and therefore is not covered by any specific law. Often reference is made to the crime of abuse in the family carried out with physical violence against the spouse and psychological violence on the child.

2. The decisions regarding the protection of minors, custody and visitation rights in a context of domestic violence cannot but take into account the destructive behaviour of the abusive father who has caused devastating effects on the children and their mothers. This behaviour has especially significant consequences on children, who find themselves fighting with two forms of psychological damage: one concerning their exposure to the violence and the other the trauma of the separation of their parents.

It is important to respond to the need for the recovery of children regarding the violence - the primary objective of the CWDV Recovery Programme. We have verified the importance that the quality of the mother/child relationship has on the recovery path and for this reason, alongside security, we believe that the legislator must take into consideration whether there is a possibility that the aggressor, on the basis of the behaviour previously demonstrated, will continue to threaten the authority of the mother and interfere in the mother/child relationship.

Given that in order to repair the damage the child needs to feel safe, the decisions of the judges must prevent them from being exposed to unsupervised meetings with a father who has used violence in their presence.

There are cases in which it is thought that the priority is to safeguard the re-building of the father/child relationship, regardless of their behaviour, regardless of the withdrawal of parental custody, even when the parent has forced his children to be witnesses to violence against their mother. The work carried out in the B-SIDE project with children and their mothers who are victims of domestic violence leads us to strongly affirm that a father who commits violence in the family and prejudices the well-being of the children is not able to guarantee a positive parenting model.

Only after following a very strict and serious parental Recovery Programme, together with subsequent positive evaluation of the path undertaken, supervised by professional experts, should it be possible to allow an attempt to rebuild the father/child relationship.

3. During the initial phases of separation, the children run a high risk of suffering abuse (both physical and psychological) whilst the father exercises his visitation rights. An abusive man is a violent father towards his child(ren) and his role as a father is compromised.

It would be opportune to suspend every contact with the father and allow him to see the child(ren) only after the specialists who are working on the case verify that the violent behaviour has ceased, that the father has acknowledged the problem and has attended a professional self-help course in order to change his own behaviour and has succeeded in changing it. Following this, supervised visitations and monitoring have to be in place for at least a period of time.

4. It is necessary to provide shelters which are specifically suitable for women and children who are victims of domestic violence. The women and children fleeing from a violent home must find a safe haven which is not an institution for the homeless or a place for general assistance to the public where the staff are not trained in receiving those with special needs. Unfortunately specialist shelters for women and children who have suffered violence do not exist in all countries. In some cases the facilities are state-run, others are managed by anti-violence centres which often have huge difficulties in terms of sustainability due to lack of funding, generating situations where women who escape violence do not know where to go, and this can be another factor which leads to a worsening of the violence.

5. Anti-violence centres in Europe have always employed female staff, as women who are victims of male violence find it easier to talk about their traumatic experience with another woman. It might be beneficial to the mother/child relationship Recovery Programme to involve also male workers with specific training on the themes of gender, violence against women and CWDV. The involvement of this kind of figure can be useful and

educational in the work with the children in order to show them an example of a positive male role model who is clearly and openly opposed to all forms of violence.

The involvement of this kind of figure can be very important in the work with the children in order to show them an example of a positive male role model who is clearly and openly opposed to all forms of violence.

6. It is important to encourage close co-operation between the staff of the anti-violence centres, women's organisations, family support facilities and social service institutions for children. In addition it would be advantageous to include institutional services in the network: social health workers, police, judges, ministry workers and teachers. In this way it is possible to promote the rights of the victims with the support services and the local communities.
7. In order to prevent violence against women and CWDV, it is essential that action and intervention plans for the protection of the rights of women victims of domestic violence and for the protection of the child witnesses and victims of intra-family violence are set up at national, regional and local level in the countries where none exist. These should make explicit reference to the requirements of the Istanbul Convention, so that there are clear national policies on this issue, indicating strategies, concrete commitments and funds available, so as to strengthen and co-ordinate the actions undertaken by the public administrations, the regions and the local entities in order to activate a protection programme for children and mothers at national level.
8. It would be desirable to implement training courses for social service and health workers, the police and judiciary system personnel, through which to build a working network to increase awareness and have a shared language between the various bodies which enter into contact with the problem of domestic violence against women and children.
9. It is fundamental to develop and produce materials, guidelines and information campaigns on how to recognise and help CWDV in the family, aimed towards professional staff who have contact with the children on various levels: paediatricians, family doctors, school workers and those who are involved in after-school activities (sports, arts, etc.). It is also important - in the countries where this does not yet exist - to give information to experts who work with children about tools and risk factors, behavioural indications and suggestions that they can use to intercept episodes of violence in the family where the children could be witnesses to domestic violence. In countries where the legal environment and child protection services are more hostile and less accommodating for victims of domestic violence and the services more scarce, it is necessary to involve lawyers knowledgeable about the dynamics of domestic violence and the specific difficulties women with children face when leaving a violent partner/father.
10. In many countries the children who are orphaned due to domestic violence are not protected and an urgent intervention plan is needed with strategies and the implementation of recovery courses, protection and services for children who are orphaned as a result of femicide. The specific help at all levels should also be extended to the families in whose care they have been placed.
11. It is necessary to withdraw all parental responsibility, including visitation rights, from a father who has killed the mother of his child/children and the children should be left in the care of the closest family member, ensuring that they do not have any contact with the father.

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