Exposure to Violence and Intergenerational Transmission of Intimate Partner Violence. An excursus on the Consequences on the Development and Relationships of Children and Adolescents *

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Summary. The origin of violent behaviour is to be sought in the primary relationships of the individual. From early childhood, the affective relationships that involve the child, in other words those between the parents and with parents, influence a child’s capacity to regulate his or her emotions, expectations of the outside world, and behavior, as well as his or her ideas about interpersonal relationships in general.

Growing up in a violent family is significantly correlated with violent behaviour towards one’s spouse and children in adulthood, both in the case in which a child has suffered abuse and when he or she is merely a witness. The authors agree that in some cases what a child learns in these families regards the legitimacy of violence, its efficacy or its validity as a strategy for problem solving.

Keywords: domestic violence, couple, intergenerational transmission, childhood, adolescence

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Research on the topic of domestic violence and its consequences on all family members has increased considerably in the last 25 years. In particular, the vast body of international literature on Intimate Partner Violence – IPV – stresses that the presence of physically or psychologically violent behaviour on the part of both partners in a couple is an extremely widespread and transversal phenomenon, independent from factors such as social context, ethnicity or culture (Krahè & Bieneck, 2005).

The phenomenon of domestic violence is framed within the broader theme of “gender-based violence” (GVB), which is extremely current and very complex; as stated by the European Institute of Gender Equality (2013) gender based violence “is a violation of human rights and a form of discrimination. It is defined as violence that is directed against a person on the basis of gender. Gender-based violence reflects and reinforces inequalities between men and women”. Violence against women and gender-based violence are often used as synonyms because most gender-based violence is inflicted by men on women and girls. Domestic violence is one of the most frequent expressions of GVB and specifically intimate partner violence is “a pattern of assaultive and coercive behaviours that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviours are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at maintaining or establishing control by one partner over the other” (Kimberg, 2008, p. 2072).

In spite of the frequency of violent acts against women and recent concern about the emotional and physical aftereffects of this maltreatment, until recently little attention had been focused on the unseen victims, the children. Social workers, counselors and other professionals may overlook children exposed to violence because they are not always direct victims of maltreatment, consequently, their potential problems connected to exposure to violence are not observed. Children’s emotional and physical health as well as their cognitive development can be impaired when the effects of their exposure to violence are ignored (Edelson, 1999). To further complicate these negative impacts and risks is the fact that these children risk maltreatment to a much greater extent: estimates indicate that up to 70% of children exposed to domestic violence are victims of abuse, too. It is believed that a large number of children are exposed to IPV, with Carpenter and Stacks (2009) describing nearly 50% of cases of IPV in homes in the US where there is a child under twelve, which equals 297, 435 children who witnessed IPV in one year.
As regards the presence of children, it is clear by now that domestic violence involves children in any case, either directly or indirectly. Numerous studies reveal that children who grow up in families where there is domestic violence run a 50% higher risk of direct abuse than minors who are not in such a situation (Baldry, 2003; Romito, 2005). Children can also be the victims of serious psychological violence, exploitation and veritable coercion exercised by the abuser, aimed at indirectly hurting their partner. American statistics estimate that between 10 and 18 million children and adolescents are exposed to IPV every year, with the evident consequences concerning mental health and social well-being. Some studies have identified 40% of cases in which IPV is associated with child abuse in its different forms (Margolin, 1998).

In Italy, only in the last years has the phenomenon received attention also in official documents. In 2005 CISMAI, the Italian Organization of Services against Child Maltreatment and Abuse, elaborated a document about the minimum requirements for intervention in the case of witnessed abuse on mothers. The document describes the methods for data collection, protection, evaluation and treatment in cases of exposure to violence as well as the possible difficulties of intervening. In ISTAT’s 2007 survey on violence against women, among those who stated they had been abused by their partners, 62.4% of the mothers declared that their children had witnessed one or more episodes of violence. In 2011 Save the Children, the independent international organization for the defense and promotion of child rights, conducted a survey in some Italian regions entitled “Spectators and Victims: Minors and Exposure to Violence in the Domestic Environment”, which was the first to focus attention on the phenomenon on different planes. It includes the description of the phenomenon and its frequency, the regulatory framework, the existing structures, the point of view of the workers in the sector, the psychological consequences on minors and, for the first time, it was stated that exposure to violence must be considered a genuine form of child abuse.

Children in the midst of violence

Among the international studies on the consequences of IPV on children, the authors agree with the data that highlights how exposure to violence has direct consequences, which fall into the wide category of psychological abuse. The main effects of exposure to violence on children and adolescents are, in fact, emotional in nature and for this reason, cannot be identified or are confused with other disturbances (Luberti & Pedrocco Biancardi, 2005; Moscati, 2005) More specifically, we can speak of “emotional terrorism” which is particularly linked to exposure to IPV: the...
child lives in a state of constant terror due to his or her being in the presence of threatening and intimidating behaviour that create feelings of inadequacy and vulnerability and the sensation of being completely defenseless and unable to ask for or receive help. Important research studies in the field of psychopathology maintain that in 40% of the cases that present clinical problems, there is a significant correlation between IPV and post-traumatic stress disorder symptoms, including an uncontrolled and intrusive memory of the event, repetitive and stereotype games, the onset of phobias, etc. (Luberti & Pedrocco Biancardi, 2005) or other types of symptoms such as eating or sleeping disorders, mood swings, problems interacting with peers and adults, extreme irritability and the tendency to cry. For this reason, some authors (Margolin & Vickerman, 2007; Carpenter & Staks, 2009) affirm that the symptoms are more likely in cases in which the traumatic agent is a person rather than an event and when this person is emotionally close to the victim, something that happens precisely in cases of exposure to violence because it lacks the parental support which the child would have in another type of trauma.

Holden (2003) hypothesises that such circumstances represent a real form of maltreatment or abuse of minors, the fifth after physical, sexual, psychological abuse and negligence. The author believes that it is very important to consider the terminology used and maintains that it is more correct to speak of “exposure” to violence rather than “witnessing” violence since the former term includes various types of experiences and does not imply that the child actually observes his parents directly during the conflict. Through an interesting analysis of the circumstances in which a child becomes involved in IPV, the author identifies 10 different contexts of exposure to violence with the relative consequences (Table 1).

The same author identifies some emotional conditions and consequences that the child may experience in the course of the episodes of IPV to which she/he is exposed:

- Terrorized: Behaviour that threatens or is likely to hurt a child or put a child or loved ones in dangerous situations
- Corrupted: Modeling, permitting, or encouraging antisocial or inappropriate behaviour
- Spurned: Verbal or nonverbal acts that degrade or reject a child
- Denied emotional responsiveness: Ignoring child’s attempts and needs to interact and showing no positive emotion to the child
- Isolated: Confining or placing unreasonable limits on child or on contact with others
Neglect of mental health, medical, or educational needs: Failure to provide or refusal to allow necessary treatment for child’s needs or problems.

Table 1 - A Taxonomy of Children’s Exposure to Domestic Violence (Holden, 2003)

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Definition</th>
<th>Examples</th>
</tr>
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<tbody>
<tr>
<td>Exposed prenatally</td>
<td>Real or imagined effects of dv on the developing fetus</td>
<td>Fetus assaulted in utero; pregnant mother lived in terror; mothers perceived that the dv during pregnancy had affected their fetus</td>
</tr>
<tr>
<td>Intervenes</td>
<td>The child verbally or physically attempts to stop the assault</td>
<td>Asks parents to stop; attempts to defend mother</td>
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<tr>
<td>Victimized</td>
<td>The child is verbally or physically assaulted during an incident</td>
<td>Child intentionally injured, accidentally hit by a thrown object, etc.</td>
</tr>
<tr>
<td>Participates</td>
<td>The child is forced or “voluntarily” joins in the assaults</td>
<td>Coerced to participate; used as spy; joins in taunting mother</td>
</tr>
<tr>
<td>Is an eyewitness</td>
<td>The child directly observes the assault</td>
<td>Watches assault or is present to hear verbal abuse</td>
</tr>
<tr>
<td>Overhears</td>
<td>The child hears, though does not see, the assault</td>
<td>Hears yelling, threats, or breaking of objects</td>
</tr>
<tr>
<td>Observes the initial effects</td>
<td>The child sees some of the immediate consequences of the assault</td>
<td>Sees bruises or injuries; police; ambulance; damaged property; intense emotions</td>
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<tr>
<td>Experiences the aftermath</td>
<td>The child faces changes in his/her life as a consequence of the assault</td>
<td>Experiences maternal depression; change in parenting; separation from father; relocation</td>
</tr>
<tr>
<td>Hears about it</td>
<td>The child is told or overhears conversations about the assault</td>
<td>Learns of the assault from mother, sibling, relative, or someone else</td>
</tr>
<tr>
<td>Ostensibly unaware</td>
<td>The child does not know of the assault, according to the source</td>
<td>Assault occurred away from home or while children were away; or occurred when mother believed child was sleep</td>
</tr>
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</table>
Holden’s in-depth analyses (2003), which stress the scope of the phenomenon and its possible facets, lead to the need, already pointed out by other authors (Edelson, 1999; Mohr et al., 2000), for further studies regarding, above all, the definition of the phenomenon itself and its various forms of expression, beginning from its origin.

**Social learning theory: learned violence**

It should be pointed out that, even before the phenomenon of IPV, it is the violent family which is the object of attention, with particular reference to the consequences of violence on children’s development. Among the studies conducted in the United States, many concentrate on socio-demographic characteristics, identifying a prevalence of violent behaviour in particular categories (in men, in the younger population, in low income individuals or those belonging to ethnic minorities). The research carried out in the field of intergenerational transmission of domestic violence assert that acts of physical, sexual and psychological violence represent behaviour “learned” in the context of primary learning, in other words, the family (Kernsmith, 2006).

The origin of violent behaviour, as well as of other forms of behaviour, is to be found in primary relationships (Salerno & Giuliano, 2012). Since early childhood, children’s emotional relationships, such as those between parents and those with parents, affect their ability to regulate emotions, their expectations of the outside world, their actions and behaviours as well as their ideas of interpersonal relationships in general.

Growing up in a violent family is significantly correlated with violent behaviour towards one’s spouse and children in adulthood (Markowitz, 2001; Caetano, Field & Nelson, 2003), both in the case in which the child has suffered abuse and in the case in which he was merely a witness. Some of the most significant studies focused on the theme of attachment, hypothesizing a relationship between experiences of physical and/or emotional abuse or chronic negligence during childhood, insecure attachment and violent behaviour with one’s partner in adulthood (Henderson, Bartolomew & Dutton, 1997; Pietromonaco, Greenwood & Feldman Barret, 2007). In particular, the aspect that more than others seems able to explain the possible link between adverse childhood experiences, avoidant or anxious attachment and IPV is a more or less severe impairment of the development of the reflective function (Fonagy, 2001; Lingiardi, 2005; Salerno, 2010). Learning and internalizing violent forms of relationships with others goes hand in hand with an inability to consider the perspective of the other and with a growing insensitivity toward other
people’s expressions of sadness, grief, fear, and anger (Cigoli & Gennari, 2008).

Concerning attachment, the situation in which the child finds himself or herself is hopeless and will probably react with disorganized attachment where the parent is both the font of safety and danger (Margolin & Vickerman, 2007).

If it is true that individuals tend to model their behaviour on the basis of what they observe in their reference figure during childhood, it is also true that they are more likely to orient themselves towards those behaviours that lead to a desired result (Bandura, 1977). The Social Learning Theory, in the specific case of IPV, underlines how both having suffered abuse and having been exposed to it increase the probability of being involved in violent couple relationships as adults, both as victims and as offenders (Stith et al., 2000). In the family of origin, the individual learns what meaning to attribute to violent actions and, in particular, learns that violence can “solve the problem” (Kerley et al., 2010) and that, therefore, if there is conflict, it is preferable to other types of behaviour.

Authors agree that, in some cases, in these families children learn about the legitimacy of violence, its efficacy or its validity as a strategy for problem solving (Ehrensaft et al., 2003). According to Cigoli and Gennari (2008), it is presumably “a kind of learning and adopting of violence as a way of relating to others” (p. 29). So children can learn that: violence is an appropriate way to resolve conflicts; violence is part of family relationships; the perpetrator of violence in intimate relationships usually goes unpunished; violence is a way to control people (Osofsky, 2003).

**Intergenerational transmission of IPV**

Among the reflections of authors on the origin of violence, those regarding the intergenerational transmission are particularly interesting. The intergenerational transmission of IPV has been one of the most commonly reported influences in IPV in adulthood. This condition seems to be a precursor to behavioural and relational difficulties that are thought to be caused by learned behaviours showing aggression, devaluation of the partner, the exercise of power and so on. In both direct and indirect experiences, the probability of experiencing in adult relationships the same forms of abuse experienced in childhood, is particularly high (Kerley et al., 2010).

The considerations of Whiting et al. (2009) are of great interest as concerns the perception that abused children develop about themselves and the outside world and to what extent this can condition their future couple relationships. The authors point out how children who are faced with abuse,
feel hopeless and vulnerable, with sensations of impotence and despair, and probably build negative self-evaluations which lead to low self-esteem, anxiety and depression, frequently associated with IPV. Kernsmith (2006) stresses, in particular, the incidence of one of the feelings the abused child frequently experiences, which is shame which, in the case of IPV, leads to the need to redemption, translating itself into violence towards the most meaningful person in adult life, that is, one’s partner. Moreover, the author believes that, especially for women, the expression of violence towards one’s partner may be determined by a hyper-vigilance, which developed after abuse in childhood, which would lead her to attack in order to defend herself from further violence on the part of her partner, even if she has never actually experienced it. An interesting research study by White and Humphrey (1994 in Kernsmith, 2006) illustrates how more than half of the battered women involved in the study had experienced parental violence, nearly 50% had been sexually abused in adolescence and over 80% had been subjected to various forms of psychological abuse.

Besides exposure to violence, Bonechi and Tani (2011) identify other two factors as being especially significant in predisposing the individual to violence: out-and-out child abuse and contrasting parenting practices. In both cases the family environment is characterized by deep disfunctionality which acts on the child’s capacity for emotional self-regulation and on his or her perceptions and expectations regarding relationships with others, which will be characterized, for example, by an incapacity to establish reciprocal affection. Of particular interest are the data the authors report which refer not only to the high probability that these individuals become, in turn, abusers, but also to how these experiences in their family of origin predispose them to becoming victims. In the case of direct abuse, it seems that little girls can develop learned helplessness which would lead them to adopt passive and submissive attitudes and to become easy prey for an aggressive partner. As concerns parental care, attachment experiences have a primary role in creating expectations of satisfying one’s needs which is connected to the reciprocal affection towards the caregiver in childhood and towards the partner as an adult. Among the characteristics of the family of origin which “transmit” relationship styles based on abusing the other, the authors also identify psychological violence on children and forms of gross negligence (Ehrensaft et al., 2003; Bonechi & Tani, 2011).

Returning to the specific context of IPV, it is thought to lie at the basis of intergenerational transmission of gender violence and of learned violence as a relational modality with others. It concerns family situations that give life to a vicious circle which will lead these individuals to behave the same way or to perpetuate the role of the victim. Since the identification
with one of the two parents belongs to the sphere of emotional development – emotional and cognitive development of males and females – the tendency to absorb even violent family models is inevitable. Although being a witness to violence and becoming a victim or aggressor is not a deterministic relationship, the professionals who work to prevent and control violence against women often see that the experience of exposure to violence emerges as part of their biographies. Several authors further equate exposure to violence with psychopathologies in adulthood.

Authors agree that, in some cases, learning in these families regards violence, its efficaciousness and its validity as a means of problem solving (Ehrensaft et al., 2003). The theory of the same sex modelling effect maintains that observing the parent of one’s same sex use violence against the partner places the children at greater risk of repeating the same type of violence as adults (Moretti et al., 2006). This correlation appears to be influenced by various factors, such as the gender of the child, the type of violence to which he/she was exposed or any possible protective factors present. For example, negligence during childhood is believed to lead to physical abuse in the couple relationship, while exposure to violence between parents seems to predict psychological abuse. Furthermore, sexual abuse is thought to have a significant correlation with various forms of IPV, while strict discipline that also involves physical punishment appears to lead to behavioural problems in adolescence, which have a direct relationship with IPV in its various forms (Schumacher et al., 2001; Repetti, Taylor & Seeman, 2002; Ehrensaft et al., 2003; Bell, 2006). Some authors (Markowitz, 2001; Cigoli & Gennari, 2008; Corvo, Dutton & Chen, 2008), reiterate the fact that it is not possible to speak of the transmission of a mechanistic kind of violent behaviour and they focus their attention on the elements which can mediate the association between violence in the family of origin and IPV, pointing out the influence of individual factors such as personality disorders, insecure attachment, cognitive-affective disorders, post-traumatic stress disorder, problems of alcoholism or drug abuse. In particular, the studies dealt with the abuser’s personality in which, as regards men, certain dysfunctional aspects were found, including anger management, extreme jealousy, relationship insecurity, while in the case of female offenders, symptoms of post-traumatic stress disorder and feelings of self-devaluation and insecurity prevail.

The subject of attachment reemerges also in the analysis of predictive factors for IPV: authors agree upon the existence of a close correlation between insecure attachment and couple violence. They believe that the adult with insecure attachment uses violence in an attempt to keep the partner tied to him or her. The couple relationship is indeed perceived as
being constantly threatened by risks of a break-up, often entirely the fruit of imagination due to the subject’s insecurity and worries. Gormley (2005), reporting a series of in-depth studies on this topic, distinguishes between the consequences of two types of insecure attachment: the avoiding style, which leads to manifestations of passive-aggressive hostility, devaluation and criticism of the partner set off by the fear of intimacy, and the anxious style, which entails possessiveness and a desire to control, connected to the fear of abandonment. Naturally, in both cases, the strategies employed appear to be completely inappropriate, often facilitating dysfunctional interactive sequences which lead to an escalation and exacerbation of the conflict between the partners.

**Complexities of the phenomenon and explanatory models**

Despite the large number of studies and empirical data on the consequences of IPV on a child’s development, some data are still unclear and, at times, contradictory (Lang & Stover, 2008; Kernic et al. 2003). In 2003, a meta-analysis of 113 of the most noteworthy studies revealed that 63% of children exposed to domestic violence display a significantly higher number of problems than children who were not exposed to IPV (depression, anxiety, aggressive behaviour, symptoms of post-traumatic stress disorder). Although the vast category of IPV includes physical violence as well as verbal and psychological violence, it is above all exposure to the former which causes the most serious consequences (Kitzmann et al, 2003). One of the differences in the results regards the typology of symptomatic manifestations found in children: some studies report the exclusive presence of externalizing problems, others only of internalizing problems, still others describe the presence of disturbances in the realm of socialization. When, however, no difference is made between the various problems there is always a high correlation. For this reason, authors are more inclined not to challenge the truthfulness of the correlation, but rather to attribute the ambiguity of the results to methodological aspects (Summers, 2006). An initial element regards a standard definition of the phenomenon, which, to date, does not seem to exist.

Various expressions have been adopted when describing children exposed to domestic violence. Early studies often used the term “witness” or “observer” for those children. More recently, though, researchers have begun to use the term “exposure” to domestic violence. Nevertheless, in empirical studies, what is meant by “childhood exposure” is seldom
articulated and often information is not given about the kind or severity of violence to which the child is exposed (Evans, Davies & DiLillo, 2008).

In addition, methodological variations may account for some inconsistencies in the literature, such as recruitment methods and sample composition. For instance, many studies used samples from battered women shelters, which may well over represent more severe domestic abuse. Furthermore, living in unfamiliar surroundings like a shelter may in itself be a disturbing experience. Since children’s coping skills and perceptions of domestic violence may vary depending on age, effects of exposure to domestic abuse may be revealed differently in children at different stages of development. It should be pointed out that even though studies have been conducted on children in different developmental stages, no distinct pattern of symptoms has emerged (Margolin, 1998). Moreover, available findings give some indication that while younger children are likely to be the most impacted by being exposed to domestic abuse, they may experience a decrease in symptoms as they grow up (Evans, Davies & DiLillo, 2008).

Considering the complexity of the phenomenon and the presence of often controversial results, some authors have elaborated explanatory models of the consequences of IPV on children, introducing a series of intervening and mediating factors. In these models, there are aspects connected to the social and family context, to individual characteristics from a biological, developmental, cognitive and social point of view, as well as children’s ability to cope.

The cognitive-contextual framework of Grych and Fincham (1990), one of the first descriptions and which is still held in great consideration, concentrates on the interpretation of the parental conflict from the children’s perspective (Fig. 1). The authors define as a primary process the assessment that a child makes starting from the information he or she gleans while witnessing hostility regarding how serious and dangerous it is and to what extent it may represent a threat for him or her. Indeed, depending on the child’s degree of emotional development, he or she makes an initial evaluation of the characteristics of the conflict, at the end of which, if the conflict is not considered to be very important or dangerous, the child’s attention is directed elsewhere. If, however, it is felt to be a risk, a secondary process begins during which the child tries to determine the causes and responsibility for the hostility and assesses his or her ability to cope with it.
The authors argue that “a tendency to make particular types of attributions for marital conflict may lead to problems for children. Stable and global attributions may lead to an expectation of continued interparental conflict, which may result in sadness, anger, or feelings of hopelessness. Children who tend to perceive themselves as the cause of marital conflict or blame themselves for conflict may suffer decrements in self-esteem. Consistent with this hypothesis, children who make external, unstable attributions for abusive parental treatment are proposed to be less likely to suffer harm to their self-esteem. ...Younger children may be more likely to blame themselves for stressful family events than older children, who are better able to understand the parents’ causal role and the intended and unintended effects of marital conflict (Grych and Fincham, 1990, p. 286)

More recently, Repetti, Tatlor and Seeman (2002) have proposed an interpretation based on a wider concept of environmental risk: risky families are defined by hostility and dissension and by unfeeling, uncaring and neglectful relationships (Fig. 2). These family traits create vulnerabilities and/or interact with genetically-based vulnerabilities in offspring, which generate disturbances in psychological functioning
(specifically emotion processing and social competence), disruptions in stress-responsive biological regulatory systems, and poor health behaviours, particularly substance abuse. This integrated bio-behaviour profile results in consequent accumulating risk for mental health disorders, serious chronic illnesses and early mortality.

Fig. 2 - Model of Repetti, Taylor and Seeman (2002).

Conclusions

We believe that an in-depth analysis of exposure to violence in Italy is essential, both in quantitative terms and as concerns its various forms and expressions. The underestimation of the consequences of the exposure to IPV has determined a lack of resources and services as well as specific training for professionals involved in prevention and treatment of this phenomenon and we think that it is necessary and urgent to work in this direction. The consequences of exposure to violence have certainly been underestimated, but the results of most research studies, as we have seen, describe a range of effects which at their worst can have long-term consequences on relationships and can cause serious psychopathological disturbances such as post traumatic stress disorder which cannot be ignored. As revealed by the aforementioned report by Save the Children (2011), it is essential to create a more precise conceptualization, a more
accurate assessment, and a more complete training of professionals in this field. Only recently in Italy has domestic violence been recognized as a serious social problem, on a legislative and preventive level and in the implementation of evaluations and treatment.

It is important that future work in empirical research aims at identifying aspects which mediate the rapport between behavioural problems and exposure to IPV, thus focusing on creating productive interventions with the children concerned.

As regards methodology, research is necessary on the differential effects of exposure to violence, being victimized by violence, the severity of the exposure, and the consequences of being exposed to an acute trauma as compared to chronic continuous violence. In order to provide broader data collection than it is offered by self-report or parental reports of exposure, the sampling must be population-based. It should include children of various ages, cultural, ethnic and socioeconomic backgrounds (Bair-Merritt, Blackstone & Feudtner, 2006). More extensive information in these areas will help to provide education for professionals who work with traumatized children and it will facilitate the development of programs of prevention and intervention.

The relationship between being exposed to domestic violence during childhood and the perpetration of the same behaviors in adulthood has received empirical support in international studies that make it fundamental to use an ecological vision in the interpretation of the phenomenon and in the implementation of preventive interventions and treatment; as Bell (1995) and Osofsky (2003) have emphasized, domestic violence can become a part of an intergenerational cycle of violence: “children learn by what they observe and in homes with domestic violence, they learn that violence is an acceptable and sometimes the only way to relate. They learn that violence may characterize intimate relationships. Therefore, as they relate to others and as they grow older, violence in relationships may seem quite usual (Osofsky, 2003, p. 168).

In this regard, the studies taken into consideration propose different hypotheses of clinical treatment, emphasizing that an intervention with these families is framed within a broad psycho-legal framework, since it is often necessary to offer them legal assistance, also aimed at the protection of any children involved As far as psychotherapy, more than one methodology is effective, depending on the age of the child and on the characteristics of domestic violence. In certain cases, in fact, family therapy interventions, involving all family members, are more effective, especially where there is no risk in treating all family members together and in cases in which, simultaneously, the couple is following a couple therapy. With
respect to children “mental health treatment can give children/adolescents a chance talk about and make sense of their experiences in the presence of a caring and neutral counselor. Children may have cognitive distortions or misunderstandings about what has happened or why it happened such as blaming themselves, blaming the victim, and blaming police or other authorities who attempt to intervene. Children often feel torn between their parents or confused by conflicted feelings of love for and fear of their violent parent. A therapist works with the child to correct these misconceptions and to lessen the child's conflicts. For many children, it is very helpful to create a "trauma narrative," in which he/she makes a complete account of what has happened. This allows the child and therapist to understand in more detail what exactly the child experienced as well as which elements of the experience are most disturbing, and why, and to address specific misunderstandings as they are identified” (The National Child Traumatic Stress Network, 2013).

Lastly, as concerns prevention, current programs for children exposed to violence and their families are needed, including parenting programs for divorced parents with a history of domestic violence, current shelter programs, domestic abuse prevention programs, and programs for abusers and victims. Such studies need to document treatment protocols and models, involve providers and community participants in developing treatment programs, introduce ways to minimize attrition, include various data sources, and evaluate the cost-effectiveness of different approaches.

References


