

## International research on children's issues in one-parent, homosexual, adolescent motherhood and marital violence State of the art in 2019 and hints of therapeutic garrisons

*Ricerca internazionale sulle problematiche dell'infanzia in materia di monogenitorialità, omosessualità, maternità adolescenziale e violenza coniugale Stato dell'arte nel 2019 e accenni ai presidi terapeutici*

Investigación internacional sobre cuestiones relativas a los niños en materia de monoparentalidad, homosexualidad, maternidad adolescente y violencia conyugal  
Estado de la técnica en 2019 y indicaciones sobre los dispositivos terapéuticos

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### ABSTRACT

An adequate and healthy exercise of the parental role may be impaired by several conditions related to the family unit and in particular to the parents, because they adversely affect the child's psychophysical development, causing physical, psychological and social consequences. The following data confirming will be the most up-to-date, linked to the validity of literature of this introduction, referring to researches of some specific factors of risk, affecting parental behavior and that, mostly lead to family mismatches.

### RIASSUNTO

Un adeguato e sano esercizio della funzione genitoriale può essere compromesso da diverse condizioni legate al nucleo familiare e in particolare ai genitori, perché incidono negativamente sullo sviluppo psicofisico del bambino, con conseguenze fisiche, psicologiche e sociali. I seguenti dati di conferma saranno i più aggiornati, legati alla validità della letteratura di questa introduzione, riferita a ricerche di alcuni specifici fattori di rischio, che influenzano il comportamento dei genitori e che, per lo più, portano a disallineamenti familiari.

### RESUMEN

El ejercicio adecuado y saludable de la función parental puede verse obstaculizado por varias condiciones relacionadas con la unidad familiar y, en particular, con los padres, ya que afectan negativamente al desarrollo psicofísico del niño, causando consecuencias físicas, psicológicas y sociales. Los siguientes datos que confirman serán los más actualizados, vinculados a la validez de la bibliografía de esta introducción, referidos a investigaciones de algunos factores específicos de riesgo, que afectan al comportamiento de los padres y que, en su mayoría, conducen a desajustes familiares.

### Children learn what they live

If the child is criticized, he learns to condemn.

If he lives in hostility, he learns to attack. If he lives mocked, he learns shyness.

If he lives in shame, he learns to feel guilty.

If he lives treated with tolerance, he learns to be patient.

If he lives in encouragement, he learns to trust.

If he lives in approval, he learns to appreciate.

If he lives in loyalty, he learns justice.

If he lives with confidence, he learns to have faith. If he lives loving himself, he learns to find love and friendship in the world.

*Eva Lewin*

## Teenage motherhood

The term “teen mom” refers to a pregnancy occurring under the age of 19, nowadays a widespread phenomenon, not only among poor people, but also in developed countries such as the United States. Firstly, parental disfunctions and difficulties in the growth of teen moms’ sons find their explanations in several factors, such as medical complications when giving birth, premature birth, poor social support (Letourneau, 2004). Therefore, the high obstetric risk is involved in pregnancy of a teenage mother, due to various correlations with pathologies, including toxemia, anemia, hemorrhages, genital trauma, genital-urinary infections, cephalopelvic disproportions, they are biological predispositions of teenagers (Stevens-Simon *et al.*, 2002). Further typical traits of this phase that can negatively affect the well-being of both parents and children, concern frequent psychosocial conduct in this age range, such as anxiety and mood disorders, low self-esteem, insufficient strategies of coping with issues, low autonomy, drug use, low level of education, abuses in the past (Alexander, 1991). The lack of availability and support (both emotional and economic) from the adolescents’ families, or from the same partner, is very frequent. The family dynamics of the young mother often turns out to be conflictual and they are the cause of disagreements, especially referring to the relationship with the maternal figure (Wackschlag, 1996). In some cases, it seems that conceiving a child becomes an escape route for adolescent mothers, wishing to free themselves from a hostile family environment, and that perceive motherhood and marriage as an opportunity to release and redeem from unsustainable conditions (Stevens-Simon and White, 1992). In fact, in view of many jobs, pregnancy in adolescence tends to exasperate and amplify problems and release an uneasiness existing before worsening the quality of life, including the inability of adolescent mothers to deal with stressful events (Quinton, 1988). This kind of difficulties shows consequences in raising up children, and they are characterized by:

- Inadequate communicative style
- Low affective level
- Altered and distorted interpretation of the child’s behavior, seen as hostile
- Adoption of a very strict and punitive education system
- Lack of awareness of the child’s evolution steps (Spieker, 2001)
- Propensity to expose the child to the risk of domestic accidents, diseases, neglect and violence (Black, 2001).

The presence of some particular conditions, can orient in a more positive direction the parental behavior of mothers in adolescence:

- High self-assessment
- High ambitions and aspirations
- Cohabitation with the partner
- Psychological support
- Good economic opportunities
- Good social ties (Letourneau, 2004)
- Presence of valid parental figures

## One-parent units

One-parent is referred to families with a single parent. This condition may occur for a number of reasons, such as: divorce, death of one of the two spouses, a woman’s choice to appeal to the artificial

insemination and bringing up a child alone, *etc.* A lot of research has shown that children from one-parent families suffer greatly from the psychological, economic and social difficulties that typically occur in these situations, including the absence of material and affective support of the partner. In these cases, the discomfort experienced by minors is reflected in various negative consequences, such as failure or early school leaving, mental illness, unwanted pregnancies or marital failures (Avison, 1997). This condition seems to induce single parents to dysfunctional mechanisms, for example the frequent adoption of corporal punishment and extremely strict educational methods (Loeber, 2000) trying to compensate the educational deficit due to the lack of the partner.

## Anti-social parents

They are those who act criminal in a deviant behavior, or easily, that have major risk to act likewise. In this family context, the child faces situations of mismatch that compromise a healthy and physiologically suitable development (Eddy, 2002). Several authors have found a strong correlation between being children of antisocial parents and to act criminal and violent during adolescence phase, from what arise the high probability of being arrested (Farrington, 2003). A further factor to bear in mind is the state of economic and social deprivation in which families dump, it is a condition that exacerbates the psychological distress suffered by children (Reid, 2002). The detention in prison of a parent is an even more dramatic variant for children living in such environments. Firstly, we must consider the separation trauma for the child, and the possibility that the forced removal from one of the parents is interpreted as its own fault, fueling confusion and guiltiness feelings (Parke, 2003). Often, the arrest of the mother, compared to that of the father, leads to deeper changes in family structure and radical changes in life, moving and changing displacements of residence and placement. This is because, according to statistics, during the maternal detention, minors can undergo frequent caregiver substitutions, and are rarely entrusted to their father (Bloom, 1993). Empirical evidence confirms that children of anti-social parents or who suffered for an arrest are apt to (Sharp, 2001):

- Mental illness
- High risk behavior
- Depression
- Social isolation
- Post-traumatic stress disorder
- Failure at school
- Deficit of attention
- Insomnia
- Oppositional defiant disorder
- Anger

## Parents using drugs or alcohol

The scientific review shows that the abuse of drugs (even if occasional) and alcohol by parents has devastating repercussions on children, both psychically and socially. Among the most widespread consequences we can find (Leonard, 2007):

- Parental neglect
- Depression
- Abuse of alcohol or drugs
- Attention deficit disorder
- Hyperactivity
- Relational problems

- Delinquent behavior
- Abuses by parents
- Impulsivity
- Low self-esteem
- Low empathy
- Intellectual difficulties and language learning
- Disorders of anxiety
- Physical complications

Drugs or alcohol taken before the birth of the baby cause harm to the fetus, often irreversibly, as they act as teratogenic agents, which cross the placenta. Drug use during pregnancy may result in HIV infections, physical malformations, premature birth, or even in the death of the child. Numerous researches show that the use of drugs or alcohol leads to insufficiently correct parental arrangements; social and family adaptation is affected by abuse, involving psychic and behavioral changes (Kerwin, 2005). The most common effects of psychoactive substances in parental style are (Keen, 2001):

- Excitability
- Aggression
- Anger
- Lack of attention
- Poor social relations
- Workplace is compromised
- Continuous research of the substance
- Symptoms of withdrawal
- Unregulated life
- Irregular power supply

It should be kept in mind that the daily life of parents who use drugs or alcohol suffers from a routine focused on the fixed thought of obtaining and consuming the substance, taking them away from parental care or meeting needs of their children, who result in being neglected and left to themselves. This kind of familiar unit is characterized by the lack of empathy, disorganization, economic troubles, which are all the elements to call the situation with the name of “vicious circle” stoking the abuses by the parents (Leonard, 2007). Additional traits typical of parents who use drugs or alcohol are (Handle, 2004):

- No stable partner
- Poor social support
- Malnutrition of animals
- Common moving
- Personality disorder
- Mood disorders

Those elements have a bad influence on the relationship with the children, they show lack of interest for the minor, poor synchrony and harmony with his needs (Kerwin, 2005). So many authors claim that the only devotion to the child is a confused and disorganized devotion (Van I-Jzendoorn, 1999).

## Parents with psychological disorders

When parents suffer from psychological disorders all the family structure is influenced, children in particular, because of the lack of the right attentions from their parents that are too important to the correct development and healthy. Psychological disorder can appear after the baby's birth. In the first case we are talking about *post-partum* depression, a common condition in the western world, (Gaynes, 2005). First of all, according to data's literature 26 and 85% of women who have given birth for

less than 15 days suffer from the “*post-partum blues*”, with depressive symptoms, such as augmented emotiveness, outburst of crying, lowering of mood tone, apathy and poor appetite. This condition may be a natural stress reaction to the birth, including hormonal changes. However, the symptomatology experienced by many of these women tends to result in episodes of *post-partum* depression (Moses-Kolko, 2004), in which the woman shows:

- Sense of despair
- Sense of guilt
- Absence of perceived self-efficacy
- Insomnia
- Abulia
- Lack of maternal initiative
- Sense of personal uselessness
- Lack of interest for the child
- Absence of energy
- Confusion
- Perceived impotence
- Feeling of overwhelm by parental duties

In the most extreme cases, the depressed mother can also be tormented by obsessive thoughts, which may concern the killing of the child (Mastronardi *et al.*, 2007), however, the imputability that can still be present even with infirmities as free decision-making spaces (do it or resist the impulse?). Clearly, there are factors predisposing to the development of mental disorders during pregnancy, including previous mental illnesses or alcohol or drug addiction, conflicts with the partner or family, experiences of child abuse, stressful experiences (economic/work for example), low self-esteem, distorted knowledge of motherhood, difficult behavior of the child, *etc.* (Gaynes, 2005). When a parent is suffering from depression (especially the mother), the outcomes on the relationship with the child can be devastating. Firstly, there is a lack of physical energy and psychological lucidity to activate the conduct of care towards the child, as well as the motivation needed to take care of another human being, knowing how difficult is to take care of themselves. We can see the apparent difficulty of women in establishing effective communication with the child, as well as a lack of responsiveness to the satisfaction of their needs, given their emotional easing, non-spontaneity, and low affective participation, typical of the disorder (Moses-Kolko, 2004). Such maternal attitudes make the child activate strategies of avoidance towards his mother, in order to escape the feelings of tension and anxiety which characterize his interactions with her, until assuming a suspicious behavior, just like the mother (Field, 1985); or we can see children older than they really are, with protection behaviors towards their mother or father. Parents suffering from acute psychiatric conditions (such as psychotic, anxiety or eating disorders), tend to implement dysfunctional parental mechanisms that upset the emotional-affective equilibrium of children, such as (Espe-Sherwindt, 1993):

- Unpredictable, bizarre behaviors;
- Easy to irritate;
- Punitive behavior;
- Unjustified violence;
- Hallucinations or delirium;
- Humiliating educational style;
- Negligence;
- Exposure of the child to physical and environmental hazards;
- Aggressive fantasies towards the child.

The scientific review is in agreement when affirming the existence of a close correlation between mental pathology of parents and mental disorders of children, both in childhood and in adulthood

(Gopfert, 2004). It is not implying only the influence of genetic heredity, but the weight of the environmental and family climate that the child breathes since the first moments of life (Field, 1985). In fact, it seems that parents suffering from mental illness pass on to their children, from an early age, visions and interpretations of the world not relevant to reality, generating in them the same anxieties and apprehensions. These negative effects can be exacerbated by additional factors, such as the chronicity of the disorder, precarious economic and financial conditions of the family, low quality of the social network, a history of drugs addiction and the daily closeness between parent and child (Espe-Sherwindt, 1993).

## Parents with physical disabilities

The hardship experienced in the case of parents with disabilities is not only related to the physical/motor or sensory problems that prevent them from carrying out certain actions and carrying out specific tasks, but depends largely on many other factors (Preston, 2005):

- Economic deprivation;
- Insufficient social support;
- Poor motivation due to physical malaise;
- Difficulty in taking part in children's school activities;
- Stress of the partner.

Economic difficulties of these households are significant and extremely frequent (Burchardt, 2005). First of all, because of their physical limitations, these parents are often unemployed, or are given them work assignments that are not very profitable. In addition, they face additional expenses to support their medical care. Numerous studies have shown that, the psychophysical health of children of parents with disabilities is also at high risk, for various reasons (Osborn, 2007):

- High levels of stress;
- Emotional distress in reaction to parent suffering;
- Lack of suitable parental care;
- High probability of being involved in domestic accidents;
- High probability of being bullied at school.

In addition, empirical research has found that it is not uncommon for these children to engage in domestic inappropriate activities for them, a real role reversal trying to repairing the shortcomings of parental behavior, and playing the role of caregiver (Burchardt, 2005). This tendency of the child, besides being not physiologically natural, can hinder the healthy and positive outcome of its evolution and development process (Newman, 2005).

## Sexual orientation of parents

Homosexual parenthood is one of the hottest and most scientifically debated issues today. Below are some of the most frequent considerations in opposition to the appropriateness of homosexual parents (Clarke, 2001):

- Children who grow up with two homosexual parental figures risk to not be able to having an adequate clarity about their sexual identity, as well as emotional confusion;
- Children with homosexual parents do not receive clear models regarding parental roles;
- Homosexual women have less developed maternal care capacities;

- Homosexual relationships are more precarious;
- Children with homosexual parents are more easily labelled by social stigmas, especially in school environments, where they risk being bullied.

Literature seems to largely contradict these beliefs. There are empirical studies showing that the quality of the mother-child relationship in the case of homosexual parents does not differ from that of straight parents, both in terms of emotional participation and emotional closeness (Bos H., 2005). Parent-child interactions, in many researches, have proved to be warmer and more empathetic than those involving heterosexual parents. Other elements that can be deduced to be completely analogous, in comparison to those of heterosexual children are: intellectual and social development, gender identity, self-esteem and value, quality of life, mental health and general well-being. What is more, it has been pointed out that in many cases the children of homosexual mothers show more often a solid attachment, and that among homosexual couples there is a more skillful and division of parental tasks in daily routine (Golombok, 1997). Regardless about what we deduced, there are 2 important factors able to overrule any problem related to the one-parent unit, homosexuals and adolescent motherhood are both parental styles and adequate family communication.

Parental styles now shared by all the literature of the sector are those parental behavioral styles with two variables: 1) control with supervision and injunction of mature behaviors and 2) support, thanks to the affective closeness that tends to favor the satisfaction of the needs and requests of the child. The right interaction between the two variables or the imbalance of the same, can be dysfunctional or perfectly functional depending on the case.

There are 4 types of parental models:

1. **Authoritarian style** (often dysfunctional) - high control and low support;
2. **Permissive style** (often unsuccessful) - high support and low control;
3. **Neglecting/refusing style** (clearly deficient) - low control and low support;
4. **Authoritative style** (optimal) - high control and high support.

Following some passages requested by our scientific documentary on the theme "Communication into the Family" and published in the *Annali of the Istituto Superiore di Sanità* 2002;33:259-63, an appropriate family communication is a cornerstone of primary prevention of discomfort and deviance. This work stems from a need for behavioral clarity in school, family, community, after daily aggressions in these environments. Both the delicate subject of self-esteem in adolescents and dysfunctional parental behavior and predictive patterns of discomfort in adolescents are therefore addressed. In addition to behavioral strategies in the workplace, mention is made of the burning subject of alcohol abuse, which causes a large proportion of road accidents.

The issues to be faced, capable to compromise the right stability of family communication, usually are:

- External problems of the parent;
- Intrapsychic specific problems of the parent;
- Couple issues (perceived or unaware);
- Problem of self-esteem in the adolescent.

We address here only this last argument. Every topic mentioned would deserve an own commentary but to better understand the importance and the value of the self-esteem problem we provide on the basis of literature and clinical experiences an example reported by Giusti (1995), although extreme: "My mother was very loving and caring when she was sober, but she became rejecting

and hostile when she drank. I never knew which person I would meet on my return home. I gave the responsibility for that to everything but not to the fact that she drank (...). I felt responsible for taking care of her and solving her problems, so she would no longer need to drink, she would no longer be aggressive with me and she would finally care and give attention to me. I had to check everything, be careful how I behaved, what I said in which time of the day, and being able to predict his reactions (...). In the morning I was a worthy and well-liked person, in the evening I simply did not have to exist”.

Children and adolescents raised in family environments such as the example, where the distinction between the role of the parent and that of the child is unclear, They often become adults prematurely and become more responsible than they should be. There is an increase in self-esteem based on falsified information from the family environment: by the principle of “all or nothing” such children deduce that what is wrong comes from themselves, so they feel completely inadequate or without value. A situation like that is the result of a lot of problems inside and outside the family, due to the relationship with the partner or with themselves. Regarding the self-esteem problem, many authors claim that anger became violence is caused by shame still not knowing by the adolescent (Lewis, 1971), for that reason violence becomes anger and shame after a humiliation (Scheff, 1988; Katz, 1988). Humiliation, lived as an extreme condition unaccompanied by safe acts leads to blinding rage.

From our research experience it has emerged that the essential and determining element of the adolescent’s violent reactions lies precisely in the enormous dystonia between humiliations or insults suffered, on the one hand, and inability to react not confessed even to themselves, on the other. These are enormous deficiencies in safety of thought, action and behavior, generally caused precisely in childhood and adolescence by the distorted, even if sophisticated communication between parents and children; in the final analysis, they are not in a position to promote the necessary processes of self-esteem; making the child extremely vulnerable and therefore very often aggressive or violent due to a kind of need to defend against the frustrations suffered.

## The dysfunctional parenting behavior

Other behaviors of parents able to sow disillusionment in children are: mistreatment through sexual abuse, physical aggression, physical neglect, emotional neglect. In several cases coexists and indeed is the cause, a low self-esteem in the same abusive parents (Shorkey, 1980), who despite everything, continue to feel helpless (Giusti, 1995). The poorly integrated personality (Righteous, 1995) makes them expect their children to compensate for their dissatisfied emotional needs, seeing in them whatever they do, those so feared negativities do not confess even to themselves (projection mechanism) (Mastronardi, 2001).

The deeper emotional experiences that the child feels have been well summarized by Righteous (1995) as follows:

- in case of neglected child: the intrapsychic considerations are “if they loved me they would not leave me and, if they do not love me then I am not worthy”; the resulting anger is committed with guilt and fear for the following lived: “should love my parents, if I hate them I am bad”;
- in case of child physically abused, verbally, or with incoherent punishments: “must be really bad and wrong if they hurt me so, the only way to get their attention is to get me punished, I’m always wrong;

- in case of sexual abuse the intrapsychic experience is as follows: “I do bad and secret things that I do not have to talk about, I am wrong and bad”;
- if he is criticized for his appearance, some of his characteristics, for his tastes or for any of his spontaneous expressions, the intrapsychic experience is as follows: “dad, or mom says I’m fat, then I’m ugly” Mom accuses me of being lazy and stupid and says that I will never do anything good; lazy and stupid people like me are wrong and guilty;
- in the case of a depressed parent or always complaining” as a psychologically immature parent who represses any attempt by the child to satisfy his or her needs and be independent.

In reproaching him, the intrapsychic experience of the child is therefore the following: “I have to take care of my parents” “my needs are not important, if I think of myself I am a selfish.

We repeat, such intrapsychic experience is only subliminal and below conscious perceptions. The behavioral consequence creates in the child, in time, interpretative distortions of reality, amplifying small wounds and turning them into unsustainable events, and anticipating in a wrong and neurotic way any affective, interpersonal or existential inadequacy in general, with mechanisms of escape such as isolation, social avoidance, alcohol and drugs, aggressive extroverted (explosive discharge to others), or even introverted aggression (with repressed anger, later turned towards themselves, in the best cases reaching psychosomatization, attacks or panic disorder, anorexia, bulimia, phobias, obsessive disorders, phobias, obsessive disorders, *etc.*, and in the worst cases to suicide).

## Benign and malignant narcissism

In some cases, the child adopts a non-pathological defense mechanism that allows him to draw “positive” information from the parental context: we speak about benign narcissism referring to that development of personality in which if the relationship with the maternal figure was empathically valid, the adolescent subject before and as an adult after, will have incorporated making them own, positive, safe portions of the maternal figure and will have “direction and guidance” in the concretization of his small/large experiential and existential goals and will not leave to overcome by defeats or humiliations, as it will have in itself valid “instinctual fuel” for its ambitions (Kohut, 1976) and will be able to use intrapsychic and interpersonal resolutions alternative vicarious, positive compensation shall be granted. Such narcissism is benign in that, as a result of the serene opportunity to confront real life, it discovers the limits of its capacities and adapts with proper balance and without dramas. If such comparison is not offered serenely, the child when adolescent will mature disproportionate and abject traits of grandeur and omnipotence, pathologically overpowering his achievements with unlimited fantasies of success, power, excitement, beauty and ideal love (Delisle, 1992). In such pathological narcissism, humans will only be objects to be exploited without any real empathic communication, from which to gain admiration to survive as a source of “replacement satisfaction of the ancient need to receive attention, compensation and to be taken seriously” (Miller, 1982) and to compensate for both needlessly its “defects in self-esteem” (Carotenuto, 1991). We can well understand how such people need to anesthetize any defeats, they are more predisposed than others, to substance abuse, just because of the abnormal, unconscious fear of failure, being highly sensitive to criticism and rejection. Narcissism becomes “malignant” as in the case of serial killers, if the hypotrophy forces him to such emotional blindness levels as to desire so much every single woman. But it

is unbearable for them to be refused, so killing her is the only way to possess her (serial killer of the “Control of power”) (Mastronardi, 2001, 2002).

- Abnormal authoritarianism (so-called parental dominance);
- Attitude of abject indulgence and laxity (or parental submission) which can lead to opposition and anger outbreaks, stubbornness and food difficulties, enuresis, laziness, selfishness and ostentation, excessive self-confidence, as well as difficulties of adaptation to the rules of family discipline and difficulties in relations with the environment, with consequent rejection of society;
- Ineffective, neurotic and unsafe parental figures to incorporate (with consequent deficient model of socio-affective identification);
- Immature, possessive, punitive maternal attitudes (neurotic hostility) involving marked cultural identification and distorted socialization, as well as inability to fulfill one’s school or work commitments
- Aseptic and only formal parental affective communication;
- Disturbed relationship with the partner (resulting in ineffectivity and/or frequent quarrels). These last two points can always involve in the more unfortunate cases, two antithetical attitudes, or relational closure and possibility of systematic search of strong emotions even risky or criminal, or drug use, alcoholism and cold emotional communication;
- Ambivalent parental attitudes, “abnormal prohibitions” (in words), followed by “easy indulgence” (in facts), or *vice versa*;
- Inconsistencies in decision-making and examples that both can lead to a tendency to waste, emotional anesthesia and to use people for their own use and consumption.

### Predictive patterns of discomfort

Examining now, what are the signs of discomfort and suffering to be carefully grasped during adolescence and which behavioral strategies to implement (Mastronardi, 1992, 2001, 2002). we note that it would be a cause for concern:

- In the process of autonomization of the adolescent, the lack of conflict with parental figures and authority, or *vice versa* the timid and fearful attitude with serious failure at school or abnormal, monothematic interest in school;
- Failure of autoerotic activity (masturbation), tendency to fantasize;
- No emotional reaction to serious events, absence of friends of the same age;
- The emergence of abnormal fears about public transformations, binges and obsession with diets, feelings of omnipotence and megalomania, drug use, alcohol, tranquilizers, *etc.* as an attempt to remedy existential crises;
- Use of lies, escape from home, accident tendency, self-harm and suicide attempts, bullying and overt aggression.

### Alcohol abuse

This work is aimed at primary prevention cannot prescind from a dutiful though synthetic reference to the problem of the abuse of the alcohol. “God made water, but man made wine”, wrote Victor Hugo.

Alcoholism involves the same complications in adolescence as in adulthood: changes in character and affectivity, depressive states and even delirium. The risks of hetero-aggressive violent gestures and road accidents are also well known.

Chafetz (1971) in his “Research on alcoholism” already claimed that half of the 55,000 deaths that occurred on average every year on the streets of the United States were attributable to alcohol.

The World Health Organization confirmed that 48% of accidents are caused by driving under the influence of alcohol. In the United Kingdom, after the introduction of alcohol tests, road deaths have fallen by 30%, wounded 20% and the same accidents by 21%. In observing the various forms of alcoholism in young people, it emerges that personality and environmental factors are deeply intertwined. We find a distinction between:

- Use of alcohol as a means of ephemeral integration in the adult world;
- Use of alcohol as a form of neurotic compensation;
- Use of alcohol as a form of non-conformism and imitation (Mastronardi, 2001).

The common characteristics of these three types of adolescent alcoholics are:

- Intolerance to frustration;
- Anxiety;
- Depressive tendency, loss of self-esteem, affective dependence on a parent or group.

### Behavioral strategies for parents

Consistent with the purpose of this work, it is important to focus on the role of the family as the primary prevention factor. The main suggestion for those observing some of the behaviors previously described, is to carefully avoid the usual reactions that are further damaging, such as for example, getting anxious. It would thus risk precipitating the situation with an anxious over-protectionism sowing further disillusionment, with no credit for the young person’s ability to compensate and recover and for his own positivity.

Strategies implemented are:

- To interpret non-verbal language (which represents 65% of all human communication) (Birdwistell, 1970; Mastronardi, 2002), realizing that, with attention, calm and security of support you can help the child or the adolescent before the specialist, containing your own anxiety and the need for compensatory over-protection that represents a clear indication of insecurity, expertly warned by the son, who risks to close himself even more in himself and his behavioral symptoms. Avoid any problem does not allow him to experience his self-esteem;
- Do not ridiculing the child for his mistakes by honestly communicating to him the difficulties he will face, but making the fulcrum on his positive parts, with the psychic times that he will find himself, not looking at any cost for the solution ready for every problem: “the solution is always there and you will be able to find it”;
- Allow the child with his own silence to “feel” that the parent is performing an inner work, avoid being forced friend, but prove to dilute his anxieties;
- In the whole educational approach, moreover, it will be necessary to communicate with coherence and clarity the rules to be respected, and with the greatest ones agreeing, even if obedience should not be required as an ultimate educational goal to be put for example before self-esteem. Therefore it must be accepted that the limits may sometimes also be breached (Gurtler, 1999);
- No arm wrestling needed. It is important to dialogue without

haste but understanding the motivations, to mediate by accepting anger towards parents;

- f) The approvals that reinforce the self-esteem should not be administered with a fake attitude, recited and not spontaneous, because the sensitivity of the child would immediately pick up any compulsion involves;
- g) Physical punishment and offenses are unsuccessful and never educational compared to emotional silence, which is sometimes much more effective. Remember that humiliations are “deleterious and devastating” (Mastronardi, 1992), while frustrations are productive and, if managed in a clear and peaceful way, impose limits, such as “say no” if necessary.

Always to the benefit of the parent in search of operational comfort and therefore to the benefit of the child and the teen, now we are going to the examination of the external intrapsychic problems in a family, and problems of couple in case of separation of parents.

It is not our willing to bore the reader with length disquisitions related to all pathologies or behavioral pathologies of minors and we refer to the purpose to the volume of Guidetti (2019) so in addition to major diseases such as epilepsy, intellectual disabilities (*e.g.* Down syndrome, fetal-alcoholic syndrome, perinatal meningitis, perinatal asphyxiation, *post-natal* encephalitis, *etc.*), we find headaches, disorders of the autistic spectrum, depressive disorders, specific learning disorders (dyslexia, disorthography, dyscalculia) and those disorders that deserve special attention because they often begin sordid. Disorders are:

- Communication disorders: *e.g.* late speakers, dysarthria, oral dystonia, fluency disorder with onset in childhood (stuttering DSM 5) with consequent social phobia and disturbance of social communication
- Conduct disorders – DSM Behavior Disorders 5 (provocative opposition disorder, intermittent explosive disorder, conduct disorder, antisocial personality disorder, kleptomania, disruptive behavior disturbance, impulse control)
- Obsessive compulsive disorders (DSM5), *e.g.* trichotillomania (hair-pulling), repulsion of skin abrasions, contamination obsessions that include excessive washing with specific rituals, superstitious obsessions related to pronounced or pronounced numbers, aggressive obsessions (with fear of harming others or himself), repetition compulsions (*e.g.* entering or exiting the door until you are sure you have done it in the right way), verification compulsions (*e.g.* check repeatedly the light switches), compulsions of order and symmetry (*e.g.* disposition obsessive of objects, books, pens):
- Depressive disorders with suicide attempts
- Somatization
- Eating disorders (big binges and dietary obsessions)
- The ADHD, which represents a disorder of attention deficit/hyperactivity with deviation from the task, lack of perseverance, difficulty in maintaining attention, disorganization not attributable to challenging attitudes or lack of understanding;
- In addition to drug-related behavioral disorders, we find bullying, cyber bullying.

We refer to another publication the overview of the therapeutic operating aids in individual cases and expected that not infrequently the behavior of minors may be the consequence of assisted violence, we have thought to give you the key coordinates of the relevant legal framework, with some of the most significant sentences relating to the same situations that better describe the individual case and with regard to the law, we intend to discuss it again as soon as approved while mentioning the essential elements of the same in serious cases expected to be removed from the family. At present (November 16, 2019) the first agreement was obtained in

the Justice Committee in the House. It is possible for children to rely on an institution for re-education. There's an incoming hotline for victims and adults, six months to four years in prison.

The boy who bullies and does not change his behavior after a re-education process may be removed from the family by the Children's Court. This is what provides, for the most serious cases, the law approved by the Justice Committee of the House in the process of being approved. Probably by the time this work is published it will already have been approved. We conclude only by mentioning that the boy will be entrusted to a foster home if the stay with the parents is counterproductive.

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## Assisted domestic violence

The crime of assisted violence is enshrined in our criminal code as an aggravating circumstance of the crime of domestic ill-treatment introduced in the wake of the Council of Europe Convention on the Prevention Combating Violence in against women and domestic violence (Istanbul, 11 May 2011) than art. 46 the circumstance of the offence, when it is not constitutive, to have committed the criminal act against a child or in its presence.

Afterwards, in our legal system, the Law Decree n. 93, dated 14 August 2013, on urgent provisions in the field of security and the fight against gender violence then converted into the law 15 October 2013 n. 119, introduced n. 11-quinquies to the art. 61 who asserts that it is an aggravating circumstance in the non-fault crimes against life and personal safety, against personal freedom and in the crime referred to in art. 572, committed in the presence or detriment of a child under the age of 18 or to the detriment of a pregnant person.

That is not the case. 61 n. 11 d and the Istanbul Convention have found that there is assisted violence not only when the minor sees and lives directly on the parent suffering, insults, beatings, and threats, but although this violence does not take place directly before the eyes of the child, it is known to him through the perception of its effects.

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