

Approach to child
mal treatment in
the Municipality
Of Perugia
(Italy)

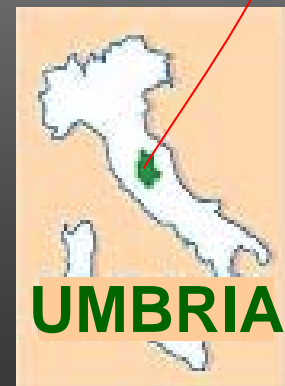
Dr. Carla Berardi



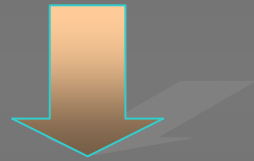
Regional History on CAN*

- In Italy, in 1998 , the Prime Minister's office established a National Commission for the co-ordination of interventions regarding child abuse & neglect.
- In 2001, in accordance with the National Commission, the Province of Perugia instituted a Multidisciplinary Team on issue of child maltreatment.

* Child Abuse & Neglect

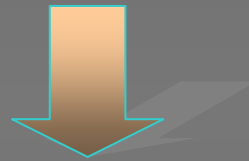


23 professionals
representing health and social sectors,
education system and police



To ensure a multidisciplinary approach to
child abuse prevention,
intervention and treatment

Need to gather and analyse data
on child abuse prevalence
and characteristics of all cases



Abused children
known to the institutional network
of the Municipality of Perugia

Study Objectives

The aims of the present study are to:

- estimate the prevalence of child maltreatment in the municipality of Perugia,
- describe the problem profile of the children & their families,
- define the involvement of various professionals in the identification & management of cases.

Study Material

What is known & what is being done regarding child maltreatment in the municipality of Perugia:



- 155,000 inhabitants
- 19,794 under 15 yrs

- 1999 to 2001 (3 years)
- Judicial archives
- Social service records
- Mental health centre records

Study Methods

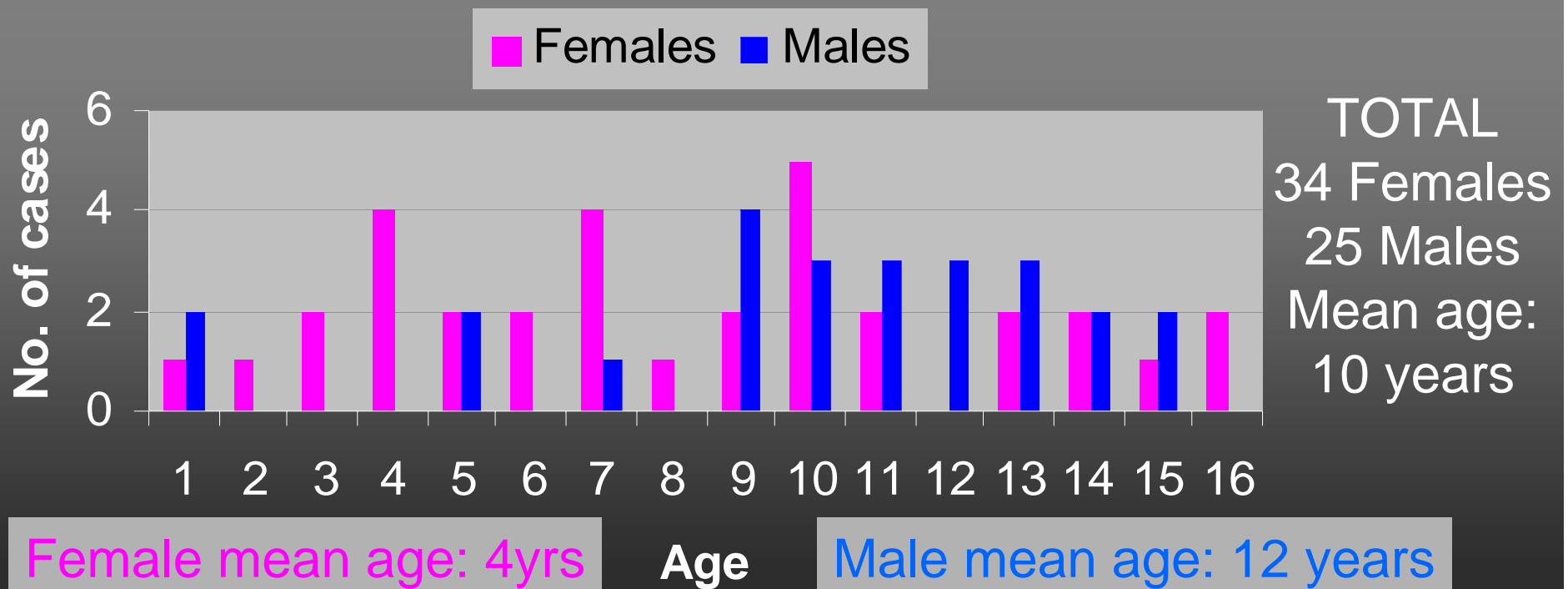
Questionnaire with 4 sections:

- source of information and the children's data
- the setting and the characteristics of the reported problem
- the problems detected
- the management of the case

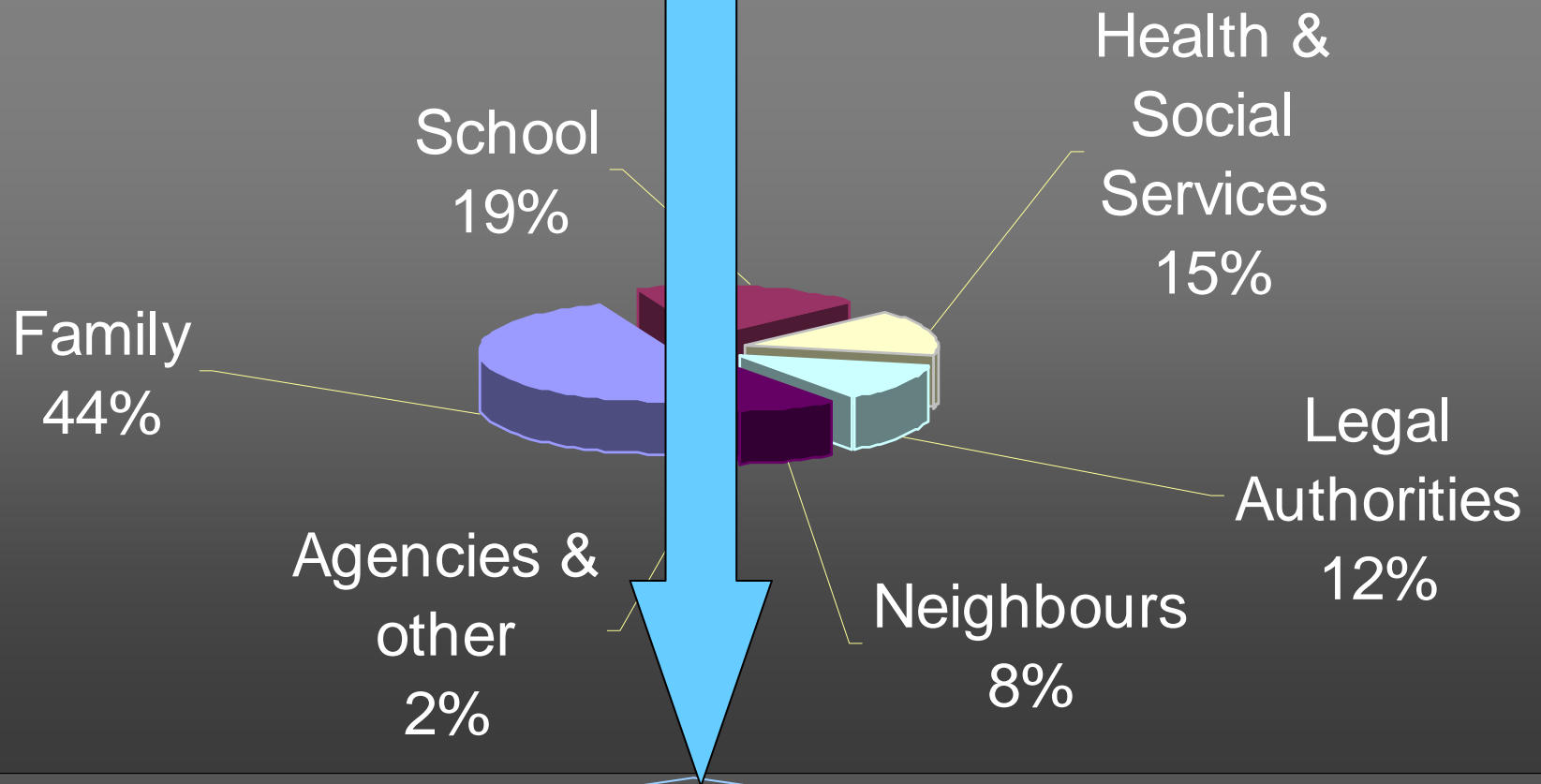
- author of report (family, friends, school, health services etc.),
- Nature of problem (abuse/maltreatment, disability, chronic illness, problems relating to the family),
- Service that identified the problem (school, health-social services, police)
- the sector receiving the report (school, health services, police)
- Date of the finding
- the date of the report.

Results

- 59 cases of maltreatment/19,794 youth under 15 years of age, i.e., prevalence 2.9/1,000



Reporting Source

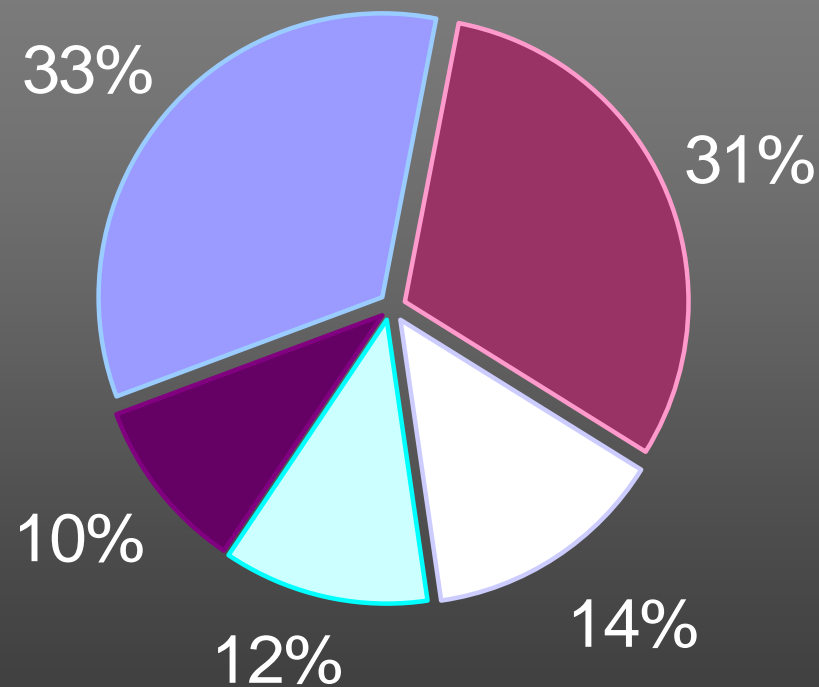


Legal Authorities
49%



Social- Health
Services 51%

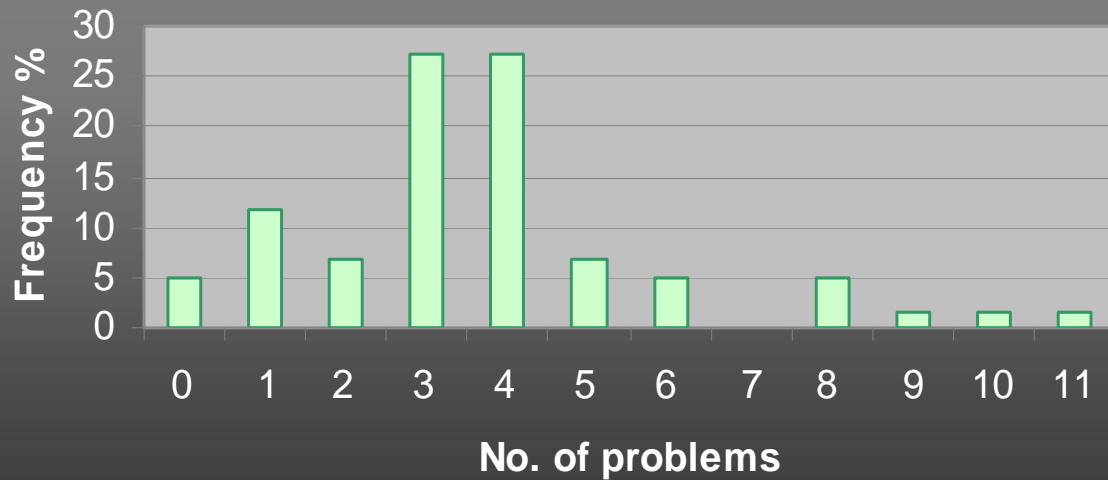
Problem Reported



- Request for family support
- Child's signs, symptoms, behaviour
- Direct disclosure
- Learning difficulties, suspected Handicap
- High risk family

Number of Problems Detected: 219

Per Family

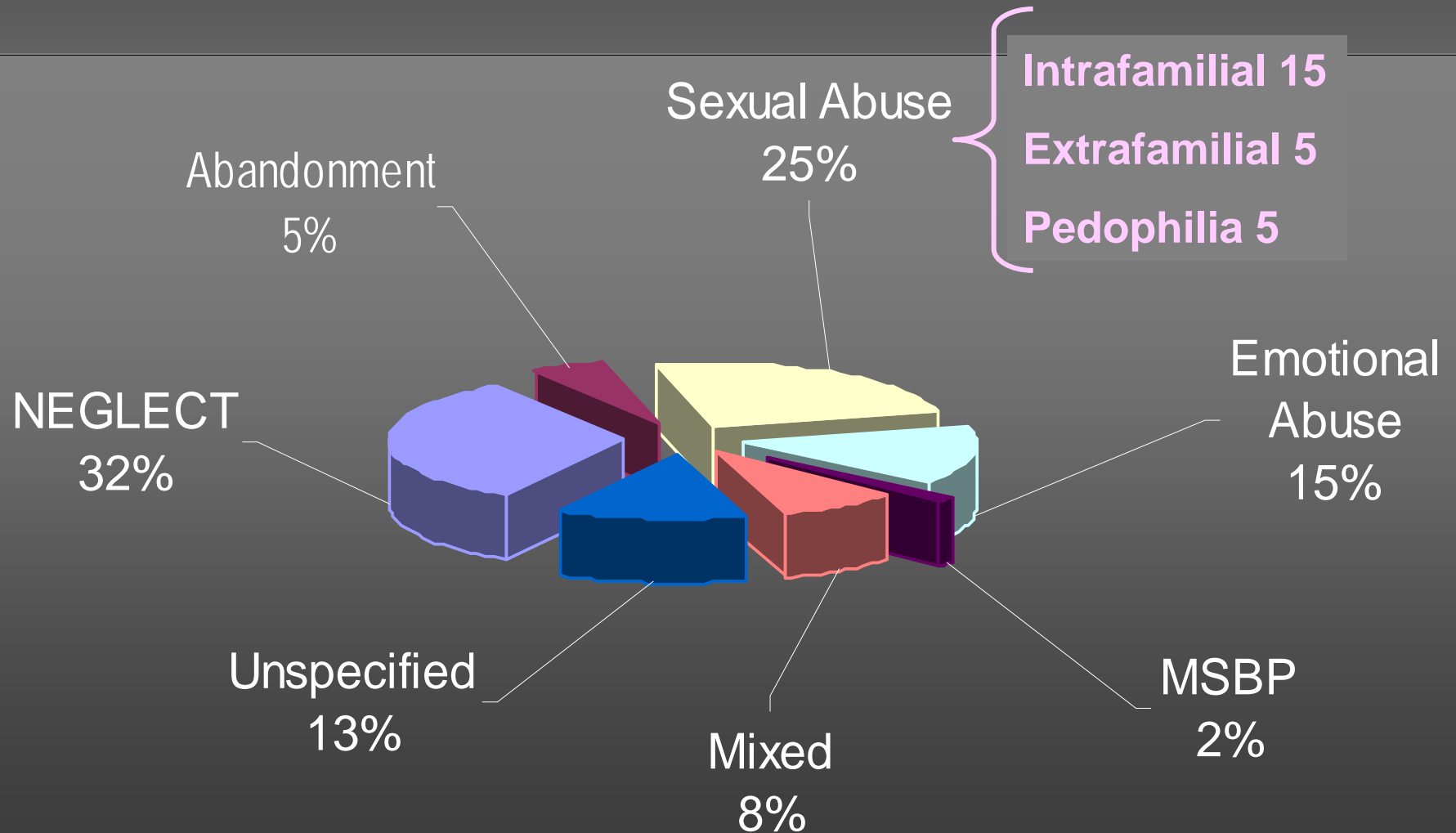


3.7 problems/child

Per Child



Types of Maltreatment Detected



Interventions

- Speech therapy
- Psychotherapy
- Occupational Therapy
- Behaviour Therapy

Treatment,
rehabilitation
of Child

- Family therapy
- Psychotherapy
- Counselling
- Occupational therapy
- Substance abuse treatment
- Protected environment

- Psychosocial support
- Financial assistance
- Housing
- Employment assistance
- Psychological support
- Foster care
- Adoption

Conclusions

- Prevalence of CAN 2,9/1000, below the european average
no cases of physical abuse reported.
- The network's intervention is fragmented, barely sensitive in addressing the issues, & lacks a multidisciplinary approach
- The focus of attention is the family context rather than the child & his suffering

Conclusions

- Stereotyped response is determined almost exclusively by the system first approached
- Fragmentation of services & stereotyped response prevent families from resolving their difficulties while contributing to their chronic dysfunction

Conclusions

Prevalence of CAN 2.9/1000,
almost half the European average

No cases of physical abuse reported



**Probably due to lack
of identification and reporting**

Main factors affecting identification and reporting

Poor knowledge of signs and symptoms

Difficulty in controlling emotional reactions
when facing a case of abuse



Corrective measures



Training of professionals responsible for identifying
CAN in Health Service Agencies, Hospitals, Social
Services, Schools, and Law-enforcement.

Lack of multidisciplinary approach,
Fragmentation of services &
Stereotyped response



Corrective measures



Establishment of multi-disciplinary teams in
3 Health Service Agencies throughout the
province for the diagnosis and treatment of
CAN cases.

Is it necessary to establish a specific service run by full-time professionals dedicated to CAN ?

**CAN prevalence (2.9 out of 1000) not enough
to justify the presence of a specific service**

**Risk of reducing multidisciplinary approach by
excluding professionals**

**Risk of specialization, which may create difficulty in
the team's relations with non-specialized services**



Multi-disciplinary team
made up of public-service professionals
especially trained
and working
a limited amount of hours in team activities

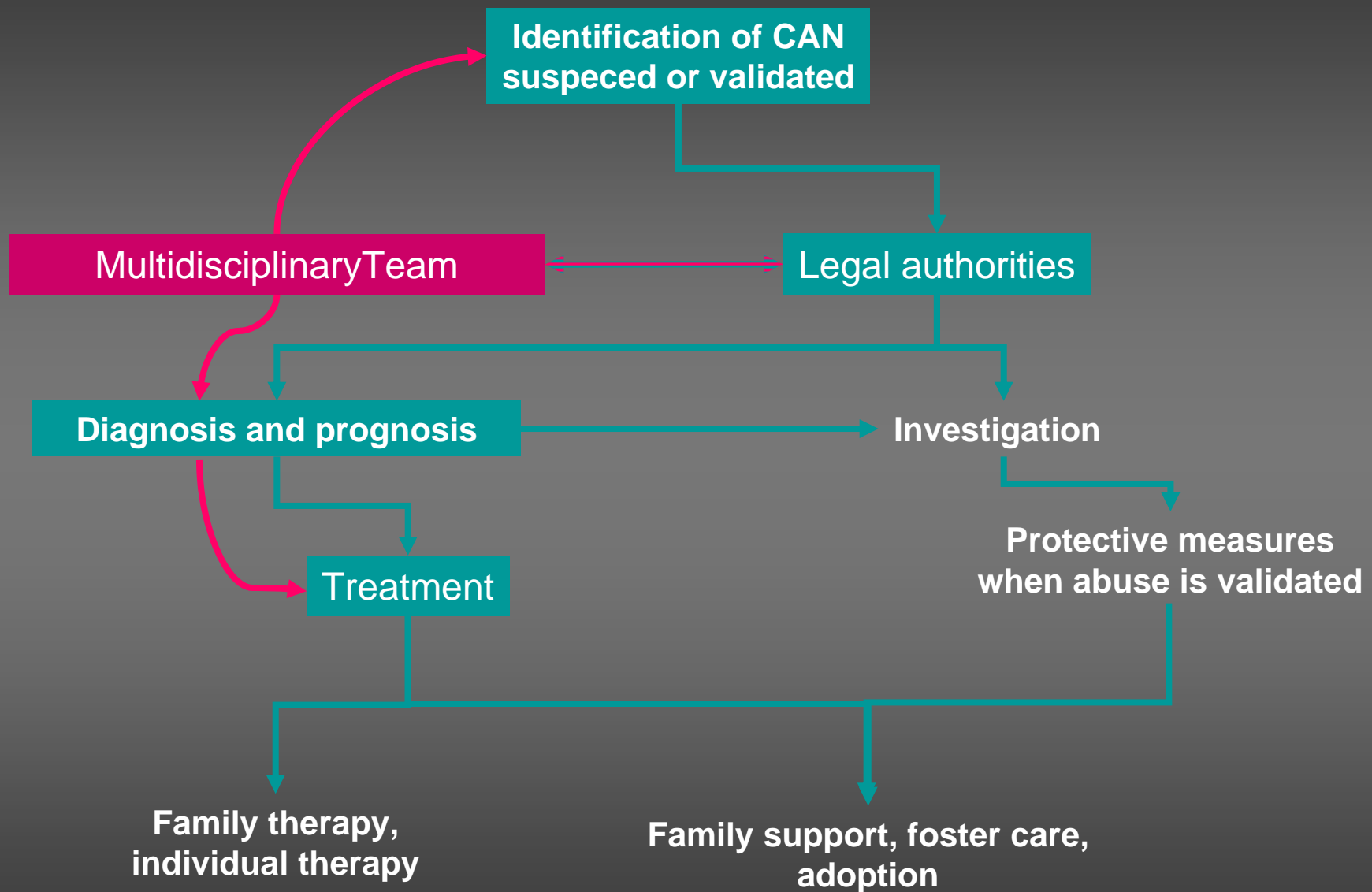


Multidisciplinary Team in Perugia's Health Service Agency

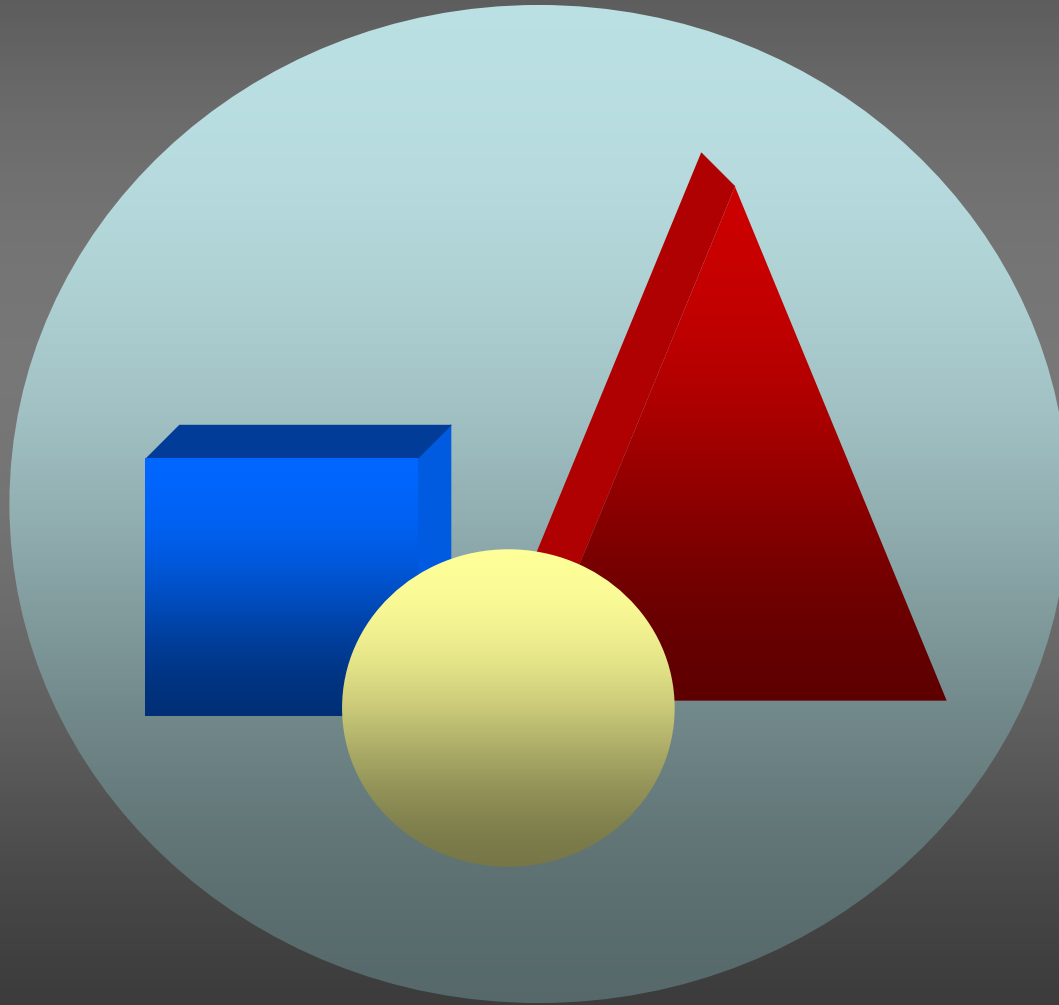


3 psychologists, 1 psychiatrist, 1
pediatrician, 2 social workers

Intervention proceedings and team functions



Multidisciplinary Team Function



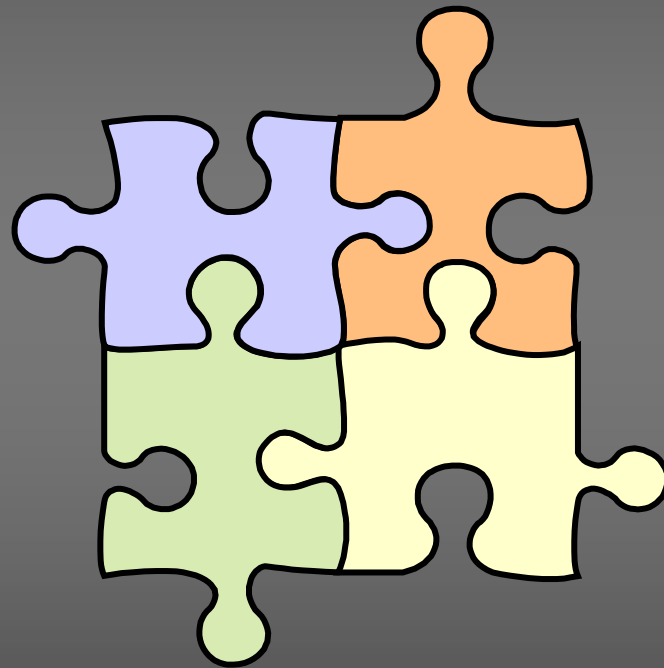
With respect to public-service professionals

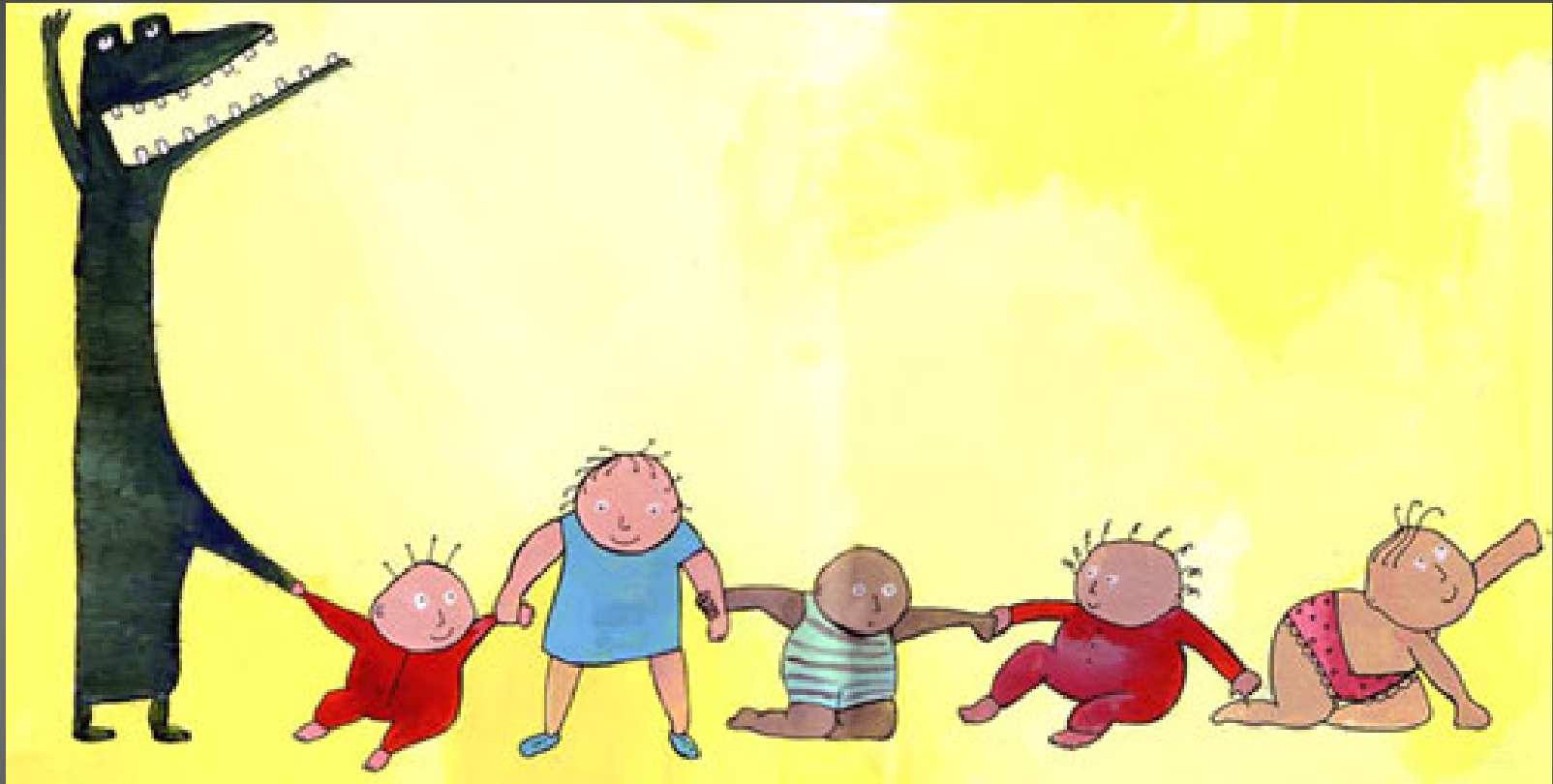
The team offers consultation to the professional who may suspect a CAN case by analysing signs and symptoms of concern and advising a report to legal authorities where necessary.

With respect to the legal authorities

The team collaborates in the evaluation of the case, determination of prognosis, and development of the treatment/mangement plan

Integrated approach





first steps



for children's well-being



for children's well-being