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Domestic Violence in Early Childhood: Handling the
Offender to Actually Offer the Victim Proper Care

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Abstract: This study aims to highlight the role of psychosocial monitoring of early childhood' domestic abusers. Our aim is the care of the child' abuser as a fast strategy to inhibit violence, as treating the victim doesn't guarantee an end to violence. Subliminal goals of our proposal consist in the identification of negative experiences of the aggressor, promoting alternative social-emotional skills, enabling them to deal with conflict and preventing the risk of projecting frustrations on children surrounding them. So, we developed an exploratory study in order to structure the attention protocol to the aggressor. Field research has used qualitative methodology, semi-structured interviews and observation, from home visits to families involved in Family Health Programs in nine areas of the district of São Luís, in the State of Maranhão, Brazil. From the results thematic assumptions have emerged about domestic violence against children in early childhood that guided the creation of an assistance protocol. Then, therapeutic intervention was performed in 98 offenders who sought psychological help through spontaneous demands, driven by local social support networks. In two follow-up sessions, we obtained 91% positive returns in relation to assaults committed, assumed or reported. All subjects agreed to continue treatment for another six months. 22% of indirect attackers decided to denounce the violent behavior they were witnessing to the Protection of Children and Adolescents Committee. 20% of direct offenders sought ongoing help. Finally, the present investigation found common traits in offenders, and proposed a protocol treatment which shows the attendance of the offender as a viable and very efficient alternative regarding the victim's protection.

Key Words: Domestic Violence, Early Childhood, Psychosocial Treatment.

Resumen: Este estudio tiene como objetivo subrayar el papel de la monitorización psicosocial de los maltratadores en la primera infancia. Nuestro objetivo es tratamiento del abusador de niños como una estrategia rápida para detener la violencia, porque el tratamiento de la víctima no garantiza el final de la violencia. Los objetivos subliminales de nuestra propuesta consisten en la identificación de las experiencias negativas del agresor, promoviendo habilidades socioemocionales alternativas, que les permitan hacer frente a los conflictos y prevengan el riesgo de proyectar sus frustraciones en los niños que los rodean. Así, se desarrolló un estudio exploratorio con el fin de estructurar el protocolo de atención al agresor. El trabajo de campo ha utilizado metodología cualitativa, entrevistas semiestructuradas y observación, de visitas domiciliarias a familias que participan en los Programas de Salud Familiar en nueve áreas del distrito de São Luís, en el estado de Maranhão, Brasil. A partir de los resultados han surgido presupuestos temáticos sobre la violencia doméstica contra los niños en la primera infancia que guiaron la creación de un protocolo de asistencia. Posteriormente, la intervención terapéutica se realizó sobre 98 delincuentes que demandaron ayuda psicológica espontáneamente, impulsados por las redes locales de apoyo social. En dos sesiones de seguimiento se obtuvo un 91% de resultados positivos en relación a los asaltos cometidos, asumidos o notificados. Todos los sujetos estuvieron de acuerdo en continuar con el tratamiento durante otros seis meses. El 22% de los agresores indirectos decidió denunciar el comportamiento violento que estaba presenciando al Comité de Protección de Niños y Adolescentes. El 20% de los agresores indirectos buscó ayuda. Por último, esta investigación encontró rasgos comunes en los delincuentes y propuso un protocolo de tratamiento que muestra la atención al delincuente como una alternativa viable y eficiente para la protección de las víctimas.

Palabras clave: Primera infancia, tratamiento psicosocial, violencia doméstica.



Domestic Violence in Early Childhood: Handling the Offender to Actually Offer the Victim Proper Care¹

1. Introduction: State of the Art

We overcame the time that hitting a child was considered a legitimate way to educate. This has been the subject of constant debates, various studies, scientific and legal contributions, as the Statute of the Child and Adolescent (ECA) in Brazil. Such considerations intended to replace the idea that the use of physical punishment is an acceptable approach to child education. Surprisingly, even among knowledgeable contexts, this ideology is still embedded and domestic violence against children constitutes a common practice, a social issue and a serious public health problem with worldwide relevance (Bobbio, 1992; Campos, 1989).

This type of violence is regulated by article five of the ECA, which states: "No child or adolescent will be exposed to any form of negligence, discrimination, exploitation, violence, cruelty and oppression."

The child in the infancy stage between zero and six years old (concept of early childhood as a chronological marker of developmental psychology) has some worsening factors regarding to harmful consequences of experiencing violence in their home environment. The most dramatic issue concerning violence in early childhood is children's physical frailty and vulnerability, which makes them unable to act defensively to protect themselves, in addition to the dual perception of repeated aggression by a figure of affection. The feeling of love for the perpetrator acts powerfully on the children, often leading them to protect the aggressor; far beyond fear, deceit and concealment become the chosen forms for the demonstration of total love for the offender. This act of love gives assurance that the aggressor can perpetuate the cycle of violence without a major concern to be reported and / or judicially punished. This framework results in an overwhelming commitment of psychological functioning, mental and social development (Almeida, 2012; Sauaia, 2010), since children tend to blame themselves when a beloved adult is violent towards them and are in a state of helplessness to stop the violence (Sauaia, 2010).

Domestic violence contributes to position children in front of an ambiguous relationship with the aggressor that is emotionally de-structured, managing the huge conflict that is to love the offender and hate the aggression (Bee, 1986).

In a developmental age that is guided by the acquisition and internalization of identity structures, development of self-esteem and sense of security that enables the first exploratory approaches of social contexts through integration, as well as the capacity for resilience, healthy and proactive management of adversity, the acquisition of positive strategies and psychic investment to face frustration, violence (especially intra-familial) leads to frequent dismantling of the child as a psychological subject, marking the identity, the perception of the world, social

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rules, the limits of self and of others (Almeida, 2012; Sauaia, 2010). This period will have a discernible influence on the future development of personal, relational, social and professional dimensions of the human being in question (Brito, Zanetta, Mendonça, Barison, & Andrade, 2005). Living experiences of domestic violence also compromise children's learning abilities and can reinforce a certain aversion towards studying, which may be crucial to limit expansion of their opportunities and their future integration into the labor market (Bobbio, 1992), reducing their ability to break the cycle of violence (Almeida, 2012; Sauaia, 2010).

Assistance services to children victims of domestic violence occasionally include psychosocial attention to family, but continuously focusing on the victim. The attendance proposed and tested in this study was to take care of possible internal pains and relational difficulties of each aggressor. The aim was to stimulate them to develop a different way of dealing with their conflicts, pain or inner fears, enabling the individual conscience of their frustrations rather than project them towards children around them. It is important to consider that children in a domestic environment constitute easy targets for adult stress deposit, mainly because the child is felt as belonging to the caregiver or their parents (Sauaia, 2010). It should be noted that the study focused care on the abuser, by assuming this as a more agile strategy to inhibit the practice of violence in a domestic environment. The exclusive care of the victim does not guarantee the cessation of violence committed by the offender, although emotionally empowering the victim by mitigating the consequences of violence left in the body and especially the self of the ones beaten is surely very important (Boarati, Sei, & Arruda, 2009).

By profiling direct and indirect perpetrators (those who know of the existence of violence, but do nothing to stop it and protect the victim), the study dared to approach the abusers to try to sensitize them, helping them to develop the perception of responsibility due to violence, as well as a clearer understanding of the seriousness of the violence committed. The proposal in question must take place in a context of comprehension and acceptance that encourage the aggressor to reframe their internal conflicts. Understanding and accepting the inner world of each offender, allowing each of them to exercise a respectful relationship with the ones around them can be defined as a strategy for psychosocial intervention, aiming to reduce the epidemic reality of domestic violence against children, especially in early childhood, when the psychosocial development of each individual is in sedimentation, strongly anchored to interpersonal relationships with significant adults (Winnicott, 1999).

As this type of aggression is carried mainly by alleged caregivers or proximity relational agents (e.g. biological parents, immediate family, teachers, and early childhood educators), it is assumed as even more serious than social violence itself because it tends to be repeated, veiled and delimited by a common environment to abused and abuser. The child exposed to domestic violence in its various forms (eg physical, sexual, moral, psychological, emotional or intellectual) undergoes in more than one of these attacks simultaneously and repeatedly, since psychological violence accompanies all others. Starting from the devastation inherent to the victim, family violence is presented as an epiphenomenon of rising, reproducible, with operational capability projected beyond individual's functioning. Without appropriate intervention, and in the absence of emotional and psychosocial rehabilitation, the abused child as a human being in development grows emotionally unable to allow love and protection, lacking identity linked to a figure of affection (3). In later adolescence, the adult in formation, can easily perpetuate, by simple modeling, the information and management strategies that he or her has received, and ultimately could put others at risk, creating the possibility of repeating domestic violence within a future family, as well as be inclined towards the widespread manifestation of social violence



(Almeida, 2012; Sauaia, 2010).

Through dimensions, consequences and durability (reproducibility) of violence as a *modus operandi* in the family, the phenomenon takes shape of an epidemic priority in Public Health, and urgent action is needed. Intervention and social responsibility of the average citizen towards the compliance to the statements of Children's Rights is vital, since violence stills constitutes a silent epidemic that continues to plague Brazil and the world (Almeida, 2012; Bobbio, 1992; Campos, 1989; Sauaia, 2010). To solve the present issue, a network consisting of the implementation of public policies aimed at treatment or counseling of the agents of aggression are necessary, as well as the implementation of public policies that define a preventive intervention in mental health articulating the various procedures with current health and primary prevention in mental health care (Oliveira, 1999).

This study investigated the psychosocial attendance of domestic abusers of children in early childhood, and was driven by the absence of previous records in national and international literature of similar cases, since the studies published about domestic perpetrators focus on the abuser of women, emphasizing gender violence as the most studied violence type (Bilby & Hatcher, 2004; Corvo, Dutton, & Chen, 2008; Fluckiger, Caspar, Holtforth, & Willutzki, 2009). However, worldwide prevalence of domestic violence against children in early childhood is alarming and the incidence of new cases is growing all over the world (CNPQJR, 2012).

2. Materials and methods

Before designing a thematic guide attendance, we carried out a field study using qualitative methodology, using semi-structured interviews and observations from home visits to families involved in Family Health Programs in nine areas of the district of São Luís, in the State of Maranhão: Centro, Coroadinho, Itaqui-Bacanga, Anil, Turu, Bequimão, Cidade Operária, Zona Rural and São Francisco. 1100 households were visited by the research team in those regions.

From the results, assumptions raised regarding domestic violence against children in infancy, which guided the creation of a roadmap for thematic attendance, pre-defined by a team of 11 members, specifically trained in Mental Health, the faculty coordinator of the project and graduate students of UFMA Medical School.

Issues concerning the detection of helping and effective methods can reduce the recurrence of domestic violence as well as lead to a few empirical methodological assumptions that must be considered when planning strategies to fight domestic violence against children:

- The consideration of Family as a private space and the conception of the Child as "belonging" to the family;
- Aggression and expression of dominance over the child as a possible projection of archaic aggression suffered by the offender in its original family context (by act or omission of the adults at the time) or during relational experiences, where is pressing need to intervene;
- Role of underemployment and / or stressful unsanitary living conditions in domestic violence.



This study undertook the form of therapeutic intervention of 98 offenders (87 of which allowed the use of data for research), with defined duration and goals, established from the comprehension of the abuser. The psychosocial care process occurred in approximately 15 sessions. The study subjects were examined between October 2007 and June 2008. During these six months, work was continuous, including weekends and holidays.

The local attendance was called Rescue Center of Family Relations. We conducted a survey plan of care, in which resistance was identified in the target audience considering the location originally proposed, due to it being next to a school. It was decided therefore to choose a second place to implement the attending room, geographically distant from schools, police stations, community councils or any other institution capable of creating resistance or fear in the offenders.

Dissemination of the Center was held in the main churches and school districts of those areas through business cards and a note which contained information on sensitizing towards the issue. The business card contained only a phone number to which one could call for free to schedule attendance. After contact, users began a voluntarily process of psychosocial intervention.

The appointments were primarily individual, lasting one hour per week. There were, however, group sessions, with approximately 15 participants in each session, lasting an average of two hours each in a weekly basis.

Approaches of psychosocial intervention, with educational / informational tactics were applied in group contexts and brief psychodynamic psychotherapy strategies in individual assistance. The average number of interventions was 15 sessions over a period of approximately four months, with two later on follow-up sessions: one 15 days after the appointments and another one month after the end of the intervention process.

The cases which were identified as having psychopathology that required the use of psychotropic medication and / or any other type of medical intervention were directly referred to the outpatient clinics of University Federal Hospital, University of Maranhão (UFMA), the CAPS III, or the Nina Rodrigues Hospital for medical care.

Eleven topics were defined to guide individual sessions and group therapy. Among the emerging concepts of greater relevance, are: the conception of family, identity, citizenship, love, responsible parenthood; these issues were addressed in order to promote self-reframing, favoring the perception of the offender's responsibility in relation to the violence committed. We used drawings, photographs of the family of origin and of actual family, and focus groups when necessary.

The research project in question was approved by the UFMA's Ethics Committee in Research with Human Beings and funded by UNICEF Brazil.

3. Results

The proposal has achieved its goals. Both direct perpetrators (causing injury) and indirect ones (who witnessed and omitted the assault) sought help spontaneously. In some cases, the indirect offender was sensitized first and participated in the process of awareness of the direct abuser. Thus, the psychosocial monitoring of the aggressor was identified as the host phase of the proposed free from judgment approach, since they were allowed to develop trust in the therapeutic process, and thus reframe emotions associated with the practice of violence.



At the time of the study, the majority of offenders did not maintain contact with their families of origin and reported having suffered domestic or social violence in their early lives. The attackers have expressed feelings of worthlessness and job dissatisfaction. A total of 76% would change jobs if they had the opportunity and 35% were unemployed.

The family income of the attackers was, on average, a minimum salary and a half (approximately 370 euros), the number of persons per household was four, and 88% of them lived in rented space.

Regarding sense of ownership, the attackers considered the child as a property and the family as a private space in which no one should interfere, which is very disturbing and serious, since the child is not considered as a citizen. The relation with work, the level of frustration regarding professional background and work environment was very negative, which is disquieting considering the contemporary global economic crisis, which may contribute to increase violence against children in early childhood nationwide. Some initial lines of aggressors (and some victims) collected in the first three sessions are helpful in understanding cognitive disruption that promotes reproducibility of the violence cycle:

a) Offenders

- "Não dá pra ralar o dia todo, aguentando humilhação, e chegar em casa com menino aperrando. Não sou de ferro" (33 years).
- "Já criei oito filhos e 'gora' ficar correndo atrás de neto não dá. Ajudo minha filha e fico com ele, mas quando ele está muito atentado eu amarro ele na cama e bato com uma toalha molhada nos pés, para minha filha não ter mais aborrecimento e ver alguma 'rouxura' nele" (69 years).
- "É meu filho, então eu decido como educar" (34 years).
- "Se ela é minha filha e um dia ela vai dar para alguém por que eu não posso usufruir dela também?" (47 years).
- "Ela gosta. Não sei porque esse estardalhaço todo" (24 years).
- "Confesso que chego cansada e não consigo ouvir o choro de bebê, me descontrolo e bato mesmo" (23 years).
- "Sei que meu marido abusa da minha filha. Tento evitar, já denunciei uma vez, não deu em nada, e ele voltou. Gosto dele e o dinheiro que ele bota em casa faz falta" (45 years).

b) Victims:

- "Não adianta denunciar meu pai porque vou negar e já fugi três vezes de inventarem de me tirar de casa. Minha mãe largou ele, tenho ódio dela, e tem dois anos que não sei nem do paradeiro ela. Tenho uma irmã de sete e outra de quatro que se ele tocar nelas eu mato eles. Comigo tudo bem, já aceitei meu sacrifício, mas elas não" (15 years, third time pregnant of the biological father and commits physical violence against the two



sons she has with her father).

- "A gente não pode deixar de ajudar mamãe. Ela trabalha muito e se deita com homens de noite. Eu e minha irmã ganhamos 50 reais por mês para chupar o pau de uma galera que contrata a gente aqui na vila, mas mamãe não sabe" (6 years).

Through individual and group meetings, individuals were able to give voice to their most painful frustrations and express them verbally, as well as the paradigms related to the family and its symbolic content. Created the bond of trust, appropriate potential facilitators of violence could be identified and its contents reframed by the aggressor, and in some cases, for the whole family in joint meetings.

In two sessions of follow-up was obtained 91% of positive returns in relation to aggression committed, assumed or terminated. All agreed to continue therapy for another six months in private team offices. 30% of appointments were completed, enabling the latter two to occur together with the victim. The two monthly visits checked with 90% of offenders were conducted in two stages, individually and in conjunction with a family member, and in 10% of cases with the victim. Importantly, the 10% who did not return spontaneously to the verification visits were within the 20% already reported in Precinct Protection of Children and Adolescents, before the onset of psychological care.

4. Discussion and Conclusions

The research work was effective considering the dissemination and spontaneous intense demand for the service offered, which strengthens the viability of the attendance to the offender as an important strategy in combating domestic violence against children, not only as a natural request, but also as a jurisdictional recommendation regarding domestic violence (Bilby & Hatcher, 2004; Corvo et al., 2008; Fluckiger et al., 2009). The therapeutic process in question turns out to be doubly valuable because, while intervening in a broad individual and unique sense, re-signifying the emotional pain of offenders, and acts prophylactically minimizing reproduction of violent behavior and effective cessation of violence cycle that has been growing worldwide.

This pioneer study defined common traits to abusers of domestic violence against children, in order to propose a script treatment that encompassed the following steps: awareness / responsibility in face of committed violence, acceptance and positive response of the offender in relation to the victim, and empowerment of the offender in relation to handling non-violent crisis or conflict. This model approach to domestic violence against children was effective as an important step in stopping the violence cycle which contributes to provide comprehensive assistance to the protection of children's rights. Omitting domestic violence hinders the management of its psychosocial consequences for victims and perpetrators, giving it more strength and power for unconscious constructions, resulting in future as gradually more intense expressions of violent behavior (Moreno, 1999).

Discussions on labor, about the meaning of family and the needs of affection and care have been successful to bring out the guilt of the offender, linking the violence committed to other aspects of his life. Comprehension and acceptance of the abuser was considered a fundamental tool to obtain good therapeutic results.



Besides the attendance with the victim, relatives and abuses, we highlight the need to empower educators from kindergarten, as well as Family Health Teams and members of community councils regarding this topic, so networks of expertise on the subject can be designed. In addition, local programs must act synergistically in the awareness of families about their educational and protective role to children in order to convey that the family can no longer be treated as private and impenetrable, and that the omission of the complaint (indirect aggression) constitutes a crime.

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