

The impact of gender violence  
and the recovery process on children  
and adolescents, and on the mother  
and the mother-child relationship

# BCN

Applied  
research

## Results and conclusions



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## What was the applied research about?

From the Department of Knowledge Management, Barcelona City Council is giving priority to and promoting collaboration projects with universities for scientific purposes and, specifically, applied research into subjects of strategic interest for the city. The Research Institute on Quality of Life of the University of Girona was commissioned one of the applied research projects, namely “The impact of gender violence and the recovery process on children and adolescents, and on the mother and the mother-child relationship”.

The research was conducted between 2013 and 2015 and its objectives were:

1. To gain greater awareness of the impact of gender-based violence on children and adolescents, their mothers and the mother-child relationship.
2. To identify important elements in the understanding and the intervention in the recovery process, both in relation to children and adolescents and to their mothers and the mother-child relationship.
3. To put forward suggestions for improvements.

## Method

A mixed methodological research design was implemented, consisting of:

a. **A secondary analysis** of existing data from the database of the former EAD (Women's Support Team) and SAN (Childcare Services) (1995-2013).

⇒ *2,579 cases of mothers receiving support from EAD between 1995 and 2013, of whom 272 were protected by shelter services to combat gender violence.*

⇒ *357 cases of children receiving support from SAN between 2005 and 2013.*

b. **A quantitative study** based on a questionnaire directed at mothers and young people, who had been victims of gender violence, and at professionals working in services dealing with gender-based violence in the family environment.

⇒ *339 mothers.*

⇒ *44 young people.*

⇒ *157 professionals, both from basic social services (Social Services Centres - CSS - and Information point for women -PIAD), from the child protection teams (EAIA), and from specialized services dealing with gender-based violence (SARA), the emergency centre for women (CMAU-VM), and the rest of public and private shelter services.*



c. **A qualitative study** based on focus groups with children, adolescents, young people, mothers, social services workers, as well as interviews conducted with young people and parents.

⇒ *40 children and adolescents.*

⇒ *9 mothers and 6 fathers.*

⇒ *24 professionals.*

## What were the main results of the research?

The results presented as follows have been divided into twelve blocks:



The characteristics of mothers and children who are victims of gender violence are very similar to those of the general population: (number of children or siblings per nuclear family, level of education – 35% of mothers with tertiary education), so that, initially, they do not represent a demographically distinguishable subgroup. However, **important differences exist in the low employment rate of mothers and in issues related to low economic income.** Almost half the mothers in this group are foreign-born, a fact that makes them much more vulnerable.



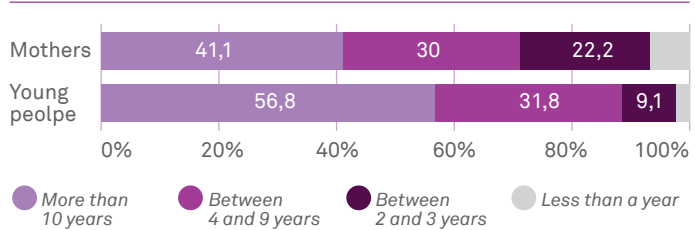
Effects on the children and adolescents involved in the research are often severe, long-lasting, and are usually detected late by the care services. Prevention and early treatment are clearly lacking, which is why the impact on children and the harm done to them are particularly important.

**“ I’ve had to grow up fast. I failed lots of subjects at school, I’ve had eating disorders, and I don’t trust men ”**

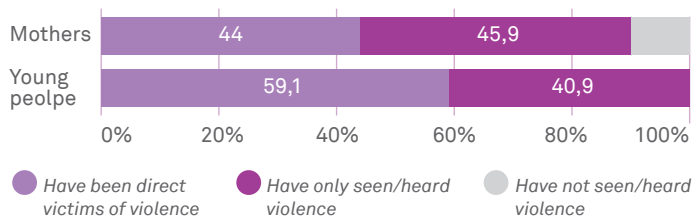
*(A young girl)*



### Duration of violence according to the mothers and young people who were victims



### Have witnessed or been direct victims of abuse, according to mothers and young people



- The majority of *women* (97.9%) referred to **psychological violence**, and children and adolescents were also victims of psychological abuse, according to the SAN *data base*. Two out of every three mothers reported having also been victims of **psychological violence**, and a third of **sexual abuse**. A quarter of the children were victims of physical violence (a higher percentage of cases than the average number recorded by the child protection system for this cause).
- Regarding the **extent of the impact on children**, at school **both school** performance and relations with teachers and classmates are adversely affected, according to *children and mothers*. **Family relationships** become fraught and



mistrust and false expectations develop. **Emotionally speaking**, feelings of fear, anger, hate, guilt, impotence, frustration and feeling unloved can develop. They may have problems talking about their situation, low self-esteem and they mature earlier. Also in the area of **behaviour and development**, they may experience behavioural problems and personality changes, introversion and isolation, or aggressiveness, developmental delays or disorders. As for **health issues**, general health problems, mental health disorders and/or suicide attempts have been detected in some cases

The coping strategies used by children and adolescents to handle gender violence in the home are highly varied.

*“ Girl 1: Pick up a knife.*

*Girl 2: Pick up your mobile phone and play. Yeah, so you don't have to listen to what's going on.*

*Boy 3: You turn the radio on.*

*Girl 4: Or otherwise, start crying and tell them “stop, please stop”... ”*

*(Focus Group 11-13 year-olds)*

- Many different strategies are used when the abuse is actually taking place according to *children and mothers*, from the most to the least frequent: **intervening directly when the conflict is taking place; trying to protect oneself and finding ways to calm down; distracting oneself or trying to withdraw emotionally; starting to scream and cry; and asking for help** from people close to them, the school or the police.





4

There is little direct intervention with children and adolescents to offer them support for situations of violence experienced in their homes.

*“What’s missing is the children’s opinion; they should be asked what they feel, what they think should be done in this situation (...) Well, they should be given reassurance so they can express themselves, because otherwise they’ll withdraw, and nothing.”*

*(An adolescent boy)*

- Despite being victims of chronic and severe abuse, half the children and adolescents were not attended to directly by the services, according to both the databases and the questionnaires. It is more common to deal directly with the mother, based on the understanding that they are the victims and the intervention with them will also have an impact on their children, but **very different practices exist between services** in this regard.

5

Difficulties being a mother in situations of violence against women. Discrepancies between social service workers and mothers. The impact on mother-child relationships.

*“I don’t know, pity, but at the same time you say “Mama, do something”. You also feel, like, hate, because she does nothing to stop it, and you don’t understand anything either.”*

*(A young girl)*

- One of the most significant findings of the research is that social service *professionals* and *mothers* hold totally opposite views with regard to their perceptions of mothering capacity; while the professionals are of the opinion

that mothers have great difficulties carrying out their parenting role, mothers basically claim to have great capacity, indicating a complex starting point for any intervention – one in which professionals overestimate the mothers' difficulties and mothers overestimate their own capacities, either because of their own convictions, or because they are in the presence of the social services.

- *Mothers* claim they find it very easy to love their children, ensure they have adequate healthcare and education, and foster and encourage their friendships with other children. Social service *professionals* consider that mothers find it quite difficult to guarantee their children's safety and set limits, establish emotional bonds, show empathy and provide stimulation.
- In the focus groups and interviews, it can be seen how the **mother-child relationship is deeply affected**. Above all, *children* place their expectations for change on the mother and unwillingness to make a move is cause for disappointment and anger. Social service *professionals* often place their expectations for change on the mother too.
- **Advice given to mothers in this situation by *children and adolescents* but also by *mothers who have gone through the same experience* is, above all: to separate; to seek help from professionals, family and friends; to look after themselves so that they can look after their children; to protect their children, and to try to achieve economic independence.**



Support needed by children and their mothers. Serious difficulties to repair the damage.

*““ Knowing how to accept it, because there's nothing you can do about it. And looking to the present and the future to be okay (A young girl) ””*

- **Serious difficulties in repairing the damage done** are highlighted. *Mothers* say it can be repaired by **giving their children love**, but *children* believe above all that their parents should **separate and they should move away from the aggressor and ensure it never happens again, and the father should receive treatment**. The importance of receiving **psychological counselling, and also** other supports from other professionals like social educators, teachers and volunteers is also underlined. It is noteworthy the number of times it is claimed that the damage cannot be repaired; that only time will help. **Family and social support, the support and involvement of the school, and friends and leisure-time relationships are frequently highlighted aspects that can be helpful**. Other aspects that are also mentioned are: being able to talk openly; that the mother changes her attitude and takes decisions that protect the children, and that the father is not constantly criticized.



Lack of information about the abuser on the database. Scarce legal and police protection for mothers and children. Lack of treatment available for the father. Difficult father-child relationships.

*““ I'd say to mothers..., “do you think the kids are going to be better off if they have a father?” But it's just not true; if the father is treating the mother badly and the kids see it, they aren't going to be okay. If the mother's fine, the kids'll be fine. If the mother tays with a husband who's mistreating her, she's not protecting her children ””*  
(An adolescent boy)



- Generally speaking, the abuser is the **biological father**. Only 20% of *mothers* claim that the aggressors received some kind of treatment (for drug addiction, mental health issues, for committing violent acts against women, or others), and the majority of women (87.8%) think that **it would be important for them to receive treatment**. Only 34.4% of the interviewed mothers say they have access to police protection and judicial measures of victim protection.
- **Father-child relationships are seriously affected**. Worth mentioning here are references by *children, adolescents and young people* to feelings of hate and anger; to unfulfilled expectations of change and disappointment; also to ambiguous relationships, and very few references to positive retrieved relationships with *fathers* undergoing treatment. However, it must be highlighted that children place their expectations of change on fathers to a lesser degree than on mothers.

Changes in mothers and children following the intervention: significant discrepancies in perception among the social agents consulted. Difficulties in bringing about change.

*““ What we have observed is that mothers are largely focused on their own suffering, on the impact that the abuse has on them, the inability to put into words that feeling of being overwhelmed, that chaos, (...). They often feel bad and aren't fully aware of their children's suffering, (...). That's what strikes us – that they are so focused on themselves... ””*

*(Professional)*



- The most positive changes witnessed after the intervention by social service *professionals* are related to **the increase in mothers' self-confidence and feeling better about themselves, and to the relationship and communication with their children**, which are also the most positively valued aspects by *women*.
- Regarding perceived changes in children following intervention, **most professionals indicate they do not know** – an answer consistent with the fact that many of them have not dealt with the children directly, or with the difficulties in dealing with and evaluating cases involving children. Added to this, it must be mentioned that **highly significant differences were observed among the services** taking part, given that those working directly with children and adolescents are more aware of the changes that take place.
- As for *young people*, the changes they value most positively are: **feeling happier; a more positive perception of their future; the fact that they can talk about the abuse they have experienced; feeling more relaxed; having greater self-confidence, and feeling safer.**
- **Obstacles in the social intervention process** in cases of violence against women were identified in the *focus groups and interviews*, such as: not only the difficulties in working on the mother's emotional state, but also the lack of trained professionals and specific services; the excessive case load; issues related to service coordination and communications between services; problems related to judicial processes, and the lack of economic resources available for mothers.



Resources for shelters for women who are victims of gender violence have increased in recent years.

- The number of shelters has increased remarkably in the last few years. What emerged in the focus groups is that *mothers* evaluate the shelters most positively, in contrast to evaluations made by *children and adolescents* who are housed there.



The results cannot be evaluated with the existing databases. The objectives set at the beginning of the intervention have not been recorded so these data cannot be used electronically and neither the results nor reasons for case closure can be analysed.

- The most frequent reason for case closure is **discontinuation of the service** by the user in one-third of cases, and 18.8% of cases are closed for having **achieved planned objectives**, although it remains unclear **what assessment can be made of the results**.



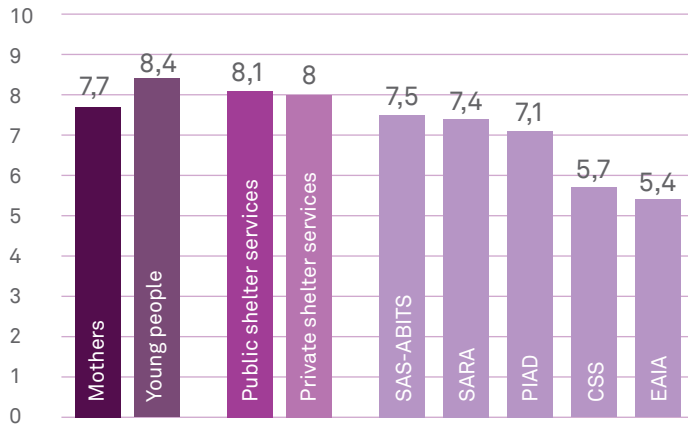
High level of satisfaction with the support received of both mothers and young people. High level of satisfaction of the specific gender-based violence services with the intervention, and a very low level of satisfaction of other services.

*“ Instead of giving advice to the social service workers, I'd congratulate them for their ability to listen to us and give us support, and for making us feel that with their backing we can return to our lives ”*

*(A mother)*



**Satisfaction of mothers and young people with support given and satisfaction of services with the intervention**



- The level of satisfaction is generally higher among *mothers* whose children have received direct support from any of these services than those who have not, and this positive evaluation has also been made by young people. *Young people* who have been direct victims of abuse show a lower level of satisfaction with the support received. Among mothers, the over 50-year-olds are the least satisfied, and the most satisfied are the ones whose situation of abuse has come to an end recently.



Suggestions for the professional intervention made by all the stakeholders.

“*First you have to let children express what they feel and then, without being afraid, explain what’s going on around them. When you’re a child and you see your parents having a row, the first thing you think of, if you’re asked, is not to say anything. What the social services have to bear in mind is that the first thing the child will do is protect his parents. (...) It’s important to know what stage the child is at, how he feels, not only at home but also at school, see what differences there are, and see if he can be given some support from the school, because it might not be possible to get to him at home for the time being. Social workers focus a lot on the home, on the family, and often the family, which is where the problem lies, are unable to help the child*”

*(An adolescent boy)*

- *Children, young people and mothers* advise the social service workers to be **patient, to show empathy and listen actively.**
- *Mothers, children and social service workers* strongly call for **improvements in the legal system and the judiciary, urging them to work more with children and adolescents; improve the information made available to the families and enhance the training of their professionals.**
- There are also calls for an **increase in the numbers of professionals; better economic and housing assistance; better coordination between services; greater involvement of the school** with the children and adolescents; **more group work; improvements in shelters for mothers,**





**and treatment programmes for fathers, while at the same time, reviewing the flow between services and their role; reconsidering the multiple strategies employed at the basic social services; lengthening treatment programmes, and improving team work.**

## Recommendations

Proposals ranging from early detection to results evaluation and treatment have been included in the following 10 points:

1. **Early detection and support from all the support systems, whether they provide support for the parents or the children,** Schools or others childcare services should be included in the detection and treatment circuit and safe spaces should be planned where children and adolescents can express their fears and worries about what is happening in their homes and contribute, in this way, to early detection of the problem. It is important to prevent cases from going undetected until it is too late and the children and adolescents have already been caused too much harm.
2. **It is important that the information is placed effectively at the disposal of everyone who is a victim of abuse,** both adults and children. Set up phone lines, instant messaging and online services that are available for children and adolescents. Make use of the evaluation and participation of children and adolescents to design these awareness programmes and campaigns, thus making them more realistic and effective.
3. **The need for more account to be taken of children and adolescents in gender-based violence interventions becomes apparent.** Include them directly in the case evaluation and recommendation stages, and then in the treatment once they are protected from abuse in order to heal the harm done and work on the mother-child relationship and the father-child relationship. Bear in mind children's opinions when making decisions that will have an impact on their lives. Professionals



who come into contact with children and adolescents should be familiar with and further their knowledge of the most suitable socio-educational and psychological intervention techniques in this area.

4. **Contemplate the child's stability as the main focus:** above all, avoid changing schools, separation from friends and previously carried out leisure activities.
5. **One key issue is to provide protection and a safe environment for children and adolescents who are experiencing gender violence in the home.** However, the research findings show that maximum protection could be a negative experience for children and adolescents as their rights are undermined or lost – attending school, continuing to enjoy friendships and leisure activities. This dilemma requires serious consideration so that protection is not to the detriment of other rights. In short, proposals related to risk management should be put forward, especially in the case of medium to high and high risk situations, which should be as flexible as possible and adapted to every situation; giving support and guaranteeing children's safety in different situations, including the visiting arrangements established between the parents, especially in the case of legal custody.
6. **Promote intervention and treatment techniques with mothers since their decision-making has been shown to be important for their children and will determine the mother-child relationship.**
7. **Diversify and increase resources for treatment programmes for aggressors.**

8. Set up a system that enables the results of each intervention to be systematically evaluated using a computing support system that is useful for the social service workers. Carry out systematic reviews of serious cases, with the participation of experts, in order to learn and identify the risk factors and develop preventive strategies.
9. Urgently improve the inner workings of the judicial support system in relation to gender-based violence, from its speed, proportionality and active listening to children to effective and real protection measures for mothers and children, and treatment programmes for fathers. For example, more information and training is needed regarding the impact of gender violence on children for those responsible for decision-making in the legal and judiciary system. They need to know what it means for children or adolescents to have to change school or temporarily stop going to class against their will because of the risk of being harmed or that their mother might be harmed, instead of preventing this risk by taking action against the abuser. They need to know what it means to decide on visiting arrangements that can last many years, without taking into account the child's opinion.
10. Review the care delivery system and the role of the services; carer-case ratios should be reviewed and a greater diversity of resources is called for. Good networking practices should be strengthened and trust and information sharing should be generated between services. Finally, support for professionals working in this sector is clearly needed in order to avoid such a low level of satisfaction among many of them.



## Who is involved?

The Social Rights Department of the Barcelona City Council, through the Direction of Strategy and Innovation Services, gives priority to and promotes stable collaboration projects with universities for scientific purposes and, specifically, applied research into subjects of strategic interest for Barcelona City Council.

The Department of Feminisms and LGTBI, gives priority to and promotes applied research as a basic tool aimed at permanent improvement in the knowledge and comprehension of the gender violence phenomena, and the quality and efficacy of the intervention from the public social services involved.

El Servei d'Atenció, Recuperació i Acol·lida SARA (Specialized services dealing with gender-based violence) and the Centre Municipal d'Acol·lida d'Urgència per Violència Masclista CMAU-VM (The emergency centre for women).

The Research Institute on Quality of Life, University of Girona has directed this research.

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- ⇒ *SARA: Mònica Augé and Imma Edo (team director) and all the team*
- ⇒ *CMAU-VM: Cristina Guerrero (team director) and all the team*



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March 2016

*Area of Social Rights*

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