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International Research on the Problems of Children in Cases of Witnessing Domestic Violence

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Abstract: *The research has the clear objective of highlighting possible psychophysical damage in minors as a result not of physical or sexual violence or physical neglect, but rather as a result of frequent parental quarrels, experienced by the children in a traumatic way (witnessing violence). The inspiration for the present research was provided by a further 20 recent cases observed in the course of as many civil proceedings on the subject of child custody with highly conflicting parental couples. The research shows how witnessed violence can constitute a significant risk factor in the psycho-physical development of the minor and how, as such, it deserves particular attention in the context of prevention and therapy of subjects who have experienced similar events. It follows that "the role of victim", in cases of domestic violence, is not only attributable to those who suffer the violent actions (one of the partners), but also to those (such as children), although not being the object of such violence, he is involved as a witness/observer. The research also deals with secondary and tertiary prevention activities. This paper will consider: Generalities on the subject of witnessing violence; Previous research on the harm resulting from witnessing domestic violence between parents; The most advanced prevention and treatment strategies; The classification of batterers and feminicides in the primary prevention of intra-family violence; The negative effects of witnessing violence in childhood and young adults: from the development of brain morphology to mental and behavioural disorders; Targeted research with encephalic Nuclear Magnetic Resonance with VBM (Voxed-Based Morphometry); Further research on the subject of witnessing violence; The substantial difference between PTSD and C-DPTS.*

Keywords: *witnessing domestic violence; children; adverse childhood experiences.*

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1. Generalities on the subject of witnessing violence.

The crime of witnessing violence is addressed in our penal code as an aggravating circumstance of the crime of ill-treatment in the family. This provision was introduced following the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul, May 11, 2011). Article 46 of the convention specifies this aggravating circumstance when the crime is committed to the detriment of a child or in their presence, provided it is not already a constitutive element of the offense.

Following this, in our system, d. l. Aug. 14, 2013, no. 93 concerning urgent provisions on security and combating gender-based violence, was converted into law on Oct. 15, 2013, no. 119. This introduced no. 11 quinquies to Art. 61 of the Criminal Code, which states that it is an aggravating circumstance in non-negligent crimes against life and individual safety, personal freedom, and the crime referred to in Article 572 when committed in the presence of or to the detriment of a minor under 18 years of age or a pregnant person. Article 61 c.p. No. 11 quinquies and the Istanbul Convention recognize that witnessing violence occurs not only when a child directly observes and experiences the suffering, insults, beatings, and threats inflicted on a parent but also when the child becomes aware of such violence through the perception of its effects, even if it does not happen directly before their eyes.

The problem of domestic violence has assumed great importance today, both in the field of scientific research and in the field of social policies, prosecution, and legal protection of victims. Unfortunately, it should be noted that the great media attention focused on cases of domestic violence has produced a number of erroneous beliefs and clichés, which risk afflicting both common and legal judgement, which is far more delicate because of the direct and indirect implications on those involved. A lack of clarity about the characteristics of the phenomenon affects all the stages and types of assessment deputed to the ascertainment of specific cases and, by natural extension, also the prevention and support programmes dedicated to particular victims.

One of the most complex forms of Intimate Partner Violence (IPV) is the circumstances in which domestic violence is acted out in family contexts where there are children (especially young children) present, who witness the abuse, even though they are not the object of it. There is a large body of research that points out that, in such circumstances, victimization from witnessing domestic violence (WDV) can be just as substantial as victimisation from violence experienced, with dramatic negative effects in the short, medium, and long term.

Adverse Childhood Experiences (ACEs) can result in a powerful risk factor for the development of mental illness, physical illness, adjustment disorders, and even behavioural problems of considerable severity (such as taking on the role of perpetrators in WDV contexts once in adulthood).

The category of adverse childhood experiences encompasses a wide range of possible events (Anda et al., 2010), including:

- ☐ Having experienced emotional, physical, or sexual abuse
- ☐ Having witnessed violence between parents
- ☐ Having had parents with mental illness
- ☐ Having had parents who were incarcerated
- ☐ Having had parents with substance abuse problems

As noted, having been even "mere" witnesses to family violence represents a type of event with strong negative emotional connotations, comparable to serious forms of direct abuse.

The research shows how witnessing violence can take the form of a significant risk factor in the psycho-physical development of the child and how, as such, it deserves special attention in the context of prevention and treatment of individuals who have experienced such events. It follows that "the role of victim," in cases of domestic violence, is attributable not only to the one who

suffers the violent actions (one of the partners) but also to those (such as children) who, although not the object of such violence, are involved in it as witnesses/observers.

2. Earlier research on the harm of witnessing domestic violence between parents.

The earliest well-established research into children's reactions to parental separation, although not concerned at the time (1997) with the frank pathologies following witnessing violence, highlighted the following behavioural dysfunctions

- in very young children (2-3 years old) behavioural regressions are frequent (found in 5 of the cases that inspired the research)
- in children between the ages of 3 and 6, generalised aggressive behaviour (development of the super-ego with an experience of disloyalty and malice that makes the children hold themselves responsible for the separation of their parents, whose removal is felt to be an act of hostility towards them) (found in 4 of the cases that inspired the research)
- children between the ages of 7 and 12, on the other hand, mainly show feelings of sadness that not infrequently turn into psychosomatic symptoms (headaches, asthma, 'stomach pains') (found in 5 of the cases that inspired the research)
- in adolescents, accelerated empowerment and more pronounced psychological and emotional maturation help them create greater psychological distance from their parents. (found in 6 of the cases that inspired the research)

Some recent research has thus estimated that, in the general population, 6 out of 10 people have been exposed during their lifetime, to at least one ACE-type event, and other studies, have shown a correlation between ACEs and negative health effects (both physical and psychological), such as:

Table 1. Adverse effects of ACEs on health (long term). Sources: Brown, Perera, Masho, Mezuk, and Cohen, 2015; Tomoda, Polcari, Anderson, Teicher, 2012

Organic diseases	
Cancer	(Brown, Thacker, & Cohen, 2013; Brown et al., 2010)
Cardiovascular diseases	(Felitti et al., 1998; Dong et al., 2004)
Diabetes	(Felitti et al., 1998)
Mental disorders	
Substance abuse	(Felitti et al., 1998; Jewkes et al., 2010; Oladeji, Makanjuola, & Gureje, 2010; Strine et al., 2012; Wu et al., 2010)
Depression	(Felitti et al., 1998; Jewkes et al., 2010; Chapman et al., 2004; Pickles et al., 2010; Sareen et al., 2013; Nicodimos et al., 2009)
Anxiety	(Sareen, et al., 2013)
PTSD (Post-traumatic stress disorder)	(Wolfe, Sas., & Wekerle, 1994; Luthra et al., 2009; Silva et al., 2000)
Violent behaviour in intimate relationships in adulthood	(McKinney et al., 2009)

As already mentioned, such research indications lead to the possibility of constant revision of prevention and treatment programmes. Observation on the effects of witnessing violence has now taken on a lifespan (covering the entire life course) temporal dimension, which allows for better diagnostic ability, broader and deeper knowledge about the etiology of some psychological and behavioural disorders, and better prognostic efficacy on the progress and evolution of disorders related to witnessing violence. Such an expanded view on the phenomenon makes it possible to take into account adverse experiences in childhood (e.g., witnessing violence) not only in the treatment

of victims but also in that of perpetrators, who often have, in their life history, ACEs-type events, which assume a decisive role in the course of the development and evolution of certain clinical and behavioural pictures.

A temporally linear progression of the long-term negative effects of ACEs emerges from the research, which identifies psychological consequences in adulthood (e.g., PTSD, depression, and substance abuse) as mediators, in an indirect association, between negative events in childhood (such as witnessing violence) and the development of abusive behaviours in intimate relationships in adulthood.

Brown et al (2015) provided an effective graphical representation of this phenomenon in their Meditational model, in which they describe the indirect association between adverse experiences in childhood (ACEs) and violent behaviours in intimate relationships in adulthood.

They also show that, in particular, being abused or witnessing violence between parents in childhood are independent risk factors concerning acting out violent/aggressive behaviours in intimate relationships in adulthood (Ehrensaft et al., 2003).

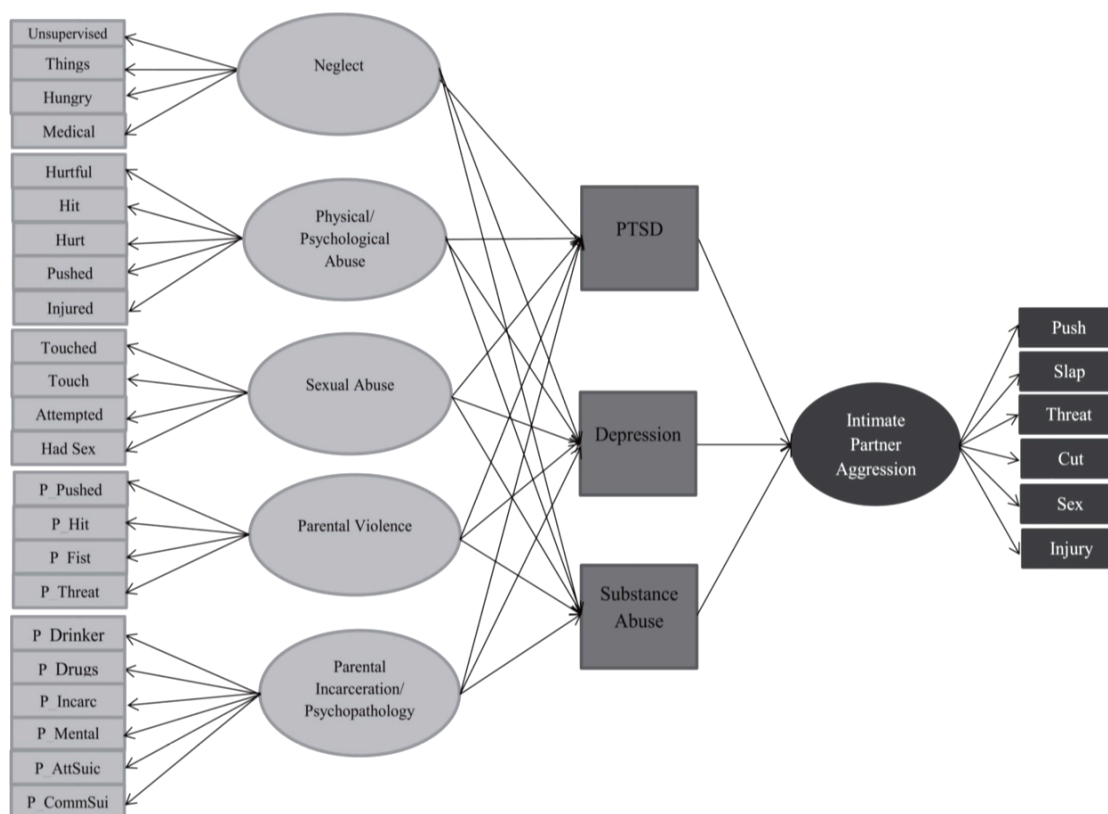


Figure 1. Meditational model. (Brown et al., 2015)

Early detection of situations of victimisation by witnessing violence in minors living in contexts where Domestic Violence between parents is present, will allow for an early intervention designed to prevent negative consequences for physical and especially psychological health, with a greater chance of preventing and minimising the onset and exacerbation (during development) of such effects. Such prevention, in the logic of the relationship between ACEs and violence, acted out in adulthood, may also affect the onset of future abusive behaviour.

3. The classification of abusers and feminicides in the primary prevention of intra-family violence. A longitudinal research on forensic psychiatric evaluations.

Our research is composed of a combination of three research methods: the analysis of social documents, a longitudinal study conducted by the authors over 36 years, which monitored forensic psychiatric evaluations within the context of civil proceedings related to child custody, and the

authors' analysis of 20 case studies involving minor children from the Lazio region who witnessed acts of domestic violence.

The research methodology is grounded in a comprehensive, longitudinal dataset derived from 36 years of forensic psychiatric evaluations conducted within the context of civil proceedings concerning child custody. The study focuses on a sample of 20 cases, each involving forensic psychiatric assessments designed to evaluate and delineate the parental competencies of individual parents. These assessments incorporated a range of standardised psychiatric and psychological evaluation tools, including clinical interviews, psychometric testing (such as the Minnesota Multiphasic Personality Inventory [MMPI] and Personality Assessment Inventory [PAI]), observational analyses, and structured diagnostic interviews based on the DSM criteria. The tests administered to the parents were specifically aimed at revealing high levels of conflictuality. Additionally, the evaluations included assessments of the parent-child relationship through attachment-based measures and behavioural observations, such as the Lausanne Trilogue Play (LTP) and the Human Figure Drawing Test (HFDT).

The children, all from the Lazio region in Italy, were monitored over a period ranging from 90 to 120 days: 5 children were monitored for 120 days, while the remaining 15 were monitored for 90 days. The longitudinal data provided critical insights into the children's developmental trajectories, with an emphasis on identifying psychopathological, behavioural and neurological pathologies in minors exposed to parental violence. The study also focused on their developmental, emotional, and social outcomes. These findings were contextualised within the framework of international research on witnessing violence's effects, allowing for robust comparative analysis and validation of observed trends and patterns.

The typologies of stalkers and rapists are now well systematised in the latest of our works (Mastronardi, 2024a; Mastronardi & Palermo, 2021); what had been concealed was the classification of batterers and feminicides, the classification of which is highlighted for the second time here (Mastronardi, 2024b). The classification is made based on possible therapeutic activities following a diagnostic assessment and thus of the future risk of higher couple conflict and even worse femicide. The classification based on the examination of 36 years of forensic psychiatric assessments in criminal murder trials is as follows.

Cluster A personality disorders. Included in this cluster are:

- paranoid personality disorder, characterised by feelings of mistrust, distrust, and suspicion;
- schizoid personality disorder: exhibits eccentric behaviour, relational difficulties, and social anxiety ;
- schizotypal personality disorder: manifests extreme disinterest in others.

Cluster B personality disorders. In this cluster, we find:

- histrionic personality disorder, in which the person has strong emotionality and an excessive need for attention;
- narcissistic personality disorder, which is characterised by arrogant attitudes, grandiose thoughts about the self, and a demand for admiration;
- borderline personality disorder, in which instability influences the perception of self and relationships, may cause difficulties in controlling anger or dissociative symptoms;
- antisocial personality disorder, in which irritability and impulsivity combine with a tendency to engage in dishonest behaviour and lack of remorse.

Cluster C personality disorders. This cluster includes:

- the avoidant personality disorder, in which the sense of inadequacy and fear of negative judgement are very strong;
- dependent personality disorder, characterised by an excessive need for care and fear of separation;

- obsessive-compulsive personality disorder, in which concern for order and detail and perfectionism take on a pathological connotation.

Some are easily recognisable such as:

a. Narcissistic personality disorder

b. Antisocial personality disorder

c. Paranoid Personality Disorder and Schizoid Personality Disorder

d. Others, on the other hand, are dangerous because they are difficult to predict in their reactions, such as Dependent Personality Disorder and Borderline Personality Disorder with low functionality and therefore instinctive reactions to external stimuli that are not filtered by the possibilities of more evolved reasoning.

We do not live in an idyllic world and as much as we can combat the phenomenon of gender-based violence, we can only hope to stem it as far as possible, but where intimate relationships exist there will always be the risk of a situation that can turn into high conflict. Conversely, any attempt to typify the abuser will automatically lead to a more advantageous even primary prevention activity, even before the intra-familial situation can further evolve. This is what the batterer assistance centres are concerned about. The centres, however, should better focus on both risk protection and harm reduction.

4. The negative effects of witnessing violence in childhood in young adults: from the development of brain morphology to mental and behavioural disorders.

The negative effects of witnessing violence in childhood and young adulthood: from the development of brain morphology to mental and behavioural disorders (Serban, 2023).

The current science of the mind enables the study of physiological and pathological functioning from an expanded perspective, which integrates the study of cognitive and psychic functions with knowledge in the fields of neurophysiology and molecular biology, adapting the descriptive capacity of observation to the complexity of mental functions. Thus, it is clear that, if one wants to deepen one's knowledge of psychopathological conditions related to traumatic experiences experienced in childhood, one must refer not only to the psycho-affective components of development but also to those related to the morphological development of brain structures underlying adaptive functions, both on the cognitive and executive

It is well known that children who find themselves living in family settings where violence between parents occurs, commonly find themselves seeing, hearing, and intervening in episodes of violence/aggression (Fantuzzo, 1997).

We have seen how witnessing violence in childhood, results in potential negative effects in individuals (such as PTSD, depression, etc.), which progress in form and severity through different developmental stages. The range of possible negative effects also includes a reduction in cognitive abilities (Tomoda et al., 2012), along with the consequent impact on the development of adaptive and social coping skills.

Negative experiences during childhood can directly affect brain morphology and the integrity and development of specific areas. For example, researchers have identified a reduction in the integrity of the inferior longitudinal fasciculus (ILF), which connects the visual cortex to the limbic system, in a sample of subjects who had witnessed violence between their parents during childhood (Choi et al., 2012).

The research further deepened the study of the physical effects of witnessing violence to the extent of expanding the observation to the field of the structural development of brain areas of great functional importance, such as, for example, the Gray Matter Volume (GMV) of the cortex and cortical thickness (cortical thickness). Research (Tomoda et al., 2012) has shown that subjects who have experienced Assisted Domestic Violence show, compared to control subjects, a reduction of about 6.1 percent in Gray Matter Volume in the right Lingual Gyrus and also a reduction in the thickness of this area. This reduction in thickness was observed in parallel in the bilateral V2 area

and the left occipital pole. These brain regions are particularly susceptible to the effects of witnessing violence between the ages of 11 and 13. A finding of particular interest is that similar effects on the volume and thickness of the same brain areas were observed in subjects who had been victims of sexual abuse, where the visual cortex appeared to be the one primarily damaged by the experience. In summary, brain regions that process and transmit the negative sensory inputs of abuse can be specifically modified by experience, especially in subjects exposed to a single, specific type of maltreatment.

Exposure to various forms of maltreatment is most commonly associated with morphological changes in corticolimbic regions. These observations fit with preclinical studies that identify the visual cortex as a brain area with remarkable plasticity.

These evidences show clearly and incontrovertibly, how witnessing violence can affect victims in their physical and psychological development, severely and pervasively and with exponential progress of related harm.

5. Targeted research with encephalic Nuclear Magnetic Resonance with VBM (Voxel-Based Morphometry)

Important current research in the field of neuroimaging and interpretation of dysfunctional and pathological behavioural changes as a result of morphological alterations can currently be determined using high-resolution encephalic nuclear magnetic resonance with a 3-tesla scanner with high-resolution T1 3D structural acquisition with 1-mm-cube voxels (Stracciari, Bianchi, & Sartori, 2010).

6. Conclusions

From the brief overview developed above on the topic of Domesticated Violence and the negative effects it has in the short, medium, and long term on individuals who have been victims of it in childhood, it is clear how important it is to pay close attention to this specific form of victimisation. In cases of domestic violence, any intervention (whether legal or the preparation of specific social and health policies for prevention and treatment) will have to keep in mind a few key points, which are:

- Victims of domestic violence are not only those who are directly the object of aggression (one of the partners), but (when present in the family context), children who witness such violence are also potentially exposed to serious physical and psychological harm.
- The potential harms of witnessing violence range from dysfunctions in brain morphological development to organic, psychological, and behavioural disorders.
- The medium- and long-term negative effects of witnessing violence, are comparable in severity and pervasiveness to those produced by witnessing violence.
- One of the possible long-term outcomes of witnessing violence in childhood is to act violently in intimate relationships, in adulthood.
- Witnessing violence is an independent risk factor concerning the likelihood of developing abusive behaviours in adulthood.
- Prevention and treatment interventions should target all individuals involved in violent and abusive contexts, namely: partners who experience violence, partners who act out violence, and children who witness violence.
- Early interventions for individuals who are victims of witnessing violence may be more effective in minimising risk factors on medium- and long-term negative effects.

7. Further research on the topic of Assisted Violence

Between 1995 and 1997 by the Centres of Disease Control and Prevention and the Kaiser Permanent Department of Preventive Medicine in San Diego, the Adverse Childhood Experiences (ACE) programme was introduced and conducted in which 17,300 middle-aged, primarily employed California residents participated. From this study, it was found that more than 12% of the

individuals had witnessed physical violence on their mother in childhood: specifically, one in eight stated that they had witnessed "sometimes, often or very often" violent acts such as pushing, slapping, kicking, punching, and throwing objects at other family members (Luberti & Grappolini, 2021).

The second National Survey on the Maltreatment of Children and Adolescents in Italy showed that witnessing violence is the second most common form of maltreatment and causes the intervention of Social Services; to confirm the magnitude and spread of this phenomenon, the authors propose to report the ISTAT data for 2020 that show an increase in the incidence of witnessing violence due to the impact of the Sars-Cov2 pandemic. This showed that in that specific year among the victims who contacted the national 1522 number, 2,951 children witnessed violence but did not experience it directly, and again, 829 minors both witnessed violence and also experienced it directly; in addition to this, taking the trend of the three-year period 2018-2020 into analysis, there is a significant increase in children who witness violent dynamics but do not experience it directly, with 2,295 cases in 2018, 1,953 cases in 2019 and 2,951 cases in 2020. (Bertacchi, Anatra, & Mammini, 2022).

Thus, witnessing violence is a very widespread and growing phenomenon, affecting thousands of children and adolescents, and interfering with the regular stages of growth and developmental progress as well as the psychophysical well-being of the child. The home is conceived as a safe environment, as specified earlier it is seen as a secure base, and when such situations happen within that very environment considered sacred, they represent a destabilizing, confusing, and deleterious attack in the child's psyche, leading to serious effects on the child's psycho-physical development.

The victims in question will also tend to normalise violent behaviours, which, of course, in such a condition, will be considered and passed off as "permissible" in relationships, and the free expression of feelings, fears, and thoughts will be perceived and believed to be dangerous, as it might trigger aggressive reactions from the other person (Luberti, & Pedrocco Biancardi, 2015).

In the specific case of witnessing violence, it would seem that the dynamic that goes on concerns triangulation, or intergenerational coalition, within which a coalition is established between the child and one parent to the detriment of the other., thus creating a continuous game of alliances and coalitions between self and the parental couple. It is appropriate to specify and emphasise the fact that children are characterised by a marked sensitivity and internalisation of what is happening, they can be considered as sponges that continuously and relentlessly absorb everything around them, and therefore exposing them to such situations means exposing them to the risk of developing serious consequences, even in the long term.

Specifically, family situations of direct or witnessing violence are a very significant cause for the development of severe posttraumatic symptoms, since the experiences of threat and danger are due to the very people who habitually have the function of protecting, comforting, and consoling (Bertacchi, Anatra, & Mammini, 2022).

Turning to the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), post-traumatic stress disorder is included in the section inherent to "Disorders related to traumatic and stressful events," and in addition to the presence of the various diagnostic criteria for adults, there are also criteria for individuals under the age of 6 years, with particular reference to traumatic or stressful situations involving primary caregivers.

8. The major difference between PTSD and C-DPTS, lies in the fact that in the latter case, there must be the addition, to the diagnostic criteria stipulated by Post-Traumatic Stress Disorder, of severe and lasting impairments in three different domains: emotional dysregulation, negative self-concept, and relational problems with an inability to trust or enter into intimacy with others, high suspiciousness, and social isolation (Hermann, 1992).

Although only some child victims of witnessing violence may develop post-traumatic outcomes, the incidence remains high. Furthermore, the development of symptoms related to the

disorder is more likely when a person, not an act of nature, causes the traumatic event, when that person is a trusted individual, and when the victim is a loved one. Thus, fear and helplessness may be especially overwhelming when the threatened or actual harm is caused by a parent and is directed at the child, the other parent, or a sibling.

Hermann (1992) advances the hypothesis that these three disorders can be considered as a variant of complex post-traumatic disorder, which results from a form of adaptation to the traumatic environment (Luberti, 2006).

Children with attachment bonds of the "disorganised" type will develop multiple and inconsistent models of self and others. They tend to represent external reality as perpetually catastrophic and see themselves as constantly threatened, in danger and, at the same time, helpless and vulnerable.

Disorganised children, therefore, maintain behaviours with the caregiver that are marked by fear, confusion, emotional dysregulation, and dissociation, and tend to enact as a defense two types of controlling strategies in an attempt to end the emotional disorganisation; such strategies we can identify them as *punitive type controlling strategies* such as competitive aggression, rejection, and humiliation that can result in vulnerability to the onset of externalising symptoms, thus anger, hostility or antisocial behaviour, while caretaking type controlling strategies, such as role reversal, hyper-responsibility, protective functions, care, and consolation, create vulnerability for the development of internalising symptoms, including anxiety, depression, and psychosomatic disorders.

Disorganised attachment is thus typical for children of women experiencing domestic violence situations and may, in turn, be related to the possible development of serious relational pathologies in adult life, such as those described for borderline personality organisation, in which disorders such as antisocial personality disorder and malignant narcissism are also included (Luberti, 2006).

Early studies on the intergenerational transmission of violence started based on research that examined aggression in children and provided a deeper understanding of violence as a socially learned behavior. Albert Bandura (1925-2021) carried out a series of experiments demonstrating that children, when exposed to adult aggression, will tend to behave aggressively in turn, supporting processes such as modelling, observational learning, and learning by imitation that underlie Social Learning Theory.

Moreover, habitual aggressive behaviour usually emerges early in life, and when it develops early, this is predictive of subsequent aggressive behaviour and even aggressive behaviour of offspring (Huesmann, 2018).

Essentially, it can be stated that children living in abusive family contexts, as in domestic violence specifically, learn aggressive response modes through direct observation of those violent situations. Once the script has been learnt then it can be activated and used even after some time as a behavioural guide in response to a given stimulus.

In this regard, it has been found that exposure to violence during childhood in men and women can have different impacts, women would be more likely to experience physical and mental health problems than men, and thus risk being victimised in turn in adulthood, altering the witnesses' ability to establish healthy relationships in the future, including with their children, in turn affecting their ability to care for their offspring, potentially impacting the overall health of their offspring.

of conflicts with intimate partners and an excellent tool for exerting control over the other, thus eliminating the opportunity to socially learn the positive consequences of methods such as negotiation, verbal reasoning, and active listening, which, as opposed to violence and aggression, promote effectively communication and conflict resolution (Black, Heyman, & Smith Slep, 2001).

The feelings of guilt, helplessness, and failure experienced by young children inevitably lead to low levels of self-esteem. More generally, exposure to severe and cumulative adversity can trigger the development of a poor self-concept, because being less likely to receive care and support

from parents, the child tends to develop a distorted self-concept and feel less important and less worthy, resulting in low self-esteem and negative self-evaluation and withdrawal from socialising, leading to a vulnerability for the development of depressive symptoms.

Much research also points to the correlation with the structuring of psychological and psychiatric disorders over time, which concern, as we have seen, anxiety and depression, but also substance addiction disorders (Ilie, Serban, & Dan, 2024), suicide attempts (Ilie, & Ileana Nita, 2021), deviant behaviour and dissociation; Furthermore, Luberti and Grappolini emphasise the presence of hyper-excitability, hyper-alertness, immaturity or hypermaturity, restlessness, aggression towards animals, the tendency to act out, regressive and aggressive behaviour, self-injurious behaviour, lower levels of affective interaction with other children and alcohol use even at an early age.

Furthermore, we believe it is important to mention a fundamental observation on parenting who seen as the structuring foundation of the parenting skills of an individual, and more generally of a couple, the care received from another person. In this sense, it is as if there is the possibility of an intergenerational transmission of trauma and inadequate parenting skills. Also supporting this thesis, considering parenting as a complex caring function that does not coincide with the fact of being a parent, but concerns a much broader competence that is based on the fact of having been a child and therefore of having had parents (Luberti, 2006).

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