CAN A VICTIMIZED CHILD BE RESILIENT?

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University
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2013

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Content

Introduction

Research into the resilience of children exposed to various threatening situations during the last few decades springs from the conclusions of a meta-analytic review of the literature on children exposed to family violence. The meta-analyses present data showing that some children (up to 37 % according to one meta-analytic study of Kitzmann, Gaylord, Holt, & Kenny, 2003) who had witnessed or personally experienced abuse fared as well or better than children who were not exposed to such violence in the home. Even at high cumulative levels of risk or adversity, some children were observed to be doing well (better than one would expect from the level of risk), which indicated that other influences must also be considered (Rutter, 1987). The subject of research thus becomes the latent variable of (the child's) "resilience", demonstrated through their certain level of resistance towards unfavourable environmental influences. Amongst these the situation of domestic violence operates on the microlevel whereas threatening situations such as war and natural disasters operate on the macrolevel.

The concept of resilience has a recent but rich history embedded in longitudinal research into resilience in children (Werner, 1984; Werner & Smith, 1982), the study of resiliency in children at risk to adverse developmental outcomes (Garmezy, 1991a, 1991b; Rutter, 1987; Rutter, 1990), investigations into children's competence as a protective factor in the face of risk situations (Garmezy, 1987; Garmezy & Masten, 1991; Luthar & Zigler, 1992), and the study of resilience in inner-city adolescents (Luthar, 1991; Luthar, Doernberger, & Zigler,1993). According to Howell et al (2010) resilience is a dynamic process; it encompasses positive adaptation within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). Resilience (positive adaptation) has been defined as the maintenance of healthy/successful functioning or adaptation within the context of a significant adversity or threat. When applied to children exposed to stressful environments, resilience has been described as the ability to adapt and function successfully in a high-risk setting or following exposure to prolonged trauma (Masten, 2001).

The presented book contributions are derived from the results of the European Project VI.C.T.I.MS (2009-2011, JLS/2008/DAP3/AG/1157– 30–CE-03116350015 funded by Daphne III Programme, 2009 - 2011). The countries which participated in this project were Cyprus (University of Cyprus), Italy (University of Rome Tre), Romania (University of Oradea) and

Slovakia (University of Presov). The leader of the international research team was Mary Koutselini, project manager was Floria Valanidou University of Cyprus. The project was designed and conducted in order to: 1) examine the indirect harmful effect of violence against mothers upon their children if exposed to it at home, as well as the mothers´ consciousness of that effect; 2) sensitize all groups of people who are involved in the child's development and education by producing awareness raising and research based material.

Two variables are given context in the publication: the resilience of the child and domestic violence. Despite the fact that the VI.C.T.I.MS project was not explicitly designed so that the subject of research would be the relationship between the introduced concepts, data in this publication is interpreted in the following way: 1. the results of the separate stages in the research are presented in the chapters, 2. the chapters interpret data relating to various aims so the particular parts of the book are devoted to the presentation of selected research findings and to their interpretation from different perspectives, 3. data in the separate chapters is given in relation to the concept of a victimized child's resilience. Interpretation of data through discourse about resilience gives the results of our research a new dimension and further, we believe, paves the way for a generation of other research questions. The homogeneity of contributions is determined and framed 1. by means of common project structure as well as common project aims – to study the mother and the child – the victims of domestic violence, and 2. by common effort to look for the relations between resilience of the child and situation of domestic violence, in order to point out the inadequate socio-legal protection of people at risk in the 4 concerned EU countries. The inadequate socio-legal protection of people at risk is considered to be a factor of child resilience development. The heterogeneity of the contributions is represented in:
1. The focus on data obtained in various research phases.
2. Focus either on victimized mother or on the child in the process of data interpretation.
3. The preference of a research paradigm within which the data is analysed (qualitative vs. quantitative)
4. The domain within which the data is interpreted – social/sociological, psychological, educational filter including the implications for the given domain.

At the heart of *Chapter 1 Can a victimized child be resilient?* are three main sets of problems. Given that this is the first chapter, its aim is to provide theoretical background to the problems analysed in the subsequent chapters. The first part outlines the social and legislative context of the Slovak Republic with regard to the problem of domestic violence. The authors focus attention on recent legislative changes which have brought

new ideas in our approach to the domestic violence issue. The second part of the chapter is focused on the definition of the concept 'resilience', analysing approaches to determining the resilience of a victimized child. At the centre of attention are the protective factors of resilience, the presence of which have been verified in our research and results of which are presented in scientific infrastructural databases. From the researched protective factors, we choose one: parental support, specifically the mother's, as a factor of resilience in the victimized child. In the context of parenting support, it is the mother who plays an important role. According to the research results, children of mothers who are able to provide a more solid parenting environment typically develop a stronger attachment and fare better over time (Levendosky et al., 2003). Research into domestic violence shows that the mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies, despite exposure to violence in the home, significantly affects the child's social and emotional competence (Hines & Saudino, 2002). In the last part of the chapter the authors analyse the partial results of the research carried out within the VI.C.T.I.MS. project. Interpretation of selected results is carried out within the reference framework of research into a child's resilience; the authors specifically concentrate on the pattern of results of our own research which enable us to interpret mothers' behaviour (as a protective factor of resilience) in the studied cases of domestic violence.

Chapter 2 deals with *Self-Perception as a Protective Factor in the Resilience of Children and Adolescents*. In the specialist literature, self-perception is often associated with resilience (Karatas, & Cakar, 2011, Salami, 2010, Dumont, & Provost, 1999, Hames, & Joiner, 2012) and can be supposed to function as a protective factor in relation to resilience. This reflects a construct which is well known in psychology and for which a wide variety of measuring tools are available, hence its relevance to research dealing with agents of resilience in children and adolescents. In this chapter, the concept of self-perception is defined and described and the relationship between self-perception and resilience outlined. The results of the research carried out show that it is above all academic competence as an element of self-perception which offers good opportunities for studes of resilience. In this research study, it was this aspect of self-perception which best differentiated between children exposed to violence and the control sample of children from the 4th to 6th class of primary school.

Chapter 3 Religion and resilience: a mother's religious coping mechanisms as a model for her child points to the crucial elements of victimized women's belief system that have been found to modify the coping strategies and consequently the impact of intimate partner violence. In relation to the resilience of a child exposed to adverse situations, previous research has

shown the significance of maternal support (Levendosky et al., 2003) and the importance of the mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies (Hines & Saudino, 2002). This chapter describes in detail how misinterpretation of certain values (inherent in Christianity) facilitates ineffective coping strategies and contributes to a prolongation of intimate partner violence. As children acquire their religious beliefs through interiorization of values and philosophical beliefs especially from parents, authors suggest that if we are to strengthen a child's resilience, we have to first explore the religious dimension of the mother's coping and facilitate positive changes within it. Healthy spirituality can subsequently be a considerable source of a mother's and also child's resilience.

The aim of *Chapter 4 Fatherhood as a factor in a child's positive development - father and child in the narratives of abused women* is to show the importance of the father in the positive development of the child and the creation of his/her psychological resistance. The father's role in this was underplayed for many years with the mother's role receiving much more attention. Research from the late 20th century, however, indicated a clear correlation between an absent father and a lack of space for the healthy psychological development of the child. Biller (1989) discovered a correlation between a father's positive emotional displays and a child's ability to cope in difficult conditions, and more specifically, to be responsible for his/her behaviour. Later research found further connections between an absent father and the presence in the child of anti-social behaviour, a lack of positive self-evaluation, immature moral judgement and even lower intellectual abilities. The sections describing the father through the statements of abused women show that fathers play an important role in creating their child's resilience; aggressive behaviour from the father towards the mother can disrupt the healthy development of the child (chapter 1 addresses this in more detail). An interesting discovery, however, is that despite the described aggressiveness of the father towards the mother, the attitude of a child towards such a father is not always uniformly negative. Another unexpected finding is that the negative presence of a father (i.e. through his aggressive behaviour) need not always result in the child losing mental resilience (not all women reported that their children had started to do worse at school or had psychosomatic difficulties). The role of the father and his influence on the child's resilience must be analysed in the complexity of each family's specific system and cannot be considered in isolation; other protective factors such as the mother's resilience, the personality and intellect of the child, the role of the extended family and the school environment must also be taken into account.

Longitudinal studies have identified a number of factors that promote resilience. External support systems promoting resilience often include peers, teachers, neighbours, coaches, and others facilitating the individual's attempts to master adversities. The aim of *Chapter 5 The teacher as a resilience factor for a child exposed to family violence* is to consider the importance of the teaching profession in terms of its potential to be one of the external factors in a child's resilience. In the case of intrafamilial victimization of a child, the exclusivity of this profession operates on two basic levels. The first is the teacher's irreplaceable role as "primary detector" of family violence and enactor of preventive measures which may lead to elimination of the violence and its negative effects on the child. The second is the potential of the teacher to develop resilience in school conditions not only in children exposed to domestic violence but also in children who have never had to face such a problem but who may be threatened by other risk factors in their household. The aim of this text is both to provide theoretical input and outline certain practical interventions so as to be of value to professionals involved in teaching work.

The presented book could stimulate the space for open discussion about how to initiate legal changes aimed at a more thorough socio-legal and economic protection of groups at risk stemming from Slovakia, the country where the research has been conducted (or through the intervention of the superordinate European structures projected onto national-level legal processes).

Our intention is to share our experience with the widest audience possible in order to influence policy and practices when it comes to children at risk. The population of young people raised in threatening conditions will most probably go on to display indications of insufficient resilience. Poor resilience can then present a threat to several aspects of the development of a healthy civic community.

Iveta Kovalčíková

Can a victimized child be resilient?

Introduction

In the Slovak Republic, it was not until the late 1990s when people started to talk openly and publicly about child abuse. In comparison to other social problems, the issue of abused children in Slovakia has been barely touched on either in the theoretical or the research base, despite the fact that the number of such cases has not been insignificant in the past. The high rate of latency is visibly manifested when the official statistical data do not correspond with the information gathered by fieldworkers. And even these fieldworkers reveal and deal with only the most urgent cases. Within the campaign "Without bruises" – that ran in Slovakia in November 2007, the aim of which was to make the public aware of the child abuse problem – astounding statistical data were presented, disclosing an incidence of 10-12%(!) of abused children; based on expert estimations, about 20 children die as a result of abuse each year. The most frequent victims are children between the ages of 2-5. For a long time, the people involved have been concerned about insufficient prevention and limited possibilities for effective protection of children against violence. According to Filadelfiová and Guráň (1998), the situation at the end of the 1990s was characterized by the continuous absence of systematic monitoring, an exact theoretical grasp of the problem and a subsequent institutional solution, i.e. the absence of a prevention strategy corresponding with European norms. However, one can also find other statistics which argue that 95% of current child abusers, 80% of drug abusers, 95% of prostitutes, 78% of the penitentiary population, 50% of attempted suicides, and 80% of children who have run away from home were all victims of child abuse themselves (source: Women´s World Summit Foundation, in Reiselová, 2001).

The urgency and complexity of the problem of violence against women, including the fact that for a long time the whole issue was a taboo one in which unsolved problems became standard and stereotyped parts of life, have served to exacerbate the given problems. These not only spring from the incorrect understanding and attitudes of society towards violence against women but also from the absence of coordinated and specialized services offering help to victims of such violence.

Now the issue of domestic violence in Slovakia is subject to new legislation which has been created in the years since 2002. Legislative reforms have

brought in new conceptions: now domestic violence is no longer the private matter of the family but is seen as an even more insidious and deviant form of violence than that carried out in public or on strangers. The punishments for violence perpetrated on a close person or dependent (spouse, child, parent, sibling, adoptive parent/child, relative, person living in the same household...) are now more severe than for violence against a stranger.

The criminal act of violence against a close or entrusted person is defined by the law as including any of the following: beating, kicking, blows causing injuries and burns; belittlement, contemptuous treatment, constant surveillance; threatening behaviour creating stress and fear, violent isolation, emotional blackmail or behaviour threatening the physical or mental health of the victim or limiting her/his safety; gratuitous deprivation of food, relaxation or sleep; deprivation of necessary personal attention, clothing, hygiene, healthcare, living space, upbringing and education; forcing the person to beg; exposing her/him to dangerous substances; economic violence; sexual violence (Penal Law (Code) –Act no. 300/2005 Coll.).

The reform has tightened conditions governing conditional release of the offender, extended the possibilities for allocating protective treatment, abolished the requirement that the injured party must agree with criminal action being taken and amended the rules governing minors giving police statements.

The criminal law also punishes those who know about a case of such violence but do nothing to stop it – in Slovakia the obligation to report such a crime is defined by law: *not hindering a criminal act and not reporting a criminal act is a criminal act in itself.* Everyone thus has the duty to prevent further violence; if they work in a profession where they are expected to respect confidentiality (lawyers, psychologists, priests,...), they must request the competent body or the victim of violence to allow them to disclose the information they have obtained. Healthcare facilities are obliged by law to report to the police all patient injuries which are suspected of having been caused deliberately by another person. Social workers and the police most often obtain information about domestic child abuse, or suspicion of it, from teachers, doctors, paediatricians, social workers in the field and other professional workers who come into contact with children, helpline operators and other citizens (neighbours, acquaintances, relatives).

In an attempt to tackle the problem of domestic violence more effectively, the Slovak government also approved two documents specifically dealing with violence against women. These are the National Strategy for Prevention and Elimination of Violence Committed against Women and in Families

(2004)[1] and the National Action Plan for Prevention and Elimination of Violence against Women for 2005 – 2008[2] (2005). The second of these contained measures aimed at reaching both certain short-term, but above all mostly long-term goals over a period of 3 years. These mainly involved basic activities in the areas of prevention, education, research, improvement of legislation and the creation of an institutionalized framework for coordinating help to women who are the victims of violence. After the plan for 2005 – 2008 was passed, it was agreed that once the results had been assessed in 2008, the material would be updated and expanded to include new measures aimed at tackling the problem even more effectively. The report of 2008, which evaluated whether the tasks of the national plan had been fulfilled, was mostly positive in its assessment. One problem which remained, however, was the insufficient number and quality of services provided to female victims of violence, by which the report meant availability and quality of services of a European standard, coordination of work undertaken by the caring profession on a regional level and the financing of these services. The need for thorough coordination of all help providers in the form of coordinated intervention teams in all regions was reiterated, as was the need for better quality education for all professionals in contact with victims of violence. Further collection of statistical data and research facts is very important and will be a prerequisite in improving activities in the areas of prevention and elimination of violence against women in the years 2009 to 2012. Following implementation of tasks in the National Action Plan for 2005 – 2008, it was confirmed that violence committed against women would be dealt with by the Ministry of the Interior, the Ministry of Justice, the Ministry of Labour, Social Affairs and Family, the Ministry of Health, as well as other institutions and organs mainly of the self-governing regions. Complex help and support can only be provided through cooperation of specialists at these ministries in conjunction with staff of both regional and local administrations as well as of NGOs. The National Action Plan for Prevention and Elimination of Violence against Women for 2009 – 2012 (further only NAP) is based on the operational aims of the National Strategy for Prevention and Elimination of Violence against Women and in Families, but develops these aims in accordance with new findings and the demands of international documents and experience. The tasks of the NAP are mostly formulated in the context of the previous plan with specific measures in the four areas originally stated. The area of research has been broadened, however, to cover questions of statistical fact finding and monitoring. Three other areas have also been added to the material: education and sensitization of the helping professions; violence against women in the

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[1] http://www.fenestra.sk/html/7 4.html, available 20th of August 2013.
[2] http://www.gender.gov.sk/wp-content/uploads/2012/06/NAP n%C3%A1silie 09-12 SK .pdf,
[2] http://www.gender.gov.sk/wp-content/uploads/2012/06/NAP n%C3%A1silie 09-12 SK .pdf,
available 17th of August 2.

workplace; and work with perpetrators of violence (for more details *see* the National Action Plan for Prevention and Elimination of Violence against Women for 2009 – 2012). Despite increased efforts within society to raise the social protection of children and women exposed to domestic violence, there is still a shortage of written sources published by independent institutions in Slovakia which deal with wife abuse and domestic violence in general, the great majority of publications being issued by organisations which directly deal with gender issues and the problem of domestic violence. Only 2 sources in local impact-factor-magazines deal with this problem (Říčan, 1999; Krulová & Weiss, 2007). Occasionally one can find studies in conference proceedings (e.g. Pavluvčíková, 2002). On the other hand, there are a wealth of publications that have been issued by NGOs that deal with gender issues and the problems of domestic violence. Their research reports are often very interesting (e.g.. Bodnárová, Filadelfiová, & Holubová, 2008), but their results can be questionable given they create public discourse about the problem of wife battering and their results often serve to promote the measures and goals which the NGOS use to define themselves.

A special case are studies issued by NGOs which do not directly deal with gender issues. Their quality lacks authority, they are not politically independent and their trustworthiness can be questioned (e.g. Ivantyšyn, & Mesežnikov, 1999).

This publication, written with the aim of enriching academic discussion about the issue of domestic violence, presents the results of an international comparative research project with Slovak participation.[3] The aim of the research was to 1) examine the indirectly harmful effects of violence against mothers upon their children if exposed to it at home, as well as mothers´ consciousness of that effect, 2) sensitize all groups of people who are involved in the child's development and education by producing awareness-raising and research-based material. In this chapter we also analyse the partial study results gained within the Slovak context. The chapter is focused on the definition of the concept 'resilience', analysing approaches to determining the resilience of a victimized child. We concentrate on the definition of the concept 'resilience' and at the centre of our attention are the protective factors of resilience, the presence of which have been verified in our research, and the results of which are presented in scientific infrastructural databases. From the researched protective factors, we choose one: parental support, specifically the mother's, as a factor of resilience in the victimized child. In the context of parenting support, it is the mother who plays a key role. Research into domestic violence shows that the

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[3] European Project VI.C.T.I.MS (2009-2011, JLS/2008/DAP3/AG/1157, funded by Daphne III Programme.

mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies, despite exposure to violence in the home, significantly affects the child's social and emotional competence and resilience (Hines & Saudino, 2002). In the second part of the chapter the partial results of the research carried out within the VI.C.T.I.MS. project are presented. We specifically concentrate on the pattern of results of our own research which enable us to interpret the mothers' behaviour (as a protective factor of resilience) in the studied cases of domestic violence. Interpretation of selected results is carried out within the reference framework of research into a child's resilience (presented in the 1st part of the contribution).

Our intention is: 1. to add to the database the results of research into domestic violence within the Slovak context, 2. to share our experience with the widest audience possible in order to influence policy and practices when it comes to children at risk. Young people who have been raised in threatening conditions are most probably going to display signs of insufficient resilience. Poor resilience may then present a threat to several aspects of the development of a healthy civic community.

EFFECTS OF DOMESTIC VIOLENCE EXPOSURE

Zinke & Zinke (2008) characterise domestic violence as a pattern of intentional behaviours that includes a variety of tactics, such as physical and sexual violence, stalking, threats/intimidation, isolation, psychological attacks, and spiritual and economic abuse. Given the frequency and severity of family violence, recent efforts have been made to examine the effects of violence in the home on children. According to Kolbo (1996), however, the findings in these investigations have been conflicting and inconclusive. Several studies found that children exposed to family violence have significantly more emotional and behavioural problems than children who are not exposed to violence. Emotional problems such as anxiety, depression, and low self-esteem have been found to be associated with exposure to violence (e.g., Holden & Ritchie, 1991; Hughes, 1988; Hughes, Parkinson, & Vargo, 1989, see also Kolbo, 1996). Significant differences in behavioural problems such as aggression, hyperactivity, and conduct disorders have also been associated with such exposure (e.g., Hershorn & Rosenbaum, 1985; Hughes, 1988; Hughes et al., 1989; Jouriles, Murphy, & O'Leary, 1989, In Kolbo 1996). For instance, preschoolers exposed to domestic violence tend to have greater externalizing and internalizing behavioural problems, lower social functioning, increased aggression, adverse health outcomes, and lower intellectual functioning relative to children not exposed to such violence (Howell et al, 2010, Huth-Bocks, Levendosky, & Semel, 2001; Levendosky et al., 2002). Rutter (1987) emphasizes the cumulative effect of

stress factors: he found that any one stressor occurring in isolation may not significantly increase the likelihood that a child would have developmental problems. When two or more stressors interact, however, the chances are two to four times greater that the child will develop adjustment problems.

As Kolbo (1996) stated – ...other investigators, in contrast, have failed to find significant relationships between exposure to family violence and emotional problems (Hughes & Barad, 1983; Rosenbaum & O'Leary, 1981; Wolfe, Zak, Wilson, & Jaffe, 1986) and behavioural problems (Christopoulos et al., 1987; Rosenbaum & O'Leary, 1981; Wolfe et al., 1986). "*In fact, a number of the children in these studies appear relatively unaffected... [...] Jouriles and associates (1989) found that approximately one half of the 87 children exposed to interspousal aggression and marital discord in their study did not express behaviour problems within the clinical range when using the Behavioural Problem Checklist (BPC) (Quay & Peterson, 1979). Similarly, Rosenbaum and O'Leary (1981) found more children from 53 violent homes had emotional and behavioural problem scores falling within the normal range than within the clinical range on the BPC"* (In Kolbo, 1996, s. 113). One meta-analytic review of the literature on children exposed to family violence found that 37% of children who had witnessed or personally experienced abuse fared as well or better than children who were not exposed to such violence in the home (Kitzmann, Gaylord, Holt, & Kenny, 2003). Even at high cumulative levels of risk or adversity, some children were observed to be doing well (better than one would expect from the level of risk), which indicated that other influences must also be considered (Rutter, 1987).

Differences noted may be due to variations in research designs, sample selection, description and definition of constructs, informants, comparison groups, measures and instruments. Kolbo (1996) stated that it is also possible that there are certain factors protecting some of the children from the effects, while leaving others more *vulnerable*. Werner (1989) has used the term *vulnerability* to refer to the susceptibility to negative developmental outcomes under high-risk conditions. She has defined *resilience* as successfully adapting despite exposure to these high-risk conditions. Resilience implies the existence of protective factors or mechanisms that may have no effect in the absence of risk but have a buffering effect in its presence (Rutter, 1987). In the next part of our contribution we will concentrate on an analysis of the concept of resilience.

CONCEPT OF RESILIENCE

The concept of resilience has a recent but rich history embedded in the longitudinal research on resilience in children (Werner, 1984; Werner & Smith, 1982), the study of resiliency in children at risk to adverse developmental outcomes (Garmezy, 1991a, 1991b; Rutter, 1987; Rutter, 1990), investigations into children's competence as a protective factor in the face of risk situations (Garmezy, 1987; Garmezy & Masten, 1991; Luthar & Zigler, 1992), and the study of resilience in inner-city adolescents (Luthar, 1991; Luthar, Doernberger, & Zigler,1993). According to Howell et al (2010) resilience is a dynamic process; it encompasses positive adaptation within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). When applied to children exposed to stressful environments, resilience has been described as the ability to adapt and function successfully in a high-risk setting or following exposure to prolonged trauma (Masten, 2001).

Hjemdal et al (2001) stated that although various definitions of resilience have been proposed, many are not theoretically founded (Fonagy, Steele, Steele, Higgitt, & Target, 1994), and most are linked to a collection of empirical findings, resulting in new definitions to account for these empirical findings. These definitions all convey aspects of resilience. Some definitions focus on personal (Rutter, 1985) or family characteristics, whereas others focus on processes and mechanisms involved in resilience (Wolin & Wolin, 1993) or on outcome (e.g., Luthar, Cicchetti, & Becker, 2000). Further below we state various approaches to defining the concept of resilience.

Resilience has been defined by researchers in developmental psycho-pathology as a process wherein a person exhibits better-than-expected outcomes in the face of adversity (Garmezy, 1993; Vinson, 2002). Resilience has often been defined as a relatively good outcome even though an individual may experience situations that have been shown to carry significant risk for developing psychopathology (Luthar et al., 2000; Masten & Reed, 2002; Rutter, 2000). This definition complicates the prediction because it does not clarify what contributes to normal development. In addition to describing a construct, it is important that a definition facilitates further research, and Hjemdal et al. (2001, p. 34) suggest the following definition as suitable in this respect:*"Resilience are the protective factors, processes, and mechanisms that, despite experiences with stressors shown to carry significant risk for developing psychopathology, contribute to a good outcome".* According to Hetherington (1999) there are three major components of the framework of resilience: 1. *experience of adversity, 2. adaptive outcomes, and 3. protective or promotive factors.* Resilience researchers have further emphasized the importance of understanding risk

experiences at a more proximal than distal level (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Rutter, 1990)[4].

Some researchers include internal criteria in their definitions of resilience, whereas others focus exclusively on external successes. Howell et al. (2010) studied the dependent variable, *resilience in children exposed to IPV* (Intimate Partner Violence). The mentioned variable was measured using prosocial and emotion regulation scores from the SCS. Within the results of Howell et al. (2010), the more the child exhibited emotion regulation and prosocial skills, the less likely it was that the child showed internalizing, externalizing, or total behaviour problems. This could suggest preliminary support for the conceptualization of resilience as a function of emotion regulation and prosocial skills used in this research. However, most investigators are interested in the interplay of internal well-being and external successes. Clearly, internal adaptation has the potential to interfere with external adaptation and, conversely, perceived external success or failure could affect a person's wellbeing. The dynamic relations between internal and external adaptation are a fundamental concern of developmental systems theory (in Hetherington, 1999).

Research on resilience

Initial research on resilience was focused on identifying what seemed to make a difference (e.g. the short list of protective factors). Subsequent studies were designed to figure out the processes underlying resilience that might suggest methods to engage these processes for positive change. The next step was testing whether interventions designed to focus on these potential protective processes would work to promote resilience. Now a new wave of research on resilience is emerging as a result of recent advances in genomics, biology, animal models, neuroscience, statistics, and the modeling of development in complex systems (Masten, 2006, 2008). Masten et al (2008) point out that investigators are exploring new possibilities for creating, changing, or reshaping fundamental adaptive systems for resilience. Highly targeted interventions are being designed on the basis of rapidly expanding knowledge about how experience shapes the expression of genes that in turn shape development, how the brain develops and responds to experience, how to induce brain plasticity, and a

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[4] Risks that directly affect children's lives more imminently, as opposed to distal risks (for example, low socioeconomic status) that affect children through a chain of mediating variables. For example, material hardships which reflect families' living conditions and experiences of meeting their basic physical needs (Ouellette, Burstein, Long, & Beecroft, 2004) are considered better approximations of the direct effects of low income on children (Beverly, 2000).

number of other provocative strategies not envisioned a generation ago... (*see* also Lester, Masten, & McEwen, 2006).

Measurement of resilience

Resilience has become the *conceptual umbrella* for factors that, in one way or another, are found to modify the impact of adversities (Hjemdal et al, 2006). This is reflected in the wide variety of indirect measures used in studies investigating *resilience* (e.g., the Nowicki-Strictland Locus of Control Scale; Nowicki & Strictland, 1973), *self-esteem* (e.g., the Harter Self-Perception Profile; Harter, 1986), *sense of coherence* (the Sense of Coherence Scale; Antonovsky, 1993), *stress resilience* (e.g., the Hardiness Scale; Kobasa & Puccetti, 1983), and *school adjustment* (e.g. the Child Rating Scale; Hightower et al., 1987). According to Hjemdal et al (2006, p. 86) at least three problems occur when a large number of indirect measures are used: "...*first, the variety of measures makes it difficult to compare results from different studies. Second, the large number of measures makes it difficult to identify which factors are involved in which processes and how they contribute to boost adaptive adjustment. Finally, using indirect measures per se to identify particular subsamples (e.g. individuals with a high degree of resilience) is both impractical and expensive."* It is noteworthy that there have been only five attempts to develop direct measures of resilience: two for adolescents (Jew, Green, & Kroger, 1999; Oshio, Kaneko, Nagamine, & Nakaya, 2003), two for adults (Connor & Davidson, 2003; Friborg & Hjemdal, 2004; Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Hjemdal, Friborg, Martinussen, & Rosenvinge, 2001), and one for older adults.

A direct measure such as the READ (Resilience Scale for Adolescents, Hjemdal at al, 2006) was developed in order to assist resilience researchers, using prospective studies, in determining which factors contribute to the processes involved in attaining good outcomes. The five-factor solution comprises the three generally accepted higher order categories of protective factors characteristic of resilience (Garmezy, 1983; Werner & Smith, 1992).

The first higher order category of individual dispositional attributes comprises the following three READ factors: Personal Competence, Social Competence, and Structured Style. The Personal Competence factor measures an individual's level of self-esteem, self-efficacy, self-liking, hope, determination, and realistic orientation to life; ability to uphold daily routines; and ability to plan and organize. The Social Competence factor measures extraversion, social adeptness, a cheerful mood, the ability to initiate activities, good communication skills, and flexibility in social matters.

The Structured Style factor measures the degree to which an individual prefers to plan and structure her or his daily routines.

The second higher order category, family support and cohesion, is composed of the READ factor of Family Cohesion, which measures shared values and support in the family and the family's ability to keep a positive outlook despite hardship.

The third higher order category, external support systems, consists of the READ factor of Social Resources, which measures perceived access to external support from friends and relatives, intimacy, and availability of social support. This finding supports the theoretical understanding of resilience as a multifaceted phenomenon (Cicchetti & Garmezy, 1993; Garmezy, 1993; Luthar, Doernberger, & Zigler, 1993). Direct measures such as the READ are developed in order to assist resilience researchers, using prospective studies, in determining which factors contribute to the processes involved in attaining good outcomes. By identifying which factors are important in which situations and for whom, resilience research can be more specific in predicting outcomes and thus possibly generate more specific implications for both prevention and treatment (Hjemdal et al, 2006).

Resilience Protective Factors

According to Kolbo (1996) literature dealing with children exposed to family violence suggests that the relationship between such exposure and functional adaptation appears to be complex, with a number of factors involved. Studies within the research tradition on *protective factors* and resilience should focus on "the manifestation of competence in children despite exposure to stressful events" (Garmezy, Masten, & Tellegen, 1984, p. 98). *Protective factors* are qualities of a person or context that predict better outcomes, particularly in situations of risk (Wright & Masten, 2006). An increasing interest in protective factors, often collectively termed resilience, has emerged (Block & Kremen, 1996; Cowen & Work, 1988; Egeland & Sroufe, 1993; Garmezy, 1981; Garmezy & Nuechterlein, 1972; Rutter, 1985). The dual focus of vulnerability and protective factors is essential in clarifying differences in individual responses to stressors (Cederblad, 1996; Werner, 1993; Werner & Smith, 2001, In Klevens & Roca, 1999).

Longitudinal studies [5] (Cederblad, 1996; Werner & Smith, 2001) have identified a number of factors that promote resilience. Garmezy (1985) identified three broad sets of variables that have been found to operate as protective factors: *child characteristics, family characteristics, and external supports* [6] . Likewise, to facilitate an integrated understanding of the identified resilience factors, Garmezy (1983), Werner (1989, 1993), Rutter (1990), and Werner and Smith (1992) have proposed three higher order categories: (a) individual dispositional attributes; (b) family support and cohesion; and (c) external support systems (this categorization has been accepted and acknowledged by other resilience researchers).

Individual characteristics are described as constitutional robustness; *sociability; intelligence; communication skills; and various personal attributes, such as self-efficacy and talent* (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Characteristics in the child that appear to protect against the effects of stress include positive responsiveness to others, reflectiveness, an easy-going temperament, and history of good health; the evidence is somewhat contradictory as to whether higher IQ serves as a protective factor (e.g., Alexander & Entwisle, 1988; Dubow & Luster, 1990; Garmezy, 1991; Rutter, 1979; Werner, 1989, In Hetherington, 1999).

Research on *family characteristics* shows that at least *one parent or an adequate and stable parental substitute is vital* (Fonagy et al., 1994; Hawley & DeHaan, 1996; G. Smith, 1999; Wolff, 1995).

External support systems promoting resilience often include *peers, teachers, neighbours, coaches*, and others facilitating the individual's attempts to master adversities (Brooks, 1994; Garmezy, 1993; Hawley & DeHaan, 1996; Werner, 1993; Weston, 1991). Studies often report higher levels of resilience among children growing up in a residential environment characterized by solidarity, cohesiveness, and less interpersonal conflict (Losel & Bliesener, 1994).

Studies suggest that it is not only the presence of particular protective factors that is important to children's development but also the total number of protective factors. As Hetherington et al. (1999) stated, protective factors can function cumulatively.

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[5] Most of the previous research has been done in English-speaking developed countries so that little is known about the determinants of crime and violence in other social and cultural contexts (Laub & Lauritsen, 1993).
[6] For the similar grouping of protective factors see also Klevens and Roca (1999).

The mother as a factor in promoting resilience

Effective parenting is one of the most well-studied protective factors for children exposed to adverse situations. A positive parent-child attachment has been shown to buffer against negative outcomes by providing support to children following exposure to violence at home (Grych, Raynor, & Fosco, 2004). While Levendosky and colleagues' (2003) study highlighted the protective role of parenting in mitigating child adjustment problems following exposure to IPV, this study found that parenting characterized by warmth, responsiveness, and appropriate discipline has the potential to facilitate the development of strengths in emotion regulation and prosocial skills. In the context of parenting support, it is the mother who plays the key role here. Research into domestic violence shows that the mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies, despite exposure to violence in the home, significantly affects the child's social and emotional competence (Hines & Saudino, 2002). The mother's mental health also provides a protective function for children in families with IPV[7]. It is likely that mothers who suffer from fewer depressive and traumatic symptoms, the two indicators of maternal mental health, have a greater capacity to maintain a more positive parent-child attachment, which, in turn, has been shown to play a protective role against negative child outcomes associated with family violence (Grych et al., 2004). From a developmental perspective, mothers with fewer mental health problems, who may be better able to maintain a positive parent-child attachment, may be better equipped to support their children in mastering developmental tasks, including emotion regulation and prosocial skill development. The purpose of the study by Klevens and Roca (1999) was to identify factors related to resilience and vulnerability among a population with different social and cultural conditions. Klevens and Roca collected and qualitatively analysed life histories of young men exposed to adverse environments in Colombia, which has one of the highest reported rates of violence in the world (World Health Organization [WHO], 1994).) Chronological autobiographies (or life histories) were collected through an informal interview. The participant was asked to talk about his life, starting from when he was born, and probes were used to obtain details about important people (family or friends) and events. In this study, resilient,

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[7] Research studies have demonstrated that women exposed to IPV have higher rates of depression and PTSD symptoms when compared to non-abused women (Cascardi, O'Leary, Schlee, 1999; Levendosky & Graham-Bermann, 1998). In a sample of preschool-age children, Levendosky, Huth-Bocks, Shapiro, and Semel (2003) found that IPV was significantly related to maternal psychological health and that the women who struggled with more severe symptoms of depression and PTSD were more likely to report lower parenting effectiveness. In turn, this was negatively related to children's externalizing behaviours.

persistent and temporary offenders[8]differed in the seriousness of exposure to adverse events, the level of cognitive and affective elaboration of their past histories, their perceived control over themselves and their lives, and the characteristics of their mother and family. In all three groups (resilient, persistent and temporary offenders), fathers were most often absent or abusive. Only among the resilient men were any fathers mentioned as supportive (13%). The main difference centered on their perceptions of their mothers. In the case of over half of the resilient men, mothers were perceived as strong individuals who had taken charge of the situation, introducing stability amid life stressors. In the group of temporary offenders, none perceived their mother to be as strong as the resilient men's mothers were. In contrast, persistent offenders felt sorry for their mothers and perceived them as weak and suffering throughout life. Although persistent offenders often talked of their mother's concern for them, her absence or lack of involvement was often striking in their reports. Instead of mothers supervising and protecting their children, they often needed their children's help and seemed to ignore whatever activities the child was involved in.

ANALYSIS OF RESULTS OF RESEARCH CARRIED OUT WITHIN THE VI.C.T.I.M.S PROJECT

In the next part of the chapter we interpret data obtained within the VI.C.T.I.M.S. international research project, analyzing our research results in relation to the concept of resilience even though the project was not designed specifically for this purpose. The concept of the child's resilience was used as a framework for interpreting research results. We considered what it was we could learn about resilience from the data obtained by our research, more specifically, what the protective factors in a child's resilience were. We believe that interpreting data in this way gives the results of our research a new dimension as well as creating new impulses for further research questions.

In this chapter we concentrate on "the mother of the victimized child" as one of the protective factors in a child's resilience. As was mentioned before - *protective factors* are qualities of a person or context that predict better outcomes, particularly in situations of risk (Wright & Masten, 2006). Garmezy (1985) identified three broad sets of variables that have been found to operate as protective factors: *child characteristics, family characteristics, and external supports.* Research on *family characteristics*

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[8] Two different types of offenders: those who manifested behaviour problems early in life and continued throughout (persistent offenders) and those who had become involved at one time in delinquent activities but did not persist (temporary offenders).

shows that at least *one parent or an adequate and stable parental substitute is vital* (Fonagy et al., 1994; Hawley & DeHaan, 1996; G. Smith, 1999; Wolff, 1995). According to the research results, children of mothers who are able to provide a more solid parenting environment typically develop a stronger attachment and fare better over time (Levendosky et al., 2003). It is the mother who plays an important role. Research into domestic violence shows that the mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies, despite exposure to violence in the home, significantly affects the childs social and emotional competence (Hines & Saudino, 2002). The mother's mental health also provides a protective function for children in families with IPV. The results of Howell's et al (2010) study specified parenting and maternal mental health as highly relevant factors predicting resilience. Therefore, clinicians can benefit from knowing that when working with children exposed to family violence, it is important to take an ecological, systemic approach to treatment. This integrated approach will bolster the mother's strengths and help her provide a supportive foundation for her child. In treatment, preschool children, in addition to receiving individual care to better cope with the traumatic event of witnessing family violence, can benefit from their caregiver receiving parental guidance and mental health services. As the mother's health and ability to parent improves, her child's resilience may also grow.

Before we analyze and interpret the data, we will present the VI.C.T.I.M.S. project. This is necessary for the following reason: in this and all subsequent chapters of this publication, the results obtained within the VI.C.T.I.M.S project are presented. As we have indicated above, these are interpreted in relation to the child's resilience.

From January 2010 to December 2011 a research team from four European universities (University of Cyprus, Cyprus – leading institution, University of Roma Tre, Italy, University of Oradea, Romania, University of Presov, Slovak Republic [9]) collaborated on the research project: "An Indirectly Harmful Effect of Violence: Victimizing the Child and Re-victimizing the Woman-Mother Through her Child's Exposure to Violence Against Herself". *Sensitizing and creating awareness through research-product material, both transnational and differential according to the partner-context (project acronym* VI.C.T.I.M.S).

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[9] Partners of the UNESCO Chair in Gender Equality and Women's Empowerment, University of Cyprus. *Coordinator of the Project VI.C.T.I.MS* Mary Koutselini, *Professor, Chairholder of the UNESCO Chair in Gender Equality and Women's Empowerment, Department of Education, University of Cyprus.*

The project VI.C.T.I.M.S was designed and conducted in four countries with funding obtained by the European programme DAPHNE III[10] (action grants 2007-2013), and elaborated on the background of the effects of violence against women-mothers upon their children if exposed, and on how these may be externalized in different contexts such as the school environment.

Goal, methods of the research

The main goal of the project was:
a) to examine the indirectly harmful effects of violence against women mothers upon their children if exposed to it in the domestic sphere, as well as mothers´ awareness of those effects
b) to sensitize all groups of people who are involved in the child's development and education by producing awareness raising and research based material

On the basis of the project's goals, the following research questions were generated:
a) Are there any differences between primary school-aged children's behaviour when they witness or are exposed to violence against their mother as opposed to children who are not exposed to such violence? Do they adopt a violent or passive behaviour?
b) With regard to their views about their self-image and their school performance, are there any differences between primary school-aged children who are exposed to violence against their mother as opposed to those who are not exposed?
c) Are there any differences between primary school-aged children's views about their mother as a role model when they are exposed to such violence as opposed to those who are not?

The project goals were achieved using the following approaches:
a) by examining the mothers´ awareness of the indirectly harmful effects of violence inflicted upon themselves on their children if they were exposed to it.
  - Analysis of written testimonies given by women and children, victims of violence;
  - Semi-structured interviews with women-mothers who were victims of violence.
b) by investigating the possible and indirectly harmful effects of exposure to violence on children and a comparison of their

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[10] http://ec.europa.eu/justice/fundamental-rights/programme/daphne-programme/index_en.htm

perceptions and self-images with those of children who were not exposed to violence against their mother.
- Child's self-evaluation (administration of the Self Perception Profile Test, Harter, 1985);
- Child's evaluation by a teacher;
- Child's perceptions of violence, self-image, school performance and mother as a role model (administration of a test with 14 scenarios-vignettes becoming filters through which children's perceptions could be examined).

In the next part we analyze partial results of the research gained from the survey sample of respondents from Slovakia. An interpretation of the selected results is carried out within a reference framework studying the resilience of a child (presented in the first part of this chapter).

More specifically, we examine:
1. the results flow which enables us to interpret the behaviour of the mother in the studied cases of domestic violence, her experience of this violence, its effects on her as a mother influencing the quality of the resilience protective factor – "the mother, her psychological health and coping strategies in a situation of domestic violence", and
2. the perception of the mother as a role model for the respondents: 9-11-year-old children, victims of domestic violence.

The mother as a protective factor in a child's resilience. Examining the mothers´ awareness of the indirectly harmful effect of violence inflicted upon the mothers on their children if exposed to it within project VI.C.T.I.M.S.

In order to find some association between the resilience of a child who is the witness of domestic violence and their mother as a protective factor in this resilience, we identified those parts of the project which provided relevant information. The mother as the subject or the object of research is present within several methodological approaches administered during various stages of the research. The following are the main sources of data presented in this chapter:
1. Written testimonies given by women and children, victims of violence (the mother as the subject of research)
2. Semi-structured interviews with women-mothers who were victims of violence (the mother as the subject of research)
3. Scenarios-vignettes becoming filters through which children's perceptions could be examined (the mother as the object of research).

I.   Analysis of written testimonies given by women and children, victims of violence.

Partial research aims

The partial research aims in this stage of the project were as follows:
1. To determine the possible negative effects of the unfavourable situation (the child as a witness of the abuse) on the mother.
2. To describe the position of the child in the family where the mother is abused.
3. To determine the possible negative effects on the child of their mother being abused.

Method

General description of the sample of cases: When tackling this research problem, the team carried out a content and discourse analysis of the available sample of cases. For content and discourse analysis, two types of sources were used. The first were the statements of women recorded during police investigations of domestic violence. The second were the files of NGOs dealing with the problem of battered and abused wives.

Source of cases – Police (13 cases): for the analysis, anonymous parts of the investigation records were used in which women describe the violence and its circumstances. In terms of the criminal code, there were eight cases of dangerous threatening behaviour and five cases of violent abuse of a close person. The texts contained direct transcripts of the statements of the abused women. The respondents were most probably instructed (by the police officer, lawyer or NGO employee) about what vocabulary they should use to describe violence when giving their statements.

Source of cases - NGOs (24 cases): for the analysis, case studies, kept and recorded by an employee of the NGO, were used. These records were structured and summarized, and focussed mainly on help with divorce (there is no other subject of counselling here). These records are somewhat simplified, and are interpretations by the NGO worker; from them we cannot sense the extent of the victim's suffering. We can, however, see things from the point of view of the employee within the aims of the NGO's planned intervention.

Data analysis

The focus of discursive analysis was the statements made by the women on the subject of domestic violence which were recorded in the available documents. We used the method of thematic analysis; after reading the texts several times, we selected material – first for coding, then for analysis. We identified central/relevant themes and created a coding system, then categories and subcategories for individual cases (method of cluster creation – according to Miles & Huberman, 1984). We used the principle of so-called complete data processing, which excludes the use of anecdotal cases, representing 'theory', in making critical analysis but which led us to include all material related to the research questions. The coding was open but governed by the research questions with the objective of including all potentially relevant material.

Potter and Wetherellová (1987) state an approach in carrying out discursive analysis which we adhered to in this project. In the first phase of analysis we looked for a certain scheme or structure with the help of differences, as well as consistency, in the content and the form of the discourse. This interpretative analysis is, above all, a way by which we can understand the content and organization of discourse. The aim of the analysis was to interpret; we focussed on differing ways of construing the individual mannerisms in the speeches of the women. The last stage in the analysis was – on the basis of exhaustive description – to look for connections between the individual themes and the concretion of meaning by identifying the organizing principles of individual representations.

Data validation

The analysis results were validated with the help of four analytical approaches (Potter & Wetherell, 1987). The first of these was coherence. When identifying basic discourses, we tried to find a basic organising principle defining the internal organisation of the discourse with functions and effects which would be identical. In this contribution, discourses fulfilling the coherence criterion form part of the presented results. We applied the principle of researcher triangulation to guarantee validity (e.g. Miovský 2006; Plichtová 2002) as well as the method of triangulation of theoretical perspectives (perspective of discursive psychology, social constructivism and critical psychology).

In the data analysis phase, validity was ensured by using the method of systematic comparison, which Silverman (2005) understands as a process in which the researcher constantly tries to compare and search for another

case by which his/her hypothesis can be tested. Data analysis involved a constant comparison of our emerging assumptions about the form of the discourses with actual data gained from the texts. Furthermore, we used the so-called 'deviant cases' method of analysis (Silverman 2005) with the aim of verifying the discourse in cases which at first sight did not confirm assumptions about the organizing principle of discourses.

Thematic units

The analysis was divided into seven framework themes:
0. Description of the woman - victim[11]
1. Offender - Profile and behaviour
2. Description of the violent incident
3. Effects of violence (effects on the woman – mother, effects on children)
4. The presence of a child at the scene[12]
5. The mother's feelings
6. The mother's coping strategies

We are aware that for the needs of our interpretational focus (the mother as a protective factor and the child's resilience) it would be enough to concentrate on points 5 and 6, namely the mother's feelings and the mother's coping strategies, as well as touching in part on point 3 – the effects of violence (effects on the woman – mother). To remain sensitive to the context, however, which is important within a qualitative study, we also present results gained for points 2 and 4.

Selected results in the framework of child resilience

"Psychological" description of victims

A psychological description of the victim could only be made in three cases. The first was a woman who was afraid of her husband when he was drunk but was not completely passive and tried to calm him down. In her defensive position, the woman suffered several years of physical and mental abuse; she did not describe, however, how she actually defended herself.

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[11] Sociodemographic data, age, education, socioeconomic status, political conviction, brief description of relationship with partner, family status of the victim, number of children, "psychological description" of victim, the victim "as mother" (occurrence of statements characterizing the victim as a mother)

[12] As detailed a description of everything related to the child as possible, as well as the mother's perception of the influence of violence on the children if they were witnesses to it.

Other testimony contains the picture of a woman actively defending herself from her husband's attacks, a woman who doesn't describe herself as a victim. When attacked she called the police (S6).

In other cases it is not possible to draw up a psychological profile on the basis of the facts. One woman describes only the deeds of her husband but not herself as a victim. This indicates that it is clear from the documents whom she is talking about but in these discourses, the author herself is unidentified, voiceless even. The missing information helps us form an image of the ways of thinking at the offices dealing with violence, where an interactive view of a person's behaviour is apparently rejected - by which it is not important who is giving testimony but what the "objective" reality is. Many hypotheses arise about who these women are, about how they live, how they deal with their problems and how they manage their family and working lives.

Effects of violence

A) Effects on the woman – mother

The theme of the effects of violence on women rarely appears in publications; for legal bodies and organizations providing help to women, it does not seem to be an important theme. Aside from physical harm, the most frequent effects of violence on women are psychological (depression, loss of appetite, somatization). The most commonly described effects of violence on women are fear and worry. Long-term abuse, according to the women, can lead to mental problems, visits to the psychologist or psychiatrist, admission to a psychiatric ward, use of psychopharmaceuticals and even suicide attempts. Fear led some women into having unwanted pregnancies because their husbands refused contraception. A telling effect for some women is social isolation (... *she was not allowed to call her brother... , ...when her brother came, her husband did not even shake his hand because her family had stopped visiting them..., ...my husband got angry because I wanted to be in contact with other people and get involved in other things...he snatched her mobile from her when she was phoning people.. S3*). These displays from the husbands can be seen as threatening behaviour to others (driven by fear of their violence being disclosed), as well as signs of the woman as 'property' (in Slovak culture, the woman is sometimes perceived as being her husband's possession, an object with which he can do as he pleases).

The theme of fleeing the house often occurs (...*sometimes I slept in the cellar so that the children wouldn't be exposed to so much stress..., ...I*

spent many evenings sitting on the bench in front of our block...S37), as does the theme of further moving out and the financial burden that would come with it, reflecting the situation in Slovakia where women are often financially dependent on their husbands (*... after we'd argued, he cut my allowance so I had to borrow money from my brother ...S3,* ...*the woman was forbidden to have her hobbies, wasn't allowed to cook for her children or even take care of them; indirectly she was forced to eat at different times from them).*

B) Effects on children

A recurrent effect on children is fear (*...the children were afraid of a conflict with their father because in our house, if you don't reply correctly to one of his questions, there's trouble...S3)* and a sense that their relationship with their mother is being threatened (...*He told them I was lazy, that I can't do anything, that I'm a parasite unable to earn any money..., ...The children are afraid of their father, they daren't run from their beds to give me a kiss, the children love me and worry about what will happen to me... , ...They are really afraid of him and don't even talk to me when he is there....They are afraid of him when they talk to me, he hates it...S4).* Their relationship with their mother is marked by fear for her health. One effect of this, according to their mothers, is a fear of losing authority over their children. (... *after being attacked she resorted to alcohol...I know that I let my children down; they didn't blame me for it but I could see it in their eyes, I know that I just wanted some peace...S3).* The children's first-hand experience of their mother being beaten led to them doing worse at school (...*the children were flunking at school, their grades were getting worse, moving out of the house had an adverse effect on them, they lost friends...S18)* and to a worse relationship with their father *(...they are afraid of having to meet their father...S1, ..- the children avoid their father, the son doesn't even come home for visits from university..S21, ...the children always do their homework before my husband gets home so that they won't be under stress... S37).*

In the women's descriptions the effects on the child rarely appear; we assume that the child's viewpoint is less important during the police or NGO interview. Despite extensive testimony from women, the theme of the "child" is barely mentioned. We could interpret this by saying that children are not at the centre of attention; however, this seems almost impossible given that all the cases of domestic violence we have looked at were in households with children. Another explanation could be that the woman refuses to accept the fact that there could be any dramatic effects on the child, effects which would reflect badly on her as a mother (creating the impression that she has not protected her child adequately).

Children are described as 'silent' witnesses to violence (...*He once hit me in front of the children but afterwards he sent them to their room. Otherwise the children weren't present at such incidents S4*), sometimes as active defenders of their mothers (... *when my son couldn't put up with it anymore, he started to defend me by telling my husband to stop swearing at me. My son slapped him and then they started to scuffle in the kitchen. I told my son to go away, he obeyed and left the room...S2*). Direct testimony from some children shows how they feel as though they are a part of the conflict themselves (...*As far back as I can remember, arguments have always been everyday events in our house, Dad is always having a go at Mum and trying to provoke us...S6*) and realize the seriousness of their father's threats (...*We have left the house to go and live with Babka (grandma) because we are afraid that our father will carry out his threats. I heard how he said to Mummy: I'll kill you and Simona will be on her own...S6*). The children's reaction is fear and anxiety and again protection of their mother (...*When I hear such threats, I get really worried about Mummy and about how he might hurt her. Often I stand in front of her (to defend her). My father swears at me for it, says things like: get out of here you snotty wimp or I'll smash your head in...S6*).

The mother's feelings

A feeling which women often describe is one of fear for their life *(....I'm afraid of him.., ...he leaves the gas switched on in our house so I have to keep on checking it.., ... at the moment I am afraid because he keeps threatening us by saying that if something goes off in his head, he will start killing the lot of us...., ...my fears are increasing all the time...S1).* Some women's health fears lead them to cover up the violence *(...After he'd hit me, I was afraid of telling the doctor about it because my husband would really punish me for mentioning it to anyone...S4).* Violence against women is also accompanied by a feeling of shame. In their statements, the women show lowered levels of self-esteem.

Because they were treated roughly, some women felt guilty that they had failed in their lives. Discourse about feelings of helplessness typifies the experience of women as victims. These feelings of vulnerability are directly tied in with the threat to their maternal role. Women describe having no appetite and feeling great stress *(...When he was at home, I was under such stress I couldn't even eat...S4).*

The mother's coping strategies

The most frequently presented are escape strategies (*...but his fist was clenched and it was coming towards my face, though I managed to dodge that time and run out of the house...S1,... I started to feel afraid and stepped back so that my husband wouldn't crash into anything..S2*) and defensive strategies. Women often choose other forms of passive, self-sacrificing ways of dealing with aggression (*...her husband forced her into having intercourse, she didn't agree, but didn't resist so that her children would not have to hear her shouts and the reaction of her husband, which could have been a verbal or even physical attack – my attitude was apathetic, I no longer cared one way or the other...S3).* Self-destruction is another way of dealing with the situation (*...I couldn't take any more of his accusations, of him shouting about how stupid and useless I was so I took some tablets and washed them down with alcohol. I wanted my husband to realize that I am only human..S3).* The woman's effort to conceal the violence is shown in several descriptions.

Active forms of handling the situation include efforts to satisfy the husband and searching for social support from others. Active attempts at solving the problem may involve sending the husband for treatment for alcoholism, contacting the police or organisations protecting abused wives; these, however, are rarely presented. One unusual way of dealing with such violence is trying to be attractive as a woman (*...I wanted to dress nicely so that he would be attracted to me but it didn't help...S4).*

II. Semi-structured interviews with women-mothers who were victims of violence.

Partial research aims

The partial research aims in this stage of the project were as follows:
1. To determine the ways in which mothers talk about and describe the violence committed against them;
2. To capture in the interviews with mothers their convictions about and interpretation of their partner's violence;
3. To identify the child in the utterances of the mother;
4. To identify the likely effects on the child of being exposed to such violence (on the child's personality, performance at school, behaviour at home and amongst peers);
5. To have a clearer picture of the relationship between mother and child.

Method

General description of the sample of cases: Together 30 women took part in personally conducted interviews, 26 of these interviews being the subject of study, the remaining 4 being too overloaded with material and leading us to close the collection of data. The age of women ranged from 30 to 58; they came from various socioeconomic backgrounds and had different levels of education. All the women had children, most frequently two children (a boy and a girl). In one case, the mother had only one child; in another case, the mother had six children. All the women were informed about the purposes of the research and the subsequent processing of information. The means of selecting the sample was extemporal (contact with women gained via an NGO; referrals from psychological advisory services and church organizations).

Data analysis

The unit of discursive analysis was the statements of the women on the theme of domestic violence. These statements were recorded during the personal interviews. The interviews were recorded on a dictaphone and then transcribed. In all 186 standard pages of transcribed text were analysed. We used the method of discursive thematic analysis (according to Potter and Wetherell 1987), described in detail in the report from the previous study of written testimonies.

Results were processed according to identified key themes of the interview:
    1. children as seen by their mother
    1.1. behaviour and performance of children in school
    1.2. children's social contacts
    1.3. children's interests
    2. violence as seen by the woman
    2.1. ideal relationship/marriage as seen by the woman
    2.2. husband's behaviour as seen by the woman
    2.3. reasons for partner's aggressive behaviour as seen by the woman
    2.4. the woman's typical reaction
    3. mother and child
    3.1. the child as a witness to violent behaviour towards the woman
    3.2. the influence of a child's presence on the man's violence towards his wife
    3.4. the expected effect on the child as seen by the mother
    3.5. differences in children's reactions as seen by the mother
    3.6. does the woman talk about her experiences with her children?
    3.7. are children aggressive?

3.8. children's feelings towards their mother and father
3.9. the mother as a role model for her child.

In the next part of the contribution we choose those parts of the discursive analysis which give insight into a possible relationship between the psychological health of the mother and her ability to somehow deal with domestic violence, as a protective factor in the resilience of the victimized child.

The woman's typical reaction (to domestic violence)

Often the women's discourses are marked by self-accusation and apologies *("I couldn't actually do anything, I just withstood it, I didn't know how to defend myself, I even started to believe him when he said he was entitled to do it, that I was worthless and can't do anything properly, that I deserved such treatment from him..." (p.1); "I would always forgive, excuse, trust and then apologize to him — I could always find some reason for forgiving him for what he did" (p.17).)*. We found out that the tendency for self-accusation probably leads to passive behaviour from the women *("For a long time I didn't look for help nor mention it to anyone, not even my mother; I thought that is how it should be, that I probably deserve it. I didn't want to complain – it's not my way – and everyone has their own problems" (p.3).* Another part of the strategy women revealed here is an intentional strategy of passivity. Active efforts to resolve the situation, either in a positive or negative way, through some kind of defensive aggression are very infrequent.

Does the mother talk about her experiences with her child?

We discovered that not all women look at this issue in the same way. Some women state that at home they do talk to their children on the subject of violence *("I try to explain it to them and emphasize what kind of partner they should avoid. I try not to decry him and do the things that he does, I try to make sure the children are not too confused by the situation but I don't know if I'm very successful" (p.1).* Surprisingly often, women reacted by denying the topic with various interpretations of why they did so. Some of the women felt that given their children's young age, they weren't ready for such a discussion ("*Not yet, they are still small, I don't want...my daughter doesn't want to talk about it. If you ask her about it, she will say she can't remember anything" (p.2).* Another group of women interpret the fact that they don't talk about it at home by saying that it's pointless because the children actually saw the violence *("I didn't talk to them about it because they saw and heard everything. Why then talk about it? When they were adults then we talked about it a little bit, but when we're together, we*

prefer to talk about other things, about how they're getting on, not about me." (p.4). Implicit in all this is the woman's assumption that if the child has actually seen something, then it's unnecessary to say anything else about it. This attitude, however, ignores the fact that because the children are witnesses to the violence, then it is really important to talk about it with them in a safe environment.

Some women in their testimony indirectly express wonder that their children still love their fathers despite having witnessed his acts of violence ("*She was still small but I tried to explain to her that we don't understand each other. What surprised me was that despite having seen what she had, she still wanted to be with him; if he turned up now, she would go to him. She really loved him, he was special to her*" *(p.6).* In some of the interviews, the women suggested that repeated discussions would traumatize the children *("My youngest son and I never talk about it – I will not remind him of it – what was bad is now behind us, it will not happen again – I see no reason to go back to it" (p.24).* In one case the woman talked about a lack of communication, attributing it to the danger of the children's genetic predisposition being like their father's *("no because I don't know if it's in their genes or not – when I wanted to talk to my husband about it, we just couldn't do it – and it's the same with the children – we are just not able to communicate together" (p.16).*

The mother as a role model for her child

In the role of partners, women don't see themselves as role models for their children ("*I don't know, I think my daughter is completely different from me. She wouldn't suffer it like I have; I think she'll have the final word in her household and not her husband (p.4)"; "I don't think so, she is quite different from me and I don't want her to take after me. Sometimes she says that she admires me for looking after the two of them on my own but usually she says that she definitely does not want to live like I do" (p.1).* Some women see themselves more as examples of how not to be (*"I don't know, I don't think so, she has something of him in her, she is not as timid as me, she knows how to speak her mind if she doesn't like something and can look after herself much better" (p.3).* On the other hand, women see themselves as mothers in a more positive light and as good examples to their children ("*A lot of friends have told me how they admire my ability to put up with things for the sake of the children – and I don't regret it; I got a lot of strength when my daughter told me she was proud of me" (p.11).* Two lines of discourse emerge, one about the woman as wife, where women perceive themselves as failures, the other about women as mothers, where their self-perception is much more positive.

Let us look further at the research results interpreting the perception of the mother as a role model by the different victimized children.

III.   Perception of the mother as role model by respondents – 9-11-year-old children, victims of domestic violence

Partial research aim

The partial research aim in this stage of the project was:

1. To study children's perceptions of violence, self-image, school performance and their mother as a role model (administration of a test with 14 scenarios-vignettes becoming filters through which children's perceptions could be examined).

Method

The third phase of the project involved the construction and administration of the scenarios with which children's vulnerability was diagnosed: scenarios investigated children´s possible tolerant behaviour towards violence, their possible adopting of violent behaviour towards others and their view of their mother as a role model. Construction of the scenarios was done in several stages. The following were carried out within the stages: a pilot study of the scenario, a statistical analysis of results from the pilot study, modification of scenario items. The main research lay in the administration of 14 scenarios to a sample of 40 victimized and 40 randomly selected 9-11-year-old children. The obtained data was subjected to a statistical analysis in order to identify and interpret the differences in the studied independent variables: exposure to violence, gender of the child.

Analysis of results

A detailed analysis and interpretation of the results of the administration of the scenario will be the subject of another publication. In the context of this contribution we will choose results reflecting perceptions of the mother as a role model by the victimized child.

a) Regarding the hypothesis that the children's perception of the mother as a role model differs according to the degree of their exposure to violence against her, significant differences were found between the two groups of children. The results indicated that it is more likely for the children who are exposed to violence to feel the need to protect their mother rather than to consider her as an ideal role model (Independent samples T-test, General Linear Model-Univariate Anova, crosstabulation).

b) By taking only the group of children who were exposed to violence and examining the possible gender effects, we were able to discern that the differences between boys and girls were not significant in terms of their views of their mother as a role model. But more girls exposed to violence preferred answers indicating their need to protect their mother, whereas girls randomly selected preferred answers indicating that they do consider their mother as an ideal role model (Independent samples T-test, General Linear Model-Univariate Anova).

Conclusion

The focus of the contribution was on the analysis of the concept of resilience in the victimized child. We concentrated on the nature of protective factors of resilience verified by research. *Protective factors* are qualities of a person or context that predict better outcomes, particularly in situations of risk (Wright & Masten, 2006). We draw from the results of longitudinal studies (Cederblad, 1996; Werner & Smith, 2001) which have identified a number of factors that promote resilience. Garmezy (1985) identified three broad sets of variables that have been found to operate as protective factors: *child characteristics, family characteristics, and external supports.*

In the context of family characteristics, it is the mother who plays the important role. Research on domestic violence shows that the mother's capacity to provide her child with effective coping mechanisms and conflict resolution strategies, despite exposure to violence in the home, significantly affects the child's social and emotional competence (Hines & Saudino, 2002). The mother's mental health also provides a protective function for children in families with violence. Mothers with fewer mental health problems may be better equipped to support their children in mastering developmental tasks, including emotion regulation and prosocial skill development.

Interpretation of data obtained within the VICTIMS projects points to the following:

In the women's discourses (*source: police investigation files*) about violence, the role of psychological violence (belittlement, lack of appreciation) is often emphasized. We have discovered that women are especially sensitive to male behaviour which threatens their gender role and their self-respect as women. In the women's discourses, the identity of the speaker is often withheld and it is not possible to determine who the

abused woman is and how she has dealt with the violence she has suffered. One important finding is that despite the fact that many times it is families with children that are the subject of research, the mothers do not refer to the effects of indirect violence on their children. We interpret this finding either as a sign of uninterest from the police and/or NGO about the mother and child's experience or as a sign of denial on the woman's part in a wish to keep some self-respect by showing that despite the abuse she has suffered, she has still managed to protect her children. The theme of the effects of violence on women rarely appears in these texts. Probably the effects of violence on the woman are less important to the legal authorities and the organizations which provide help to such women. When descriptions of the effects of violence do occur, the most common are – aside from physical effects – mainly psychological problems (depression, loss of appetite, somatization), fear and worries. According to the women's testimony, long-term physical abuse can lead to psychological problems, appointments with psychologists and psychiatrists, hospitalization in a psychiatric ward, the use of psychopharmaceuticals and even suicide attempts. Fear led some women to having unwanted pregnancies because their husbands refused contraception. An important effect for women is social isolation. One feeling women often describe is fear for their own lives; such fears for their health often lead women to keep the violence they suffer secret. A feeling of shame is also associated with such violence; some women feel guilty because by leaving themselves exposed to violence, they have somehow failed to deal with their situation in life. Discourse about feelings of helplessness typify the women's sense of victimhood; and such feelings are tied in with a sense of their maternal role being threatened. The most commonly presented strategies are escape and defence strategies. Women often choose other forms of passive, self-sacrificing aggression management while self-harm is another way of managing the situation. Efforts from the woman to conceal the violence are perceptible in several descriptions. Moreover, some mothers do not think it is necessary to talk to their children about what is happening in the family, often arguing that their children are too young for such a discussion. Another group of women consider the discussion of such violence to be pointless, as their children were actually witnesses to it. Implicit in such statements is the women's notion that if their children saw the violence with their own eyes, then there is no need to speak about it further. This, however, ignores the fact that it is precisely because their children were witnesses to the violence that the mothers need to talk about it with them in a safe environment.

Discursive analysis of interview results thus indicates a low level of coping strategies; the women are unable to manage this violent situation. We thus conclude that the respondents – interview participants - probably lack the

capacity to play a protective role in their children building up some kind of resilience.

As marriage partners, these women do not see themselves as role models for their children; some even see themselves as examples of how not to be. As mothers however, the women see themselves as being more positive. Two lines of discourse emerge: one about the woman as wife, where she perceives herself as a failure; the second about the woman as mother, where she perceives herself positively. Respondents often see their failure in their role as wives and it is probably this which prevents them from seeing themselves as role models for their children. On the other hand, their role as mothers is presented far more positively. These dramatically different discourses illustrate the women's notion of their two roles and it is interesting how they see little connection between or mutual impact of their two roles of mother and wife. The question remains whether such a clear division of roles is also seen through the eyes of the child. We know from the women's interviews that children are a support to their mothers. Is the woman a support to her children, however? How do children perceive their mothers? Are the mothers the positive role models they claim to be?

This statement is documented in the research by the results of examining the perception of the mother as a role model by the victimized child *(scenario administration)*. Results indicated that it is more possible for children who are exposed to violence not to consider their mother as an ideal role model, whereas they seem to feel the need to protect their mother more.

The role of the mother in the life of a child is seen as almost fate-determining, its value in terms of providing the child with sufficient love and interest having been very clearly proven. We can find a wealth of research, clinical arguments and life stories demonstrating the adverse effect of emotional deprivation springing from a deficit, deformation or total absence of maternal love, especially in cases where a lack of maternal love has not been compensated for by some other strong attachment. The motherhood phenomenon is extensively treated in both sociological and psychological writings; at present we can say with some certainty that parental (maternal and paternal) love or 'non-love' has immense meaning for the child and for its future life and development, prefiguring the child's relationship with themself, other people and their own offspring. Clinicians can benefit from knowing that when working with children exposed to family violence, it is important to take an ecological, systemic approach to treatment. This integrated approach will bolster the mother's strengths and help her provide a supportive foundation for her child. In addition to receiving individual care to better cope with the traumatic event of witnessing family violence,

children in treatment can benefit from their caregiver receiving parental guidance and mental health services. As the mother's health and ability to parent improves, her child's resilience may also grow.

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Self-Perception as a protective factor in the resilience of children and adolescents

Introduction

When analysing psychological variables promoting resilience – specifically in children and adolescents – we should not disregard various indicators of self-perception and their supposed protective function in dealing with psychological and psychosocial problems. In the following text we will try to: A) define the construct of self-worth and put the term in the context it is used in psychological literature; B) look at the connection between resilience and self-worth; C) examine the self-worth (which we see as a protective factor in resilience) of children who have been exposed to domestic violence in comparison with a control group.

Concept definition

The psychological terminology used in reference to self-perception is relatively extensive but not always unified. During the 1960s terms such as self-esteem and self-concept started to be commonly used in humanistic psychology in the context of learning theory (Mruk, 2006). The subsequent popularization of these scientific terms (for this we can partly thank Branden's famous book from this time (1969) *The Psychology of Self-Esteem*), together with the introduction of simple measuring tools (such as Roseberg's scale, 1965), led to some of these terms being used in everyday life. One result of this, however, is the existence of several terms which don't have a definitive meaning distinct from other similar terms, a problem which still continues within specialized literature. The two most used terms characterizing self-reflection are self-concept and self-esteem [13]. Another term which is also commonly used in this context is self-efficacy, paraphrased as perception of one's own effectiveness, competence and faith in one's own ability (Blatný, 2003). In literature these terms are used interchangeably or their meanings are seen to overlap. One possible distinction between them might be an emphasis on cognitive content when it comes to self-concept and on emotional assessment when it comes to self-

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[13] In Slovak interpretation context there are no available or suitable equivalents – alternatives used are "self-perception" for self-concept and "global/general self-assessment," "self – esteem" resp. for self-esteem (Macek, 2008).

esteem. In the following text the term self-perception will be used as a portmanteau covering these different aspect of self-perception.

The most simple definition of self-perception might be that which a person knows about themself. Konečná et al. (2007) came up with a concise definition of self-perception when they described it as being the generalization of knowledge about oneself gained from different experiences of specific situations. This knowledge is hierarchically organised according to its level of abstraction ranging from very specific elements to general categories and according to parameters of subjective importance. As the generality of the content which a person uses to refer to their sense of self increases, so does its evaluative importance. Self-perception is formed on the basis of one's own attitudes and disposition during activity, learning, social comparison and mutual interaction within one's social environment. Many tests of levels of self-perception have been developed since the 1960s; Lynch, Foley-Peres and Sullivan (2008) write that there are more than two hundred instruments for measuring self-perception or self-respect, the existence and use of which confirm the importance of measuring such constructs. (Chiu (1988), for example, gives a detailed overview of the most commonly used of these instruments). It is no surprise perhaps that Rodewalt and Tragakis (in Mruk, 2006) state that self-esteem is one of the three most used covariants (together with gender and negative affectivity) in sociopsychological and personality research. In our study we have used Harter's (1985) Self-Perception Profile for Children (SPPC) for measuring self-perception, its theoretical background based on the premise that self-perception is a multidimensional, hierarchically organised and dynamic construct (Karteroliotis, 2008, Harter, 1985). At present there is general agreement about the manifold character of self-perception. Earlier approaches (such as the Piers-Harris Self-Concept Scale) were based on an operational definition of self-perception reflecting an overall assessment of various elements such as cognitive competence, physical skills, popularity and parental acceptance, morality, personality features, physical characteristics and affective reactions. The sum of responses to all these heterogeneous items was then considered to be a reflection of a person's self-perception. The multidimensional model assumes that people do not feel equally competent in every area of their lives (Harter, 1982); in one area they can feel extremely competent (at sports, for instance) whereas in another they might feel they are failures (e.g. academic performance). The structuring of individual dimensions of self-perception enables us to create a fuller and more accurate picture of self-reflection and in this way interpret differences in a person's individual scores.

The shift towards a multidimensional conception of self-perception does not exclude, however, the existence of more general levels of self-assessment

(Konečná et al., 2007). Harter (1982, 1984) assumes that children from the age of eight not only assess their competence in various areas but are also capable of making an overall self-evaluation over and above these specific areas (Harter, 1985). This assumption highlights the hierarchical nature of the self-evaluating processes; overall, self-esteem or self-worth is a superior construct and judgements about competence are one of the types of evaluating dimensions of a lower level. Individual elements of self-perception are then divided into individual specific subdomains (for instance, the social dimension of self-perception is broken down into the area of family and friends, individual judgements pertaining to these subdomains reflecting levels of acceptance from friends and/or parents) (Karteroliotis, 2008). The effect of gender is one of the most systematically verified in the measured construct of self-perception (according to the concept behind the SPPC method) (Harter, 1985, Shapka, & Keating, 2005, Manning, Bear, & Minke, 2006). Boys consider themselves to be more athletic and adept at sports, whilst girls see themselves as being better-behaved. Boys usually score higher on the physical appearance scale and in the area of general self-respect. Scores for academic performance tend to decline as children get older and go into higher years at school. There is, in fact, a similar decline in general self-evaluation as children get older, especially with girls; at a lower age, there are smaller differences between children's levels of self-perception. The structurally superior domain of general self-evaluation is, according to Shapka and Keating (2005), best predicted by the physical appearance variable.

We should also look at the concept covered by the term self-esteem, which is often understood as a component of self-perception or as an alternative term for it. Generally self-esteem is seen as an evaluative component of Self. Several definitions state that it contains both an evaluative element and an affective one involving looking at oneself and one's emotional reactions (Wang, & Ollendick, 2001). According to Coopersmith (in Vander Zanden, 1987) self-esteem is an important aspect of self-perception. It is a judgement which we form about ourselves and about our worth and reflects the extent to which people believe they are capable, important, successful and valuable. In his study Coopersmith (in Hayes, 1998) confirmed a connection between self-esteem and upbringing. He looked at boys aged from 10 to 12 and, after considering three types of assessment (self-assessment, assessment by a teacher, and an examination by a psychologist), selected a group of children with low self-esteem. The parents of these children showed little interest in them and had low expectations of them. The children themselves suffered from various health problems. Coopersmith argues that the sources of positive self-evaluation are complex but states that amongst them the manner of upbringing and personal goals both stand out (in Hayes, 1998).

According to Buss (1986) self-esteem is made up of two separate elements. The core or the basis of self-esteem is constant throughout one's own life and gradually builds up during childhood. The second peripheral element is less stable and is conditioned by events during adulthood.

Mruk (in Wang, & Ollendick, 2001) tries to integrate various definitions of self-esteem and asserts that self-esteem is made up of three basic elements: 1. competence, worthiness and the interaction between these two constructs form the basis of self-esteem; 2. self-esteem is embodied in the process and situations of real life for each individual; 3. self-esteem is essentially dynamic and can be both relatively stable and also open to change and unstable. Mruk therefore suggests a phenomenological definition of self-esteem such as "the status of the individual competence and personal dignity of a person who is dealing with challenges throughout his/her life" (in Wang, & Ollendick, 2003, p.256).

By this definition, self-esteem is made up of two important components: competence and dignity. Competence is seen as a behavioural element of self-esteem and is connected with aspirations and success whereas dignity is based on values and convictions. These are the twin axes of self-esteem and are dynamically interrelated. Various combinations of competence and dignity create four different types of self-esteem (table 1): "high self-esteem" occurs if both competence and dignity are high; "narcissistic self-esteem" occurs when competence is low but dignity is high – a person's self-image is disproportionately high when placed alongside their real attributes; "pseudo-self-esteem" means that competence is high but dignity is low – despite having adequate abilities, a person has an unreasonably low self-opinion; "low self-esteem" occurs when both competence and dignity are low. The prevailing conviction is that competence is based on experience of success, especially on a perception of the value of such success. And only if success is attributed to ability and effort will it serve to increase and sustain levels of self-esteem. According to Harter (in Wang, & Ollendick, 2001) people with a high level of self-esteem are able to reduce the value (or importance to themselves) of areas in which they are not competent whereas people with low self-esteem appear to be unable to devalue the importance of success in those areas in which they are not competent.

Table 1 Types of self-esteem according to Mruk (Wang, & Ollendick, 2001)

		Competence	
		high	low
Worthiness	high	high self-esteem	narcissistic self-esteem
	low	pseudo self-esteem	low self-esteem

Self-respect can be defined operationally through descriptions of the typical qualities of people with high self-esteem in comparison with people with low self-esteem. Below we present these according to the findings of Hogg and Vaughan and Tausch and Tauschová (in Bugelová, 2002) (table 2).

Table 2 The characteristics of people with high and low self-esteem according to Hogg and Vaughan and Tausch and Tauschová (in Bugelová, 2002)

High self-esteem	**Low self-esteem**
• tenacious and flexible in the face of failure and disappointment • stable in emotions and affect • less flexible and adaptable • non-conflictual when disappointed by lack of success and acceptance • reacts positively to a happy and successful life • has a cohesive and stable self-perception • orientated towards self-improvement	• sensitive to the influence of everyday events • has a wide range of moods and responses • flexible and temperamental • easily influenced and persuaded • wants success and acceptance while being sceptical about it • reacts negatively to a happy and successful life • has an inconsistent and unstable self-perception • orientated towards self-protection
• considers themself to be a valuable person with their own worth • feels that s/he has many good qualities • can happily put up with themself • is generally able to look after themself • feels free and is not afraid to take responsibility for their actions • feels secure in relationships with other people • feels good even if not perfect	• would like to have more self-respect • often sees themself as being a genuinely useless person • cannot put up with themself • often wishes to be somebody else • is ashamed of themself • considers him/herself to be an incapable person • sees no reason why people should like them • is not sure about own opinions and behaviour

• believes that they can handle their life well • does not feel it is important that other people have the same opinion as they have • understands themself • feels good even if other people are not always favourably disposed towards them	• has a negative attitude towards oneself • is afraid of behaving inadequately • only feels secure and good when sure of being liked by other people • feels insecure when s/he doesn't do something perfectly

The results of low self-esteem can vary from person to person. Zimmerman et al. (1997) state that low self-esteem can be associated with depression, suicide, delinquency, drug abuse and poor academic performance. Conversely, successful development of positive self-perception can help improve health and prevent problematic behaviour. Increased self-respect is often associated with positive relationships with close friends and family. People with high self-esteem embrace active coping strategies which focus on a problem whereas people with low self-esteem will prefer passive coping strategies which focus on emotions (Thoits, in Dumont, & Provost, 1999). Self-esteem also positively correlates with engagement, involvement in the community, the family and friends (Dumont, & Provost, 1999).

The interrelationship between indicators of self-perception and resilience is documented in several studies, some of which approach the two constructs as independent variables while others work with self-perception or self-esteem as subdomains of the more widely conceived construct of resilience. In our short overview, we offer a selection of study findings analysing this relationship.

Taking a sample of adolescents, Karatas and Cakar (2011) confirmed the interrelationship between self-esteem and resilience, with self-esteem together with hopelessness (in a negative relationship) operating as clear and significant predictors of resilience in a regressive model. Resilience together with self-esteem and social support prove to be moderating variables if the effect of exposure to violence on the mental health of adolescents is observed (Salami, 2010). Dumont and Provost (1999) discovered that resilient adolescents have higher self-esteem than vulnerable ones. The groups for their study were established according to the Herman-Stahl and Petersen division (in Dumont & Provost 1999), which distinguishes four groups of adolescents on the basis of their levels of stress and depression. These are: 1) well adjusted (with low scores for depression and stress); 2) resilient (high scores for stress but low for depression); 3) vulnerable (high scores for both indicators); and 4) non-adjusted. Alternatively, when measuring levels of stress in order to create

different groups accordingly, researchers looked at levels of daily conflict or 'hassles' and looked for variables able to discriminate between three groups: resilient, vulnerable and well-adjusted respondents. Amongst nine variables (self-esteem, three coping strategies, social support (backing) and four areas of social activities), it was self-esteem which was demonstrated to be the primary factor clearly discriminating resilient respondents from other groups, the greatest difference being between vulnerable and resilient adolescents. According to their findings, self-esteem can be seen as promoting resilience and preventing the onset of certain mental diseases. In a quasi-experiment, Hames and Joiner (2012) confirmed that factors engendering resilience differ according to whether they apply to respondents with high or low levels of self-esteem.

The integration of self-esteem and self-perception into a global resilience construct can be well documented using resilience measurement tools. Several tools used for assessing resilience include self-esteem or self-perception subscales within their methodological framework (Windle et al., 2011). If these resilience scales are constructed multidimensionally, self-esteem is usually presented as one indicator of resilience together with contentment in life, sense of coherence, morality etc. (Wagnild, 2009). If we try to compare the multidimensional tools used for measuring resilience and self-perception we can observe a similarity of content in the measured areas in many cases; for instance, if we compare the Resilience Scale for Adolescents (Hjemdal et al., 2006) and SPPC (Hater, 1985), we discover that they overlap in these areas, both resilience scales containing subscales for items such as personal and social competence.

Research problem

In the following part we will briefly consider selected research findings related to the self-perception of children who have been witnesses of violence to their mothers and compare them to a control group. These represent just a small fraction of the results of our more extensive research (characterized in previous parts of the publication), with only research findings for self-perception measured using the SPPC method being selected. The primary aim was to identify those areas of self-perception which differ between the experimental group and the control group.

Method

The research was carried out simultaneously in four countries; here we present results for the Slovak part of the research sample. This was made up of selected pupils from the 4th to 6th years of different primary schools in Prešov. The choice of children exposed to violence was made following recommendations by school psychologists, and psychologists from advisory-psychological centres and other cooperating organizations. The control sample was created by pairing (on the basis of the variables of gender, age and social group and subsequent random selection) in order to ensure the two groups were comparable. A sufficiently large number of pupils took part in the actual testing so as to make it impossible for pupils to identify the actual target group.

Table 3 Demographic characteristics of the sample

	gender		
	boy	girl	Total
Child randomly selected	22	18	40
Child exposed to violence	22	18	40
Total	44	36	80

For measuring self-evaluation, the Harter (1985) Self-Perception Profile for Children (SPPC) was used. This is one of the most commonly used tools for this purpose (according to Manning, Bear, & Minke, 2006). It contains 36 items grouped together into six subscales; each of these contains six items, the result of the subscale being their average value.

Scholastic competence – all items here relate to school and performance at school (the previous name of the subscale was cognitive competence) and cover the children's perception of how successful and competent they feel they are at school.

Social acceptance – this covers the degree to which children are accepted by their peers and how well-liked they feel they are. The items do not refer directly to competence because they do not reflect social skills. Instead, they assess level of popularity, whether a person has friends or not and whether other people like them.

Athletic competence – this subscale was originally called physical competence and includes items relating to sports and other outdoor games.

Physical appearance – this subscale focuses on the extent to which children are satisfied with how they look (height, weight, body, face, hair) and whether they feel they look good. This subscale did not exist in the older version of the tool and was added after interviews with children revealed just how much their physical appearance mattered to them and to their self-perception (both children at primary and secondary school).

Behaviour – this subscale measures how satisfied children are with their own behaviour and whether they feel that they are doing the right things, avoiding problems and doing the things which they should be doing.

Global self-worth – the items on this subscale assess how much a child likes themselves as a person and to what extent they are content with the situation they are in and the life they are leading. This is considered to be a structurally higher subscale and is often evaluated separately from all the others.

The reliability and validity of this tool has been verified in various language versions (*see* for example Maeshiro et al., 2007; Van den Bergh, & Marcoen, 1999; Eapen, Naqvi, & Al-Dhaheri, 2000; Muris, Meesters, & Fijen, 2003), the qualities of the tool remaining even when outside the Anglo-American linguistic context. Babinčák, Mikulášková and Kovalčíková (in print) confirm the good psychometric attributes of the method in its Slovak translation.

Teacher Rating Scale of Child's Actual Behaviour (TRS)

TRS is a supplementary method which forms an optional part of the SPPC and enables the user to create a profile parallel to the child's self-perception for five specific domains identical with those covered by SPPC (all except global self-assessment). According to Harter, this constitutes an independent judgement made by the teacher about the actual behaviour of the child in each of the assessed areas.

Results

We compared the group of children who were exposed to violence with the control group by using the t-test for independent selections. We have verified the effect of gender and group membership as well as the effect of age and group membership for the individual SPPC subscales using a Two-

way Analysis of Variance. Using parametric statistics enables the skewing of subscales.

Table 4 Comparison of average values of SPPC between groups

	Group	N	Mean	Std. Deviation	t-test	sign.
Scholastic Competence	child randomly selected	40	2,9046	,5154	**3,491**	**,001**
	child exposed to violence	40	2,4875	,5526		
Social Acceptance	child randomly selected	40	2,9604	,5243	**3,854**	**,000**
	child exposed to violence	40	2,5483	,4270		
Athletic Competence	child randomly selected	40	2,6667	,5391	,682	,497
	child exposed to violence	40	2,5858	,5212		
Physical Appearance	child randomly selected	40	3,1175	,6019	1,678	,097
	child exposed to violence	40	2,8825	,6497		
Behavioral Conduct	child randomly selected	40	2,7250	,5321	,355	,724
	child exposed to violence	40	2,6842	,4972		
Global SelfWorth	child randomly selected	40	3,1350	,4918	**2,552**	**,013**
	child exposed to violence	40	2,8542	,4924		

Note: where values were missing, the average score for the subscale was used.

In all SPPC subscales, the experimental group had lower average scores than the control group. In three of these, the differences between the two groups were statistically significant. These were the subscales Scholastic Competence, Social Acceptance and Global Self-Worth.

By using the Two-way Analysis of Variance, we tested the effects of gender and group membership within individual SPPC subscales but found no common effect of the independent variables. Similarly, we used the Two-way Analysis of Variance to measure the effect of membership in a group and a class at school (as an orientational indicator of age) on the individual SPPC subscales. A significant effect appeared here in the Scholastic Competence subscale (table 5) and reflects the interaction between the independent variables of group membership and school class membership. With increasing age, the difference in perceived scholastic competence between the group of children exposed to violence and the control group grew bigger (figure 1).

Table 5 Results of Analysis of Variance for group membership and school class membership as independent variables and for Scholastic Competence as a dependent variable.

Source of Variance	Sum of Squares	Df	F	sign.
Exposure	3,240	1	11,887	,001
Class	,240	2	,440	,646
Exposure * Class	1,870	2	**3,431**	**,038**
Error	20,173	74		
Total	607,239	80		

Note: N(4th grade) = 36; N(5th grade) = 36; N(6th grade) = 8
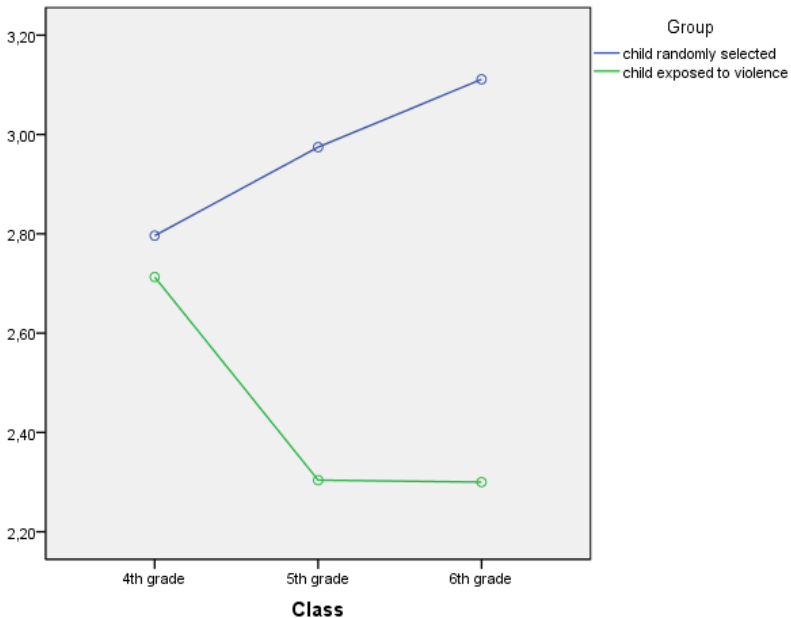

Figure 1 The interaction of the independent variables of group membershiíp and school class membership for the dependent variable of Scholastic Competence

We carried out a comparison of the observed groups on the basis of assessment made by the class teacher using TRS. In all subscales, lower scores were recorded for the group of children exposed to violence than for

the control group, with all differences between the groups being statistically significant (table 6).

Table 6 Comparison between groups of average values on the Teacher Rating Scale

	Group	N	Mean	Std. Deviation	t-test	sign.
Scholastic Competence	child randomly selected	39	3,3889	,7033	**5,313**	**,000**
	child exposed to violence	40	2,4750	,8196		
Social Acceptance	child randomly selected	39	3,5043	,7086	**5,011**	**,000**
	child exposed to violence	40	2,6333	,8297		
Athletic Competence	child randomly selected	39	3,1382	,7784	**2,632**	**,010**
	child exposed to violence	40	2,6583	,8077		
Physical Appearance	child randomly selected	39	3,7179	,7114	**3,741**	**,000**
	child exposed to violence	40	3,0500	,8658		
Behavioral Conduct	child randomly selected	39	3,4615	,7969	**4,372**	**,000**
	child exposed to violence	40	2,5583	1,0222		

Note: where values were missing, the average score for the subscale was used.

Given that the Slovak component of the research was part of a wider conceived international research project, we only publish here a comparison of the self-perception of children in the four countries which took part in this study. All countries except for Romania (which recorded no differences in any of the SPPC subscales), recorded differences between the compared groups, especially in the Scholastic Competence subscale.

Table 7: Comparison of differences (both significant and insignificant) between countries for individual SPPC subscales

	Slovakia	**Italy**	**Romania**	**Cyprus**
Sample (child randomly selected / child exposed to violence)	40/40	40/40	43/43	40/40
Scholastic Competence	Yes	Yes	No	Yes
Social Acceptance	Yes	No	No	No
Athletic Competence	No	No	No	No
Physical Appearance	No	No	No	Yes
Behavioral Conduct	No	No	No	Yes
Global SelfWorth	Yes	No	No	No

Note: Yes – a statistically significant difference between groups

Below there is also a comparison by country of the different groups made by their teachers (TRS) (table 8). A systematic effect for all countries was observed for the subscales of Scholastic Competence and Social Acceptance. Equally in all countries there was a difference recorded for the Behavioural Conduct subscale, though with Romania the difference was in the opposite direction, Romanian teachers assessing the behaviour of children exposed to violence more favourably than the behaviour of the control group.

Table 8 Comparison of differences (both significant and insignificant) between countries for individual TRS subscales

	Slovakia	**Italy**	**Romania**	**Cyprus**
Sample (child randomly selected / child exposed to violence)	40/40	40/40	43/43	40/40
Scholastic Competence	<u>Yes</u>	<u>Yes</u>	Yes	<u>Yes</u>
Social Acceptance	<u>Yes</u>	Yes	Yes	Yes
Athletic Competence	Yes	Yes	No	No
Physical Appearance	Yes	No	No	No
Behavioral Conduct	Yes	Yes	* Yes	Yes

* in this case children exposed to violence were judged to be better behaved than the control group

Discussion and conclusions

Research in the area of self-perception has many potential practical applications. The influence of the constructs of self-perception and self-esteem on the identity and self-regulation of a child is well known (Mruk, 2006); both these constructs are often associated with mental illnesses, mental health and negative affectivity. Equally they also form a key part in the quality of life, states and levels of experience and happiness, and are a basic element in human perception and motivation.

A consideration of the differences between the group of children exposed to domestic violence and the control group, where the lower incidence of undesirable effects is to be expected, can help us understand which elements of self-perception (if we can understand self-perception as a factor of resilience) are the most sensitive indicators of domestic violence. For this purpose we used the famous SPPC method, validation of its Slovak version preceding the research itself. The advantage of this method is that it enables us to break a child's self-perception down into various domains reflecting important areas in a child's self-evaluation. The method also

includes assessments of the child made by the teacher, which offer a different kind of information than that provided by the children themselves.

At present we know of no other research projects into the self-perception of children exposed to violence, or to violence inflicted on their mothers (which is a more precise specification for the experimental group in the sample). In our research we have compared children exposed to violence with a control group and found amongst them lower scores in all areas of self-perception, three of which are statistically significant. Children exposed to violence are perceived as being less competent in all areas related to school and performance at school (Scholastic Competence). This primarily applies to cognitive abilities but also reflects a deficit in the area of social relations (Social Acceptance). They feel less popular and accepted by their peers and think that they have fewer friends; in terms of the formation of a child's identity between the ages of 9 and 12, this is a high risk area. A third significant difference occurred in the structurally superior domain of global self-worth, which can be understood as the cumulative effect of differences in all subscales. Children from this group have lower self-esteem and feel more negative about themselves and life generally. Of the results given, the most interesting finding is the difference in scholastic competence between the two groups, a similar effect being observed in the other countries included in the study. Levels of scholastic competence are relatively easy to measure and use; in the school environment they can serve as helpful indicators of problems arising from domestic violence. Deterioration in this area can also indicate changes in the whole complex of aspects affecting a child's resilience. Differences in scholastic competence tend to become more pronounced as children go from one school year to another and, although this finding applies to children in their 4th to 6th class at primary school, we can probably assume that the trend of ever-increasing differences continues as they get older.

Analysis of TRS scales, where differences in all the evaluated areas were recorded, offers another type of interpretation. In these scales children exposed to violence scored significantly worse in all areas, a generalized valuation which probably reflects the pigeonholing effect by which children from this group acquire the label of being 'problem children'. This label has the tendency to stick and to interfere in various area of a child's life regardless of its root cause.

Differences between the teachers' evaluations in the countries can be observed in the areas of scholastic competence and social acceptance, where the difference between the research groups is most visible. One interesting finding is the pronounced difference between children from the compared groups in their behaviour (behavioural conduct). This is

observable in all four countries though is seen to work in reverse in Romania, where the children exposed to violence were judged to be better behaved than those from the control group.

In conclusion, we can state that our research findings indicate that there are differences in the area of self-perception between children who are victims of domestic violence and other children who are not and who make up the control group. These differences are most clearly manifested in the area of scholastic competence but are also visible in other elements of self-perception, as well as in an overall sense of one's own worth. Given the tender age of the respondents, a deficit in the area of self-perception is especially serious and can have many possible effects on their healthy development, as well as generally contributing to a lowering in their levels of resilience. At the same time, the observed difference is in an area which can quite easily be monitored and assessed by various experts including teachers, school psychologists and counsellors. A relatively quick and straightforward diagnosis/measurement can thus be of great help in making interventions of benefit to those children affected by the problem of domestic violence.

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Religion and resilience: a mother's religious coping mechanisms as a model for her child

Introduction

Intimate violence is rarely an isolated event; it is, rather, a complicated and long lasting cycle of aggression. For victims it is always an extremely stressful experience that they must cope with somehow. There are many factors that influence the character of our coping. As Pargament (1997) explains, "in the face of crisis, we are guided and grounded by an **orienting system**. The orienting system is a general way of viewing and dealing with the world. It consists of habits, values, relationships, general beliefs, and personality." (p. 99-100)

For believers (regardless of the particular religious system they belong to) **religion** is an integral part of the above-mentioned *orienting system*. In other words, religion and coping are related phenomena. According to Pargament (1997) "religion does not always play a key part in life's dramas, but neither has its role been eliminated or reduced to a bit part. In fact, religion often comes to center stage in critical situations. (...) Religious coping adds a unique dimension to the coping process. (...) We may be more likely to underestimate than overestimate the importance of religion in coping" (p. 161162,312).

When religion contributes to resilience

Drescher and Foy (1995) assert that individuals draw upon cultural and spiritual values to increase resilience. Benson et al (2005, p. 358) mention several processes by which religion and spirituality may promote resilience: (1) *attachment relationships* (e.g. relationship with the divine, prosocial mentors), (2) *social support* (e.g. prayers, visits, counselling), (3) *guidelines for conduct and moral values* (e.g. love, compassion, forgiveness, hope), (4) *personal growth and development, transformational opportunities* (e.g. prayer, values and rules, provision of meaning and philosophy of life).

However, religion and spirituality **do not automatically lead to resilience**. The foundation of resilience is the possession of selective strengths or assets to help an individual survive adversity (Richardson, 2002). Experiences show that religion can both strengthen the individual as

well as weaken his ability to cope successfully with the adversity. Pargament (1997) explains that depending on the character of the *orienting system*, "it may be a help or hindrance in the coping process, for orienting systems are made up not only of resources but of burdens as well" (p.100). Linking this reality to religion can be hard to understand. In this chapter we will try to explain this possible double effect of religion by pointing out those aspects of spirituality that seem to play a crucial role in the coping process of women exposed to a partner's violence.

While trying to understand the contradictory impact of religion on the coping strategies, we should keep in mind that violence in intimate relationships has many specifics that differentiate it from other kinds of traumatic events. It is one of those traumatic events that are caused by man, not by accident (e.g. equipment failure) or by nature. From the psychological point of view, the experiences most difficult to cope with are precisely those that involve human wickedness (Praško et al, 2003, p.23). It is very hard for us to reconcile ourselves with the reality that one human being can *deliberately* hurt another human being, especially one with whom we are in a close relationship with and hence responsible for. In addition, the offenders are often individuals who are otherwise respected citizens; they can have good relationships with other people around them, and they can have many positive personal characteristics. The reality of intimate violence can be simply unbelievable for other people around as well as for the victim herself. Other traumatic events are usually more visible and they are more quickly and clearly recognizable as dangerous events for which the victims need immediate assistance. Intimate violence is usually a taboo subject and imbued with a range of misunderstood values that contribute to its prolongation.

In such circumstances, the person exposed to intimate violence can be quite confused. Yet "effective functioning is said to rest on an **accurate appraisal of life situations**, one's personal and social resources, and the tasks necessary to maximize significance. Faulty appraisals, on the other hand, can be costly. After all, how can people anticipate and plan for the future if they fail to size up their situations and themselves with some degree of accuracy? The problem may be a failure to take a threatening situation seriously (...). It may be unwarranted confidence in one's abilities to solve a problem or just as unwarranted doubts about one's skills. Or, it may involve errors in judgment about the steps needed to resolve a crisis. (...) To put it another way, the road taken may be poorly suited to the weather or poorly suited to the condition of the traveller. On top of that, the road may not take the traveller where he or she wants to go" (Pargament, 1997, p.324). This is what we often see in cases of domestic violence –

while nobody affected by violence wants it to continue, it usually continues for years, multiplying its negative consequences.

The majority of women whom we interviewed during our research were believers, designating Christianity as the religion that shapes their lives. Although violence is generally considered a sin – something that should be avoided and if ever committed then eliminated – it became a part of the daily lives of these women. An expert in the field of psychology of religion and coping accurately remarks: "While religious groups have traditionally encouraged their members to take the "right road", they do not always succeed. In some instances, their members take a wrong turn. Whether religion is directly responsible for the wrong turn is not always easy to tell. Clearly, however, poorly integrated appraisals and coping methods can be wrapped in religious beliefs and practices" (Pargament, 1997, p.324-325).

As will be presented later in this chapter, the most problematic aspect of religion-related coping strategies of interviewed women, was the lack of **proper differentiation** regarding the meaning and practical execution of some religious values. Yet the differentiation is an extremely important one in the religious realm. "In fact, the first acts of creation, according to Judeo-Christian tradition, were acts of division. The separation of light from darkness, the division of water and land, and the days of creation that followed are successive differentiations. Religious traditions are vitally concerned about differences: how virtue differs from sin, what is sacred and what is profane, who is a member and who is not a member of the group, pathways to follow and pathways to avoid. Distinctions such as these are summarized in shorthand form through commandments, catechisms, and codes. But most religious groups do not stop there. Over centuries, religious leaders and sages have developed rich commentaries and theologies that elaborate further upon these basic distinctions. Killing is said to be generally wrong, but it may be justifiable in some situations. Even though marriage is a sacred covenant, the contract can, in some instances, be nullified or broken. Finer distinctions of this sort make the tradition relevant to a wider range of life demands. Many people, however, are not aware of the fine distinctions among beliefs, practices, and moral codes that are part of their faiths. What they know mostly about are the shorthand summaries. (...) Religious education often ends in adolescence, just when the young adult is developing the capacity to engage in and appreciate the more abstract, differentiated thinking of the tradition. What many people take from their religious education are the abbreviated guidelines for living and summaries of doctrine that cannot provide an adequate response to life's multiple challenges. (...) Those who lack a well-differentiated religious orienting system (...) appear to be vulnerable to major life stressors. (..) Simple

solutions to difficult problems, including religious ones, can make matters worse" (Pargament, 1997, p.342-343).

The life stories of interviewed women show that acquiring the ability of differentiation within the tangle of religious values contributes significantly to their ability to cope effectively with the violence they are exposed to. It often takes them years to reach this level of resilience, however. This is consistent with psychological findings that the orienting system is not static, but evolves and changes over time. "Through coping, resources are not only used, they are developed, burdens are not only taken on, they are lightened" (Pargament, 1997, p. 104). Thus **coping is a process**. In this context, Pargament (1997) describes four *methods of coping* (related to the conservation and transformation of means and ends):

1) *Preservation*. "Faced with life stress, our first route of action is almost automatic, we try to hold on to our world and the things we care about. To deny the reality of the threat, to call on others for emotional support, to persist in one's approach to living are some of the ways people try to preserve the means and ends of significance in hard times" (p.111).

2) *Reconstruction*. When old skills, habits, or beliefs are no longer sufficient to the search for significance, the individual attempts to change aspects of the orienting system. "The goal remains the same, but a new path is taken to reach it. This is the essence of reconstructive coping" (p.112).

3) *Re-valuation*. "When it becomes too difficult to attain significance, ends may need to be transformed and means conserved. (…) Re-valuation is generally a time-limited coping mechanism, for the attempt to find new goals is often followed by a change in the path to reach them" (p.112).

4) *Re-creation*. "When severe enough, the stresses of life can splinter both the pathways and destinations of significance." A person "learns that her old dreams and established approach to her world have been shattered. She must cope to create virtually a new way of life" (p.112-113).

Mother's religiosity as a model for her child

Whatever way of religious coping the woman victimized by partner violence uses, one should keep in mind that it serves as a model for the woman's child (or children). Parents, by communicating a worldview, can make religion/spirituality a part of their child's coping strategies (Roehlkepartain et al, 2005, p.366).

The idea that parents have the greatest impact on an individual's religious beliefs (Le ski, 1961) is not new. Current psychological findings affirm that since the early development of religiosity the crucial factor is identification with people who either believe or do not (especially parents) (Šatura, 1991). Faith and religion are not innate – they are acquired or learned. People start to acquire their religious beliefs during early childhood and mental development, comprising interiorization of values and philosophical beliefs from parents and the wider environment. A religious environment, narrower or wider, mediates their different religious views; they are initiated in religious rituals and integrated into religious society. They more or less automatically adopt religious faith during the formation of their identity (Halama et al, 2006, p.13). Sociological research into the religiosity of the Slovak population has confirmed findings of foreign researchers which show that the religiosity of parents has an important impact on the religiosity of their children (even later in their adulthood) (Matulník et al, 2008, p. 222).

According to Frielingsdorf (1990) the child in his vision of God follows a quite specific experience with its environment – with primary persons from whom it depends and to whom it is related. The parents of a child play the main role here. Especially significant is their attitude towards life, the meaning of life, a scale of values, an understanding of love, trust, hope, forgiveness, prayer etc. In this context we do believe that positive advancement within spirituality of mothers and subsequent changes in coping strategies can lead to a similar shift within a child's orienting system.

Some additional remarks to the research sample and method

The general description of the sample of Slovak women who were interviewed during our research project VI.C.T.I.M.S was already mentioned in the first chapter of this book. In relation to the context of this chapter we just need to add some important remarks about the research sample. All of the interviewed women came from the eastern part of Slovakia, which is characterized by a higher level of (Catholic) religiosity than the rest of our country (Brezák, 1996, Matulník et al, 2008). It was found that **higher religiosity** is connected to a higher tendency to rely on God's help (Matulník et al, 2008, p. 38, 41). In addition, sociological research findings show that women incline more towards religion than men do. Some psychological theories explain this phenomenon by suggesting that women have a stronger sense of guilt, as well as fear and existential anxiety and turn to religion in order to moderate these feelings. Another theory contends that women identify God with the male figure of their father; hence religion attracts women more than it attracts men. Another theory attributes this tendency to the different socialization of boys and girls, in which girls are led to kindness, submission, caring and to other values that are also stressed

within religion (Matulník et al, 2008, p. 41). According to Levitt (1995) the higher religiosity of women can be caused by their role in the upbringing of children. If religion is considered to have a positive effect on a child's upbringing, then women, who have a major responsibility for caring for children in the family, are naturally more involved in religious life and/or attend church to encourage their children's relationship to religion. These connections should be remembered when thinking about the interdependencies between the mother, her child and religion.

The description of the research method – semi-structured interviews – used in the early phase of the project in regard to women-mothers who were victims of spousal violence, also appeared in the first chapter of this book. What we should add here regarding this research method and data analysis is that if researchers observe the way lives are shaped in autobiographical interviews, they can see that the narratives of respondents contain various conceptions of "what is going on in life", i.e. responses to questions like: "what is good or right", "what is worth striving for". **Narratives** thus **substantiate** a certain **system of values and beliefs**; they reveal certain goals and justify or rationalize actions leading to these goals (McAdams, 1993, Gergen, 2005).

The crucial moments of the narration are troubles, sufferings, problems and crisis; in relation to them the person reveals her values and beliefs, her reasons and justifications related to responsibility and acting concerning troubles (Bruner, 1996). The narrative approach enables us to capture an important aspect of self, that is, its pluralistic and dialogic nature. The self consists of several "positions" and relevant "voices". Particular voices have their wishes, their intentions and their specific way of acting, their values and beliefs. These voices are in dialogue, arguing about what is really important in life (Hermans, 1993). Through personal interviews "researchers can gain fresh insights into human dilemmas, human struggles, and human triumphs, as well as greater appreciation for how values and beliefs are acquired, shaped, held onto, experienced, and understood over time." According to Atkinson (1998) this qualitative research method "can explain (...) experience through the moral, ethical, or social context of a given situation. (...) It **portrays religion and spirituality as a lived experience**. (...) In the description of the key experiences of a lifetime (...) we get personal definitions of what it means to be caught in a moral struggle, what it is like to succeed or fail (...). Perhaps the aspect that most distinguished this approach from others is that it keeps the presentation of the life story in the words of the person telling the story. (...) There is no stronger, clearer statement of how the person sees and understands his or her own life than his or her own narrative of it. (...) If we want to know the unique experience and perspective of an individual, there is no better way to

get this than in a person's own voice." Segments of a personal narrative "could be used as data for analysis or interpretation purposes or to illustrate any number of theoretical positions. (...) A group of life stories could lead us to generalizing or maybe even building a theory of how people see their own lives, or of what is important to people."

In the following paragraphs we present eleven spiritual / **religious** factors (influencing women's attitudes towards violence and subsequent life **coping strategies**) as they have been recognized during the analysis of the life stories of interviewed women. Each factor is manifested through examples consisting of the authentic words of women and supplemented by a short description of the differentiated meaning related to the relevant value.

Which religious values and beliefs influence coping strategies of victimized women?

It seems that the most influential religious/spiritual factor leading to prolongation of intimate violence is a rigid "**understanding of the marriage vow"**:

- One woman simply stated: *For me, the very first reason for remaining in this absurd marriage was the vow before the altar.*
- Another woman expressed it like this: *I used to tell myself "I do not want to divorce; I want to help him because I have sworn to him". But then you ask yourself: "What is the greater sin - to destroy the child, or to try to help someone who does not want help?" – I have not decided to divorce yet, something prevents me from doing so – I always try to give a helping hand…*
- Another woman commented: *After our divorce, when I shared with my mother and my sister what I experienced while living with him, they told me "Why didn't you divorce earlier?" I do not know. I married in church. It was sacred for me – that marriage – in good as well as in bad – as the vows say…Divorce never came to my mind.*
- The issue of the vow is inherent also in this narrative: *I had not addressed violence committed on myself for a long time – I would say that was because of faith. I thought that if I have once married him, I am to suffer whatever - as it is said "in good and bad"… Only later I realized that when evil comes, the two should bear it together, and not so that a woman has to suffer, die, because of "in good and bad"?!*
- A similar motive can be seen in the words of another woman: *I didn't know how to end it - just because I married in church. As a Christian I thought that I can't divorce, that I have to endure it, that I have no other way than to live with him just because I once chose him.*

- Another example of the marriage vow as a factor: *I always prayed and cried. I did not want to divorce just because we had a wedding in the church. I always told myself that I am a believer – until it was no longer endurable. Luckily I met a good priest who never condemned me, who supported me, and advised me to apply for an annulment of the marriage.*
- The last example is a little strange – it is a narrative of an abused woman who sees her experiences through the lens of denial: *Divorce is a sin – as it is said "in good and in bad, we vowed". But there are woman who are beaten, or their spouse is an alcoholic… The woman and children have nothing from such situation. Then the divorce is not a sin, I think.*

As the content of the narratives allows us to suspect, these women had the knowledge that in the Catholic Church marriage is understood as an irrevocable contract. However, it seems that they have no idea about the fact that Church (Canon) law recognizes several conditions that have to be fulfilled if the sacrament of marriage is to be valid. In connection with this, aggressive behaviour could be related to psychological immaturity or serious psychological disorders and may cause the marriage to become invalidated. A woman may ask the Church court to investigate the validity of her marriage. In addition, even if the church court confirms the validity of a particular marriage, there is still a possibility of a legitimate separation from a violent partner. According to canon 1153 §1 "A spouse who occasions grave danger of soul or body to the other or to the children, or otherwise makes the common life unduly difficult, provides the other spouse with a reason to leave, either by a decree of the local Ordinary or, if there is danger in delay, even on his or her own authority" (Codex Iuris Canonici). So the Catholic Church acknowledges that if one's spouse is guilty of the grave offenses described above, the family suffers much. If separation is the only way to remain safe, being separated is better than remaining in serious danger. Moreover, the Catholic Church admits that "if civil divorce remains the only possible way of ensuring certain legal rights, the care of the children, or the protection of inheritance, it can be tolerated and does not constitute a moral offense" (Catechism, # 2383).

The second religious/spiritual factor is very much connected to the first one. We have entitled it "**anxiety resulting from being cut off from the sacraments".** For women who live active Christian lives, including going to sacraments (especially the Eucharist and Confession), divorce is understood as a huge threat because they think they lose the right to receive these sacraments.

- One woman expressed this in the following words: *I waited with the divorce because I worried that I would not be allowed to receive the sacraments.*
- Another woman said: *I gave up the thought of divorce. I could not imagine it otherwise; I did not even know that I can sometimes go to the Eucharist, that it is possible to solve it somehow.*

Although objectively an annulment of marriage, legitimate separation (while keeping marriage bond) or involuntary civil divorce does not rob the person automatically of access to the sacraments, the life stories of interviewed women show that subjective misunderstanding can lead to such a coping strategy that contributes to prolongation of violence.

As a third religious factor we identified **"understanding of suffering and sacrifice"**:

- This factor can be discerned in the following words of one woman: *I thought that I would never get out of it; that it had to be like it was, that I was to suffer and suffer and the children likewise. All the time I was hiding his shortcomings while I suffered enormously...*
- Another woman said: *From a religious point of view, what kept me in the marriage was that as an obedient wife I should endure everything, including all marital obligations towards my husband, endure even violence towards myself. I believed that I must be unselfish, self-sacrificing.*
- The understanding of suffering as a somehow positive strategy can be seen in the narrative of this woman: *I think no woman will go against her husband until it reaches the level of "boiling over", till then the woman will rather endure everything, patiently suffer... for the sake of the family, so the family goes on further... Until the "mug" overflows ... Sometimes it's too late, sometimes not.*
- The implicit assumption that the believer should be willing to suffer is covered in the next narrative: *If I were a "total" believer, I would not be able to divorce - because I would take it that one should not break up the family in any case, even to end suffering. My mom is a believer and she used to say that I should endure, suffer. Also my father was against my intention to divorce – he thought that the woman is to suffer, that anything can be survived, overcome... But I told them that it was already impossible to withstand.*
- One more example that illustrates how understanding of suffering can trouble a woman: *I thought that I should endure it, bear it... However it has already been such a stress that I could not, it was unbearable. Only later I found relief by saying to myself that God sees it all and understands.*

These narratives demonstrate how easily misunderstood values can lead to prolongation of violence. In order to avoid becoming accomplices to violence and abuse in the name of the noblest values which Christianity has brought to the world, we must distinguish between the types of suffering and sacrifices that people can undergo. In religious rhetoric Jesus's suffering is commonly presented as a model for all suffering; all suffering is usually promoted as redemptive, without distinguishing voluntary from involuntary suffering. However, there is a significant difference between these two. Voluntary suffering refers to the situations when someone in an effort to achieve a good goal knowingly exposes him/herself to the risk of suffering. This applies to all those who courageously stand on the side of truth and justice, despite the possibility that their opponents might attack them. They elect this difficult route in the hopes of changing a single unfair situation or a whole structure of oppression – and not because they consider suffering as redemptive in itself. Suffering caused to them by their opponents is inexcusable but voluntary. For example, martyrs and human rights activists have undergone such suffering and their sacrifice really deserves respect. Unlike voluntary suffering, involuntary suffering is not consciously chosen and never serves truth, justice or any other good; on the contrary, it has a far-reaching destructive impact. Such suffering characterizes victims of domestic violence. Involuntary suffering can sometimes lead to voluntary suffering if the victim mobilizes herself to protect her rights or the rights of others (e.g. children) and does so even at the risk of misunderstanding and opposition from others. However, such mobilization is rarely possible without the help of others (Fortune, 1991, 1989, Richmond, 1988, Brock and Parker, 2001). Many believers need to be aware that when it comes to suffering, we have to be really careful and honestly examine who and what we support (by suffering); what at first glance looks like something from God may often be an excellent masking of various forms of evil.

The fourth factor that we identified is connected to the previous one. We entitled it **"understanding of obedience"**:

- One woman's strategy toward a violent partner was: *I tried not to provoke him with anything I said or did. I also taught the children to be obedient; I tried to keep peace and soothe him, but it has not worked.*
- Another woman tersely commented on her strategy: *I have always retreated. I have always been so obedient.*

The life stories of interviewed women show that the vicious circle of victims´ obedience toward perpetrators is often saturated by the image of Christ who became "obedient unto death". "Obedience as well as disobedience is understood variously and explained differently. Acceptance of a higher will is always going on. However, the meaning and way of this acceptance can

vary widely. So there is blind obedience and also reluctant, and thus forced, obedience... The roots of obedience and disobedience are always (...) freedom" (Wojtyła, 1981, p. 87-90, 124). With the victimized person, manipulated by the authority of the offender, we can barely talk about freedom. Such a person needs assistance in discerning that sin represents a limit to what one would be willing to accept. Violence should never be accepted or tolerated.

The fifth spiritual factor seems to be **"understanding of forgiveness"**. This factor is demonstrated in such statements as follows:

- *I blame myself that I was too tolerant, too forgiving. One should not be too tolerant. I "swallowed" a lot of things, and also forgave a lot. But certain things are already over the limit - and cannot be tolerated.*
- *Forgiveness was a religious imperative for me. I thought I must forgive - because Jesus commanded us to forgive, not once but seventy-seven times. – Now I know one is to forgive – yes, but not tolerate such senseless things. Now I see those religious values in a more sober way.*

The issue of forgiveness also requires clarification. There is a huge tendency to replace forgiveness with remission. One can remit little things, everyday little mistakes or incidents which are morally indifferent (e.g. when somebody steps on my foot unintentionally). However, to remit a crime would mean that nothing has happened, or nothing that bad. Such a remission would express that the immoral action was in fact not immoral, that violence or abuse were not in fact violence or abuse. Remission would lead to tolerating or accepting moral evil. Remission would not only ignore injustice but also minimize the damage caused. But only at the expense of self-deception is it possible to think that everything is OK. Real forgiveness clearly recognizes and names evil as well as the gravity/severity of the hurt and the extent of the damage caused (Tutu, 2005, Fortune, 1998, Arms, 2002). Victims also need to realize that forgiveness does not exclude punishing the offender. Victims are uselessly confused by the request to forgive if they do not know that there is no contradiction between forgiveness and letting the offender bear responsibility for his deeds – even though this would mean reporting him and then seeking a conviction, sentencing and the consequent probation conditions. The punishment expresses the fact that violence and abuse cannot be tolerated. The punishment also serves as a warning not to repeat the crime ever again; so it is a kind of challenge to repentance. From the spiritual point of view punishment is even a form of mercy – as it rises out of interest in the good of the offender's soul which would like to turn away from being led into hell (see Rev 3:19; 2 Cor 7:8-10 or James 5:19). In addition, it is necessary to

make the distinction between forgiveness and reconciliation. Forgiveness is an activity that takes place on the side of the victim as an inner process, the fruit of which can be eventually expressed outwardly but which does not depend on the repentance of the offender (only if in the sense that it can make it easier or more difficult). Reconciliation, on the contrary, requires the active involvement of both sides – but primarily the side of the offender because it essentially depends on his repentance. Without sincere repentance the offender cannot receive the gift of forgiveness in a valid and effective way, nor can he reach reconciliation in the relationship with the victim or even with God (Karkošková, 2013). This principle is clearly shown in the biblical parable about the prodigal son (see Luke 15:18-20).

A special spiritual factor is **"love" or "love of one's neighbor"**. Love can be understood and lived out in many ways, including those that contribute toward prolonging of violence.

- One woman simply stated: *Everyone feels something toward his/her partner. And a relationship develops. Love is blind... As long as I loved him, I was not able to separate from him.*
- Another woman described her love like this: *I have tried to see that the children do not feel hatred. During those years, while I was "suffocating", while he oppressed me, destroyed me, I still called him only "daddy". Till the last moment he had breakfast at the table, I tried to behave as if everything were normal. I tried not to instill hatred in the children... Now I think that I was not doing well then because the impact it had on the kids is that they have no self-esteem.*
- A "love strategy" can also be seen in the following response to the question 'How did you react to violence?': *I started goodness, with nice words, with love - I thought that by this I would change something. But nothing has changed. I have found out that such an attitude toward this kind of man is useless.*

These narratives urge us to note that many believers tend to replace love with naivety. Their kindness – understood as avoiding anything which could be interpreted as causing difficult or uncomfortable feelings – lacks redemptive quality. They probably assume that such "love" has the power to activate repentance within the perpetrator's heart. However, for perpetrators of violence this is an entirely deceptive and ineffective strategy. The longer the cycle of violence lasts, the more it resists changing; while the consequences for the victims only deepen (Brown and Parker, 1989, Brock and Parker, 2001). Seeking change requires an active confrontation of wrongdoing and the subsequent treatment (of the perpetrator), which does not come under the competence (and responsibility) of the victims. Whenever we think of the Christian commandment to *love one's neighbor*,

we should keep in mind that it is inseparably connected to the commandment to *love oneself*. According to the Catechism of the Catholic Church (# 2264), "love for oneself remains a fundamental principle of morality". Victims of violence often lack this important part of love that enables one to actively protect one's legitimate rights and universal values that focus on keeping life and health. From the victims' point of view, love and pain are understood as synonyms, so they do not resort to examining the nature of the pain. Although it is said that *love is painful*, it does not mean that love has to be performed in a masochistic way. It rather means that love is not always "sweet" and painless, e.g. in medicine, there are procedures that can be uncomfortable for the patient; however, a doctor's reluctance to use such procedures could jeopardize the patient's recovery. Likewise, love for an aggressor requires acts that may be perceived by him as uncomfortable. A kind attitude towards a perpetrator of violence that opens the door to a perpetuation of violence has nothing to do with real Christian love. The Catechism (# 2265) teaches: "Legitimate defense can be not only a right but a grave duty for one who is responsible for the lives of others. The defense of the common good requires that an unjust aggressor be rendered unable to cause harm."

An **"effort to keep the family together"** has been recognized as the next important spiritual factor. It occurs in the narratives of many women:

- *Family - for me it was a sacred value. In order to survive it all I was looking for strength in prayers, only faith kept me going.*
- *I did not complain to anyone, I wanted to keep the family together.*
- *I used to be quiet and just waited until he sobered up. I did not want a divorce; I wanted to preserve the family for our daughter. And he actually also did not want to divorce.*
- *I allowed the violence because I wanted to protect the children. I told myself I will not divorce – perhaps the situation will improve. I did not want my children to grow up in an incomplete family. People then used to understand it in this way. So you look at children and want to save the family. One just protects the family in order to keep it together.*
- One woman commented on leaving her husband and her coming back with these words: *I do not know why I came back – I probably wanted to save the marriage for the kids. Daddy does nothing bad to them, he loves them. I know that nowadays there are a lot of divorces - but I still want to save the marriage.*
- *Before I underwent the step toward divorce, I thought over many things and I contemplated for a very long time until I finally did it - I was always saying to myself that because of the children I could not divorce... But later, after the divorce, after surviving all that, I have found out that because of the children I should have divorced*

> *sooner... They witnessed all that and in fact they begged me, "Mummy, get a divorce!"*

In connection to *an effort to keep the family together*, we would like to point to the following statement of the Catechism of the Catholic Church (# 2223): "Parents have a grave responsibility to give a good example to their children". Violent behaviour as well as a passive attitude toward violent behaviour is surely not a good example. In the life stories of victimized woman-mothers one can notice that children's desperate pleading to be separated from the father serves as an indication of what is wrong or right in such a situation. The majority of women commented that they always thought their decision to stay with their violent partner was for the good of their children, until the children themselves expressed that they experienced it differently. Keeping the family together should not be regarded as a higher value than protecting children from a permanent bad example.

The eighth spiritual factor that we discovered can be entitled as **"hope within prayer"**.

- This factor can be seen in a narrative like this: *Sometimes I prayed and God helped me – my husband did not drink, but it was always just for a little while. Then I said: "God I do not want it just for a while, I want it forever". Now my faith has changed, I do not look for miracles through prayer.*
- Another woman commented regarding prayer: *When one gets into trouble, s/he just asks God for help. Prayer calmed me down.*

The issue of *prayer* also requires some clarifying remarks. Although prayer is generally considered as something good, something that can be an important source of support, there are kinds of prayer that are not really helpful, especially praying in a compulsive manner: this is one of the signs of religious addiction. Such prayer serves as a drug which causes pleasant feelings and thus serves as an escape from unpleasant reality. It offers a feeling of control and safety but it also contributes to an avoidance of responsibility in a sense – I give my troubles to God in prayer, so God will fix things (Booth, 1991). According to Pargament (1997) "religious forms of coping that involve prayer (...) are often helpful to people in times of stress. Difficulties arise however, when religious resources are used to the exclusion of other resources in coping. Like religious explanations that leave no room for other interpretations, religious solutions to problems that allow for no other solutions may lead to serious trouble, particularly in situations that are, in some sense, controllable. Some problems cannot be solved by prayer alone, they require other tools as well" (p.328). As Johnson (1959) wrote: "Prayer does not work as a substitute for a steel chisel or the wing of an airplane. It does not replace muscular action in walking or faithful study in

meeting an examination. These are not the proper uses of prayer. But prayer may help to calm the nerves when one is using a chisel in bone surgery or bringing the airplane to a landing. Prayer may guide one in choosing a destination to walk toward, and strengthen one's purpose to prepare thoroughly for an examination" (p.142-143). Pargament (1997) concludes that "to rely exclusively on religious resources in circumstances that require some degree of human initiative represents an error of religious control, or religious overcontrol, to be more specific. (...) The attempt to take personal control over events that are uncontrollable may be as dysfunctional as the deferral of control to God when the problem can be resolved through personal action. (...) When religious resources are not properly coordinated with the situation and with other resources, the coping process begins to disintegrate" [14] (p.329-330).

As the ninth spiritual factor we identified **"faith in destiny /or in God's plan (test)"**. To realize how this factor can contribute to family tragedies is really startling. Let's look at the following narratives:

- *But I think that everyone has their own fate – what has to happen will happen indeed. Why did I find such a husband as I found? It had to be so. I don't know why.*
- *For a long time I have not been seeking help anywhere, I did not even speak about it to my mother. I thought that maybe it has to be so, that perhaps I deserve it. I did not want to complain.*
- *I perceived it as God testing me somehow – I have experienced a lot of love in my family, while he came from a family where he did not experience anything of love, any normal family life... Maybe I should have changed him with love. Perhaps it is my fault that I did not manage to transform him into another person.*

It seems that many interviewed women perceived the adversity in their life as a part of a bigger plan, as something just, a kind of lesson to be learned or a kind of deserved punishment. In this regard Christian theologians (e.g. Fortune, 1991, 1989, Richmond, 1988, Kushner, 1996, Brock and Parker, 2001, Mesle, 2004, Gross and Kuschel, 2005) stress that sin and crime are never planned by God, nor are they in accordance with God's will. Scripture says that God "hath commanded no man to do wickedly, and he hath given no man license to sin" (Sirach 15:20). God has determined to give humans freedom and wants them to freely choose and act according to what is good. We should not think that God's will is the will of someone who chooses to act in a way that harms others. Moreover, God's plans cannot be

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[14] The Serenity Prayer, recited by members of 12-Step groups for many years, makes the same point, only more eloquently: "God, grant me the serenity to accept the things that I cannot change, the courage to change the things I can, and the wisdom to know the difference".

understood as if someone is designed or chosen in advance to become a victim of crime. It is the offender who selects the target of his perversion. If we perceive life's tragedies as tests on us we must be careful so that in our statements God does not appear to be the author of these tragedies. We should never assume that crimes and the resulting traumatic consequences are somehow organized by God. Perceiving suffering resulting from crime as a part of God's will creates the impression that evil is only apparent, relative, and not really bad. Thus we deny the profound truth that there are bad things that cannot be tolerated and that we are called to do what it is within our power to do in order to change unjust situations that endanger health and life. "Errors of religious explanation point the finger of blame for negative life events to punitive deities, other people, or oneself. Other important roots to crises in living are overlooked. The result may be the victimization of people already struggling with misfortune. (...) Misperceptions of the cause of problems (...) interfere with solutions to problems. Failing to explain the negative situation accurately, the individual may also fail to identify the most appropriate resources for coping with the problem" (Pargament, 1997, p.328).

The tenth spiritual factor is similar to the previous one. We entitled it **"faith in supernatural justice"**. Some women can stay passive and may simply rely on the hope that things will be solved by some higher order. Here is one example of this strategy:

  • *I used to say to him that someday he would have to face if not the law, then the hand of God.*

In order to illuminate the issue of divine justice, few remarks are needed. According to Christian teaching God is just and almighty. One can be easily disappointed if one expects supernatural interventions that would change an unjust situation, and seemingly nothing happens. However, it is important to realize that God generally does not intervene directly into our earthly tragedies, and yet he is not helpless or indifferent. While we all would like immediate and noticeable interventions from "above" which would save us from making any effort, God usually manifests his power otherwise. God gave great potential to human beings so that they would be able to deal with human evil. God arouses within victims the courage to seek help and change their miserable life conditions. God's creative and renewing power helps so that in the right conditions victims can recover. It is a manifestation of God if victims feel righteous anger and a desire for the offender to repent or to open the eyes of those who blindly take the part of the offender. The potential power of God is present in all those people who are somehow close to victims: they could be the victim's relatives, friends, colleagues or neighbors. God's voice is screaming in the conscience of witnesses, challenging them to confront evil and not be cowardly if the victim needs to

be protected and accompanied on her journey towards safety and recovery. And, last but not least, God's empathy is present in the hearts of people who choose demanding professions in the field of crime prevention and intervention. Christians believe that God's power will be fully and finally evident in eternity, while in this earthly time it is often hidden in human opportunities (Fortune, 1989, Kushner, 1996, Rogers, 2002, Yancey, 2004).

As the last spiritual factor we rank **"reliance on the opinion of a priest".** The following narratives illustrate that religious authorities are often very influential; many dedicated believers simply follow their advice:

- *When you share your suffering with priests, they say "hang on". And you try your best to fulfill it. You are trying again and again. And only when you are totally exhausted do you dare to question: But for how long do I have to endure it? It is not possible forever. Not because of me, but because of the kids...*
- *Initially it used to happen quite often that the priest told me that I cannot divorce, leave my husband. So I kept living with my violent partner. Much later when I told the priest about my husband's infidelity the priest responded: "What do you want to do about it? Do you want to leave him? And stay alone with four children?" The message I understood was that leaving is not a good idea, while staying is a proper option.*
- *After the divorce one priest advised me to start living together with my husband again, that I must do so. So I've tried. My husband promised me that he had changed. But after a few days I said "enough". He had not changed at all, he was even worse than before. I would rather be alone because he would destroy me. Perhaps it is not a Christian way of thinking.*

Regarding the eleventh factor perhaps it is enough to add that the Church, of which priests are members, is a divine-human institution. The whole church (clergy and laity) is called to holiness and perfection but is not perfect yet. God offers his grace but this grace builds on human nature. Priests are not immune to the myths in which intimate violence and abuse are often shrouded. Some of their opinions are simply their own and do not represent the teachings of the Church.

We assume that the eleven spiritual and religious factors presented above are mutually connected and strengthen each other. In the lives of these interviewed women some factors were dominant, while others created the background. Nevertheless, the majority of these factors have been present in the story of each interviewed woman. In narratives where these factors were not named explicitly, the women's actions and attitudes related to violence suggest that these factors are implicitly present.

Implications of research findings

The impact of religion is related to the kind of religion one is talking about, the person who is doing 'religious coping' and the situation the person is coping with. "Depending on the interplay among these variables, religion can be helpful, harmful, or irrelevant to the coping process" (Pargament, 1997, p.312). The results of our research indicate that in such extremely stressful circumstances, victims of spousal violence tend to turn to religion as a part of their coping strategy. Our results also support the notion that the impact of religion is determined by the content of individual beliefs (interpretations of certain values inherent in a particular religion).

It has to be stressed that each woman-mother we interviewed tried to cope with her victimization in whatever ways she could. Each one relied on certain values that are highly valued (if not considered essential) in Christian culture. These women had a good purpose. No one thought their coping strategy was unethical, causing further harm or supporting violence. Only much later, often after years of living with a violent partner, did these women start to suspect that perhaps the essence of the values they relied on were somewhat very different.

It seems that women who are victimized by a partner's violence and at the same time identify themselves as Christians are often in confusion about the meaning of certain Christian values. Subjective explanations of these values or passive acceptance of superficial explanations that are widespread in the Christian community can contribute to the prolongation of violence. The movement from ineffective or even dangerous coping strategies toward effective ones may need careful monitoring and **guidance from professionals**, especially social workers (focusing on prevention of family violence and issues of child protection), pastoral workers (priests, pastors and counsellors) and experts on mental-health. We suggest that providing professional assistance to women victimized by spousal violence who also declare themselves as Christians, should focus on four domains: (1) accurate appraisal of life situations, (2) proper differentiation regarding the meaning and practical execution of some religious value, (3) evaluation of the quality of coping strategies and (4) provision of social support.

In regard to the accurate appraisal of life situations it should be noted that nearly all the women in our survey suggested that their partnerships were dysfunctional from the beginning. Nevertheless, they were not able to deal with them effectively for many years. Experts on the phenomenon of a partner's violence unanimously state that intimate violence is a behavioural pattern that will not disappear by itself. Professional intervention is needed

as soon as one notices the signs of repeated violent behaviour. Without effective intervention the risk of negative consequences is huge. Having relevant information on the character of violence in intimate relationships, as well as on its long-term consequences on primary and secondary victims, is crucial in choosing an effective coping strategy.

The way of differentiating some religious values has been outlined after each set of narratives listed above. Professionals can find further inspiration in the texts of theologians who deal with the issue of suffering caused by victimization. If they feel the area of religion and spirituality exceeds their professional competence, they can look for cooperation with pastoral workers who are familiar enough with the issue of family violence.

For evaluating the quality of coping there are two evaluative approaches: the outcome approach and the process approach (Folkman, 1992). The *outcome approach* is pragmatic. The quality of coping is distinguished according to positive or negative results. Identifying what works and what does not, however, is (for many reasons) a complicated task, e.g.: "Some coping approaches may be helpful in the short-term, but problematic in the long-run. (...) On the other hand, some methods of coping may be associated with immediate discomfort, but long-term gains. (...) The end-results of coping are not necessarily all good or all bad" (Pargament, 1997, p.121). In addition, although some coping methods are generally more helpful to many people and across many more situations than others, "no single method of coping in and of itself is likely to hold the key to success" (Pargament, 1997, p.123). According to the *process approach* an effective coping process is one that is well integrated. "Each of the parts meshes appropriately with the others, and the system operates in a coordinated fashion. The ineffective coping process is poorly integrated. The elements of coping become disentangled or out-of-alignment, and the system itself loses its balance" (Pargament, 1997, p.124). When one is to assist victimized women in evaluating their coping strategies, we suggest focusing attention on the long-term consequences of victimization. In this regard we cannot perhaps omit the most touching message we have heard again and again while interviewing victimized women: Each interviewed woman stated how she regretted that she did not look for help or find the courage to divorce much earlier, when the violence started to occur. What troubles these women most is not only the fact that their lives, their psychological self and often also their body have been devastated, but especially the fact that their children suffered pointlessly and that they now have to bear the consequences. When applying a process approach we suggest keeping in mind that when religious resources are not properly coordinated with the situation and with other resources, the coping process begins to disintegrate. For victims of violence the most dangerous religious attitude is

passivity, nourished as it is by the faith that God will fix the problem. On the contrary, research shows that perception of God as a partner in the coping process is associated with positive outcomes (Pargament et al, 1988).

Providing social support to victimized women who are surrounded by believers with superficial, yet rigid explanations of crucial Christian values, can be extremely beneficial. When victimized women make qualitative shifts within their religiosity and spirituality – shifts that enable them to take steps needed for the effective solution of their life situation – they can easily fall into conflict with other members of the religious community. As Pargament (1997) eloquently describes: "There are times (...) when people fall out of harmony with their groups, when individual purposes and methods for dealing with the world clash with those prescribed by social systems. (...) What we would like from our social system in terms of coping assistance may conflict with what the social system is willing and able to provide. (...) Religious social systems can run counter to where the individual wants to go and how he or she wants to get there. (...) Tension and dissatisfaction often accompany a lack of fit between the individual and his or her religious system" (p.335-337). According to Rosenberg (1962) "there is a real likelihood that one will feel different when in a dissonant social context, and this sense of difference may lead the individual to question himself, doubt himself, wonder whether he is unworthy" (p.9). That is why assisting victimized women in looking for new sources of social support is of such paramount importance. These women can perhaps find encouragement from the thoughts of Pope Benedict XVI who explains the seemingly contradictory statement of Jesus: "Do you think I come to give peace to earth? No, I tell you, but division (Lk: 12: 51)". According to the Pope "these words of Christ mean that the peace that he has brought us, is not synonymous with the absence of conflict. Conversely, Jesus's peace is the fruit of continuous struggle with evil. Therefore, those who want to follow Jesus through an uncompromising pursuit of truth will, against their will, become a symbol of division between people, even in their own families" (Benedict XVI, 2007).

With reference to trauma, the survivor often has to come to terms with the fact that the world can be unsafe, unjust, unpredictable and without meaning. A healthy spiritual approach can be helpful in restoring hope, and acquiring a more balanced view about justice and injustice, safety and danger, good and evil (Drescher and Foy, 1995). May the content of this chapter help victims of intimate violence to build up healthy religiosity and resilience and inspire members of the helping professions in their efforts to assist victims in their struggles against violence and ineffective coping strategies.

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Fatherhood as a factor in a child's positive development: father and child in the narratives of abused women

Introduction

Research from as far back as the 1950s indicated a connection between the empathy of children and the presence of a father in the family. Koestner et al. (1990) even claimed that a person's level of empathy in adulthood was greatly influenced by their early childhood interaction both with their mother but especially with their father. Other researchers, for instance, Lamb (1977), argued that a source of positive input for a child is not so much the father's actual presence but the state in which both parents have a deep emotional attachment to their children, and family life forms an important part of their life. Santrock (1975) examined the moral convictions of children and made an interesting finding that boys with fathers who are present and involved in their lives perform better in tests of maturity and are morally more mature. In another study where the aim was to determine the connection between a father's presence and the development of a conscience in boys and girls, the following areas were researched: the feeling of guilt after wrongdoing, acceptance of criticism or chastisement for inappropriate behaviour, and obedience of rules and internalized moral norms. Hoffman (1971) discovered that boys who greatly identify with their fathers are much more likely to identify with and keep to moral norms and rules whereas those boys without fathers scored lower in all the selected areas of conscience. Despite the fact that this connection was not statistically significant with girls as well, the study still contributed to the clarification of the father's role in a child's development.

Responsibility and helplessness

Biller (in Dietrich, 1989) found a correlation between the locus of control and the positive presence of a father. The author researched differences between children with loving, caring and involved fathers and children who had not received such paternal care. He discovered that the amount of affection a father shows his children is an important predictor of internal control localization; thus children with an involved father had the tendency to be aware of their limitations, had a conviction that they could influence the world around them and took greater responsibility for their own actions.

Delinquency

Warshak (1996) addresses how the absence of a father in a family can play a part in the delinquency of children. He states that a hard and insensitive upbringing from the father's side can lead to a low level of frustration tolerance, and to impulsiveness and aggressive behaviour in boys. The author illustrates that if the father is a negative model, he teaches his children inappropriate behaviour. Of course, however, such an upbringing need not automatically lead to antisocial development in the child because the mother is also a key factor, as is the wider family background, both of which can greatly strengthen the resistance of the child.

Social relationships

As we have stated, the presence and above all the quality of interaction between child and father influence the developing personality of the child. The following studies show how interaction with their father can influence the future key relationships in the life of a child (choice of partner and family life). Biller and Salter (in Dietrich, 1989) argue that the ability of a female to build up an emotional attachment to a partner at the start of her adolescence increases if she has had a positive and strong relationship with her father. The authors also show how through positive experiences with their fathers, boys gain confidence in their own abilities and acquire a stronger masculine identity while girls are more confident of being attractive and capable in the eyes of other men. The given facts about the role of the father in the family should be interpreted with emphasis on fathers who act positively. In no case does the principle apply that any father is better than no father; the devastating effects of physical or psychological abuse on the development of a child, whether the perpetrator is the father or the mother, are described here.

If we summarize these findings, it is clear that the presence of a father in the family is a key factor in the positive psychological development of a child. This chapter summarizes the results of the Daphne III. project, DAPHNE III JLS/2008/CFP/DAP/2008-1 (Slovak perspective) with emphasis placed on the figure of the father in the women's narratives.

The Research Problem and the Aim of the Research

The primary aim of the study[15] was to clarify ways in which mothers talk about violence committed on them as well as to record in the interviews with mothers their convictions and interpretations of their partners' violence, to identify the child in the mothers' narratives and to determine the expected effect of such violence on the child (on their personality, school performance, behaviour at home and amongst peers). At the same time, the aim was also to clarify the image of the father in the family, specifically how the woman presents her husband in the interview and what she sees as the reasons for his aggressive behaviour. We concentrated on the assumed relationship of children to both their parents from the mother's point of view and on gender differences in children in terms of their reaction to their father's violent behaviour.

In accordance with the aims of our research we have analysed the following thematic areas:
    1. The father in the mother's narratives
        1.1. The character of the father
        1.2. The father's reactions to children being present during domestic violence
    2. The reasons for their partner's aggressive behaviour in the eyes of the women
    3. Children in their mother's eyes
        3.1. The children's reactions to exposure to violence
        3.2. The child's self-esteem
        3.3. The child and school
        3.4. Social contacts
        3.5. The children's feelings towards their mother
        3.6. The children's feelings towards their father
        3.7. Aggressive behaviour from the child
        3.8. The children's interests
        3.9. The effect of domestic violence on the child
        3.10. Differences in reactions between sons and daughters

Selected results presented according to the key themes of the interview:
    1. The father in the mothers' narratives
    1.1. The character of the father

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[15] The study methodology (choice of sample, description of method and validation of findings) is described in the chapter 1.

Respondents often mention the physical or verbal aggression of their partners in the form of an assault or attack of some kind (*"He kept swearing at me and running me down, I'd keep getting nasty telephone calls to work and threats" (P.8);* *"...he would just demean me – he kept twisting round what I said and contradicting me.. he even came to work and took my wages" (P.16)*), vulgar language and isolation (*"As I've said, he didn't treat me like a partner but like a little child or a servant, he would constantly criticize and lecture me, isolating me from other people" (P.1).*

The father's jealousy

In the interviews, the women often described their partners' jealousy *("He was jealous – even though he had no reason to be, as if I had some other men or what – I don't know if he didn't actually have someone else himself. He was terribly jealous – I talked about it with a psychologist and he said that it was an illness and he should be treated for it – he was even jealous when I went to church or somewhere with the children; no-one could come to our place, I couldn't go anywhere and when I did, it was bad – he would follow me, telling me off, checking everything – even what kind of underwear I was wearing – it really was awful" (P.16).*

In some interviews women describe how much their partner's behaviour had changed and how unpredictable it had become (*"The last 4 years were terrible, he was such a different person, there were no good times anymore at all, only shouting, anger and beatings. Everything I did was bad even when I did nothing – he could always find a reason" (P.3).* Only in one case did we identify a more positive change in the partner's behaviour (*"When I suggested a divorce, he cried on my shoulder, pleaded with me and said that whatever I am like, he still loved me and that if I divorced him, he would disappear for good, throw away his mobile and never come back. Then he brought me some flowers, cried, I forgave him and now he is a lot calmer. He is really afraid of being left on his own. I have also made a lot of mistakes because I am temperamental and misunderstand things" P.5).* Discourse about her partner's good qualities is here tied in with the woman reflecting on how she is also to blame.

Only one respondent thinks it is her partner's character traits which are the cause of his inappropriate behaviour (*"He is such a terrible egotist, inconsiderate, conceited, convinced of his own perfection. He acts as if he is so easygoing but in fact he is really moody and aggressive when he doesn't get things his own way or when someone contradicts him or when someone holds a mirror up to him to show him he's not as perfect as he thinks" (P.1).*

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Excessive demands of the father on the child

When describing the behaviour of the father towards their children, women refer to frequent shows of hardness or strictness in the form of excessive demands *("he was a professional soldier, <u>he was rough towards the children and caused them a lot of stress,</u> he shouted at the baby, slapped the children on the back and smacked them, did nothing for them and made no effort; once he took them out for a hike, but it <u>was too strenuous for children of their age and strength"(P.9).</u>* The father's aggressiveness towards his children is sometimes a reaction to them defending their mother *("<u>Sometimes he would hit the children when they came and tried to stand up for me</u> – especially our younger girl. He hit her a few times but still she would stand up for me" (P.24).* Mothers perceive the father's harsh treatment of their children as being a sign both of roughness and of extreme dominance (*"when <u>he called the boys to come and help him with something, he wouldn't even show them how to do it, but he still roared at them</u> if they couldn't do it – it was something horrendous" (P.13);".. <u>if they didn't do what he wanted he would make them kneel in the corner,</u> I was so ashamed – people stopped visiting us and I was glad about it because every visit ended up with him drinking and then becoming an aggressive know-all taking out his anger on our younger son – once he hit him with a stick, cut his head open and dislocated his arms" (P.14).*

The father's conditional love for his children

In the women's discourses they sometimes mention the father's conditional or "occasional" love for his children *(<u>"He is very sweet to the girls, really kind,</u> but in some aspects he can undo and spoil everything – perhaps the children can trust him now and believe that they love him – <u>but he couldn't find one free hour</u> when our daughter spent a whole week in hospital after an operation – he has already said to them either you will be with me or the three of you will be out in the street - it is cruel to say such things" (P.11).* The woman describes the father's displays of love for his children with implicit distrust.

The caring father

Another, less frequent line of discourse differentiates between the aggressive behaviour of the man towards his wife and his behaviour towards his children. Some women describe the violent behaviour of the man but also describe him as being a good and caring father ("<u>he loves the children and has never harmed them nor would he.</u> He would give them the last money he had, looks after them, buys them all the food they want. They

never go without – whether it's food or clothes, whatever. He pays for our son's nursery school, school for our daughter. He's not been out of work for a day, doesn't go to pubs, doesn't drink or smoke" (P.22); "..he was normal towards the children – <u>he behaved as fathers should behave towards their children,</u> he was warm and friendly and talked to them; while he still had some money he would look after them" (P.23).

1.2. The father's reactions to children being present during domestic violence

The respondents described similar behaviour from their partner when their children were witnesses to the conflict *("Not at all, <u>he was aggressive both towards me and towards them, lashing out at whatever got in his way,</u> throwing various things at us and smashing them up, shouting and swearing at us all" (P.3.)* Many women see the involvement of their children as being the aim of their partner *("Not at all, quite the opposite, <u>it was as if they put more wind in his sails and he was glad they were there</u> and he had a bigger audience. And afterwards he would turn on them" (P.2).* Other women perceived the children's involvement in the conflict differently. In one case the woman saw it as being an act of revenge from her partner because their children loved her more than him (*"<u>He was always jealous of the fact that the children get on much better with me</u> than with him. When I tried to protect them, <u>that just made him worse and he would hit me even more and wanted to hit them, too" (P.4.).</u>* Only in two cases did the women say that the children's presence changed their partner's behaviour (*"<u>Yes, it stopped him,</u> and he told them not to be afraid and said that he wouldn't hurt Mummy"(P.5); "he stopped when he saw how the children reacted" (P.23*).

2. The reasons for their partners' aggressive behaviour in the eyes of the women

Amongst other things, one of the aims of the interviews was to determine what the woman sees as the reasons for her partner's aggressive behaviour in the household. The most frequent – and in our survey the only themes given – were: the husband's alcoholism, negative character traits and transgenerational transferral of violence (the aggressor himself being a victim of violence in his own family).

The father's alcoholism

Most women interpreted their partner's violence as being rooted in their traumatic family background and in their potential for alcoholism. Women describe the submissive mothers and aggressive fathers in their partners'

original families *("Alcohol is his best friend. But we can blame his family for that. His mother is neurotic and there is no love in that family" (P.2). "He's got the drinking from his father – he is an alcoholic. Otherwise he's a lovely person but when he's had a drink, he's aggressive. But they've always covered it up. And his mother is also domineering; in their family violence is just considered to be normal, he kept seeing it at home but they would hide it from strangers and never talk about it. Even now he doesn't want to talk about it" (P.5).* In some cases, the respondents attribute the end of their ideal partnership not just to alcohol but also to their partners becoming unemployed *("..unfortunately not, at the start yes, it was good between us – we were building a house and were happy when it was finished - but later, when he started to drink, it all went wrong" (P.1).*

The father's character traits

Most respondents in the interviews describe their husbands as being selfish and oblivious to the needs of the family *("He really has such a high opinion of himself – no-one can compete with him. No-one else is good enough, he will mock and put down everybody. And he argues with everybody, shouts at them and gets into arguments whether he's in a pub or a shop, at the polling stations, wherever he goes. He puts everyone down, everyone is stupid. He turned me into his servant and slave,"(P.4); "...he was a model of selfishness. Before he started to physically harm me, he knew he could hurt me the most psychologically" (P.17.)* In the interviews, women also refer to the extreme dominance of their partner as being one of their key traits *("If he had things his way, it was ok, if not, it was bad – things had to be just as he said" (P.14).*

The father as aggressor and former victim

In some cases, the women talk about their husbands both as aggressors and victims *("He was also a victim, now it's all coming out that when he was a boy his mother neglected him because she was too weak and her husband beat her and cheated on her. My husband was a witness to all that and now he's ill partly as a result. He sometimes used to stutter but then he took tranquillizers" (P.8).* Less often, women see their partners' violence as a kind of spiritual and mental failure on their part *("I saw it as God testing me somehow – I had grown up in a very loving household whereas he came from a family where there was no love or any kind of family life – I felt it was my task to change him with love, but I don't know if it is my fault that I wasn't able to make him into a different person" (P.9), "perhaps I also made a mistake by letting him have so much freedom…" (P.13).*

The transgenerational transferral of violence

In our interviews with mothers, we sometimes identified the source of the violence within the original family. Some women explicitly described the same aggressive behaviour in both their husband and their father-in-law. At the same time we can also see not only a transferral of behaviour but also an apparent transferral of family systems in which the husband is dominant and the wife subservient. "*It was bad from the very start; we had nothing in common, neither character nor interests. His behaviour was totally possessive and now I can see how he just wanted to be like his father and me to be subordinate just like his mother"* (P.23). Another respondent describes a similar transferral of inappropriate behaviour: *"He brought this model of behaviour with him from his own family. His father was a big shot and had contacts all over Prešov. He liked brand names, and money mattered more to the family than relationships. He and his brother were well-known footballers in Prešov. They were aggressive, liked alcohol and girls..."* (P.20).

The father as father of his wife?

In some narratives, the theme of the husband taking responsibility not only for his children but also for his wife came up. The following extract perhaps offers one explanation of how, in the early part of their relationship, women are able to accept the aggressive behaviour of their partners. *"Unfortunately ours has never been a good marriage even though his fatherly role suited me at first. I accepted him as an authority. I'd never really valued my own father and I looked for a substitute for him in my husband. But he took full advantage of it, made a complete fool of me, locked me up indoors and was pathologically jealous" (P.1).* At the end of the interview, the respondent summed it all up ("*Certainly tolerance should come first, together with mutual respect and equality, not a sense of superiority and dominance. A husband should not be a father substitute and play the role of educating his 'soft-headed' partner" (P.1).*

We can see this as being a possible area of further research and can argue that it is insufficient support from their fathers that leads some women to accept partners with aggressive tendencies. Some women said that there was no possibility for them to leave their partners for there was nowhere for them to go back to; the women said their own parents would not be willing to take them back.

The following part considers the possible consequences of a father's negative presence and domestic violence. We can also observe that it is not

only the method of upbringing and the father's negative display which can influence the child's mental state but also the mother's reactions (described in the previous chapter).

3. Children in their mothers' eyes

Children are described as 'silent' witnesses of violence (...*He would hit me in front of the children and then he would send them to their room. At other times the children weren't there S4*) and sometimes as active protectors of their mothers (...*When our son could no longer stand it he stood up for me by telling his father to stop swearing at me. He even slapped his father, and then they both started to egg each other on. I told him to go out and he obeyed...S2).* The children's own statements show how they feel they are a part of the conflict (...*For as long as I can remember, there have been rows almost every day in our household. Dad is always having a go at Mummy and me and trying to provoke us...S6)* and how they understand the seriousness of their fathers' threats (...*We left the house to go and live with Grandma because we were afraid our father would carry out his threats. I heard him say to Mummy: I'll kill you and Simona will be on her own...S6).* Children react by feeling anxious and afraid and want to protect their mothers (...*When I hear such threats, I'm really worried about Mummy and afraid of how he might hurt her. I often try to stand up for her and protect her from him. Father then shouts at me, calls me a squirt and tells me to get out otherwise he'll smash my head in...S6).* Indirect aggression is another recurrent theme in the interviews *(...He makes a terrible clatter, once smashed up all the remote controls. He starts throwing potatoes and even broke the breadboard on Mummy...S6).* It is interesting to note that children try to explain the reason for their fathers' aggression more often than their mothers – this may be a result of their need to defend their fathers (...*Father is very jealous – that's why he hits her S6, ...Father has never attacked or hit anyone in the family. He's aggressive when he's drunk – and that is quite often...he often comes home drunk but he has never hit anyone... S36).* Some children are very critical of their fathers' inappropriate behaviour (...*Dad has been an alcoholic for many years and is mentally disturbed. He has been treated by a psychiatrist at least three times, is really aggressive and brutal towards us. After treatment, he started drinking again, was aggressive and even threatened to kill us....S35).*

The question of whether children were present or not during domestic violence was the one which produced the most similar answers: all the women taking part said that their children were always present because the violence was only ever perpetrated at home *("Basically they were always there..." (P.2); "Always" (P.4).* In some cases the women describe how their partners deliberately tried to involve their children in the conflicts so that

they could humiliate their wives that way ("*Very often, always in fact, because they were always with me. He even <u>did it on purpose saying things like "look at how useless your mother is</u>" or "Aren't you dirty? She can't even keep you clean" (P.1)*.

3.1. The children's reactions to exposure to violence

As with the previous ones, respondents gave similar answers to this question. The most telling response was extreme fear in the children *<u>("our children just broke down and were sobbing until morning,</u> sometimes they couldn't even breathe. When I was with the children at my parents' place and it was time to go home, they cried so much, I could do nothing to help them" (P.9)*. As well as fear, the mothers also describe their children's impulse to run away *("<u>They were so afraid</u> that when they heard the door slam and him coming in, <u>they ran to their rooms or to Grandma's</u> in the other part of the house" (P.3)*.

Respondents often mention their children's need to get involved in the conflict and defend their mother *("They cry their eyes out; once <u>my daughter tried to protect me and pulled a knife out on him" (P.2); "She has always tried to protect me.</u> More than anything she just wants to protect me; she never wants to let go of me and keeps checking me – it's as if we'd switched roles. And she never wants to be on her own in the flat. She always waits for me so that we can go home together. She says that she's afraid there will be some stranger there" (P.23)*. In some less frequent cases, the women describe how their children withdraw from the conflict (*<u>"when they were younger, they locked themselves in their</u> room and didn't come out" (P.12)*). Implicit in this statement, however, is that these children now have a different strategy.

3.2. The child's self-esteem

Some women explicitly state how their children lack self-esteem: *now I can see how they have no self-esteem – because we shouldn't tolerate everything (as I did for years); we should have a bit more self-respect...they are able to tolerate all kinds of things from my husband (I have done it myself on certain occasions) – for instance, if they are angry with him and know that something is wrong, they are still silent and unable to tell him what they think – my daughter went shopping, for instance, and met his 26-year-old girlfriend there. Her classmates asked her who the woman was and my daughter told them. They then started to make such fun of her that the girlfriend left the shop in tears.)* Elsewhere we find shattered self-esteem and a lack of confidence in one's own abilities ("*I went to a psychologist*

with him for four and a half years – for the first two years, he never said one whole sentence; he just shrugged his shoulders or said yes or no; only after two years did he start speaking. Then we found out what his trouble was – basically he thought he was a bad person, that everything he did was bad – both at home and at school he felt he had that label – even when he wasn't there when something happened, it was as if he was… and when he was praised, he didn't really believe it was sincere praise for work well done… P.23).* This extract from one mother's interview demonstrates how children's self-esteem can plummet once they experience domestic violence and when the father is not a positive role model.

3.3. The child and school

Two divergent points recur in the women's narratives when they talk about their children's performance at school. They refer to their children's lack of concentration and tiredness; mothers attribute their poor school results to their passivity (*"My daughter's not very good at school. She's not stupid, she's just lazy. She can't concentrate and is always forgetting things. She does her homework quite well but at school she performs badly when she has to answer the teacher's questions, for instance. She says she is bored at school and would rather be at her grandma's playing in the yard with her cat and dog" (P.2).* We can interpret these statements in two ways: the children's very real passivity is caused by the traumatic effects of their fathers' behaviour; at the same time, this described passivity can also be an excuse on the part of the mother for her child's poor performance, passivity often being more acceptable to mothers than their child having a limited intellect.

In the interviews we can also clearly see an indirect association between the behaviour of the father and his child's school results *("Our daughter certainly did a lot worse than she could have done. She was tired and couldn't concentrate probably because she started school earlier. She was bright but she was still a little girl and wanted to play. My husband forced both the children to start school sooner than they had to, though. He was quite a lot older and wanted the children to become independent as soon as they could. Now they are studying at university" (P.1).* A more far-reaching effect of a child's traumatizing experiences can be the stigmatizing labels they are given (*"It was complicated and my daughter had a breakdown and ended up at the psychiatrist's. Then the teachers treated her like a psychopath so I transferred her to another school. Her grades are still poor, though. She can't concentrate and her head aches…" (P.8).* Often the school institution, unsympathetic to the child's mental suffering, is portrayed negatively. Equally negative pictures of their children's teachers are painted by other mothers (*"My daughter was bullied, the teacher knew about it but no action*

was taken. I had to go there and lay down the law. I shouted at the kids, even hit some of them for thinking they could hurt my daughter like they did" (P.9).

More women, however, describe how their children achieve very good results at school (*"She was bright and clever from a very early age; thanks to my parents, who devoted a lot of time to her, she learnt to speak very early so school is no problem for her, she is very bright" (P.7); "All the children are very good at school, the boys, too, get grade ones for nearly everything. Given everything they've been through at home, they are excellent pupils" (P.3).*

The excellent school results of some of our respondents children are rather unexpected and may be construed in different ways. One may be the tendency of the mothers to idealize their children: though their marriage has failed, at least their children are very successful, though the situation they describe may not entirely correspond to the objective reality. Another possible explanation is that children who experience domestic violence are less confident and more subordinate; at school they may seem to be unproblematic. A more positive interpretation is that children who experience domestic violence are more determined to become independent and look after themselves without the support of their family.

The women's replies to the question about their children's behaviour at school and whether they are aggressive or not are consistent in denying any aggression in their children even in cases where school results are poor (*"She is never aggressive at school, she works off her anger and sorrow at home..." (P.8).* In some cases, the mothers are sure their children's teachers do not know about there being violence in the family (*"No. The children didn't behave aggressively at school. The teachers had no idea about what went on at home" (P.4).* We can find a connection between a lack of information and deliberate secrecy (*"The teacher says that our daughter is so closed and withdrawn that if she only paid more attention she would do so much better. Otherwise though there are no problems with her; she is obedient and never hostile or aggressive. "The teacher doesn't know what goes on at home. Why should I tell her? It's our business" (P.2).* Some mothers speak negatively about their children's teachers (*"The children never had any support from their teachers, quite the reverse" (P.20).* Only in rare cases are the children described as being aggressive themselves: *"At that time, from the age of 8 to 12 he often trod on his classmates' sandwiches and did other such things" (P.17); "there were always complaints about him being disruptive, not paying attention in class, answering back - our middle child was hyperactive from the start; our oldest*

started to play up at secondary school and stopped studying – I put it down to puberty" (P.18).

Overall we can state that most mothers observe no problems with their children's behaviour at school; they even have good results there. However, the teachers' lack of information (disregarding the children's good results and behaviour which do not attract the teachers' attention) may well reflect the mothers' deliberate secrecy.

3.4. Children's social contacts

The theme of friends is dealt with very similarly by all the women in the interviews. Most women say both how their children have only very few friends and also how closed they are in social contacts with their peers *("It took my daughter a long time...she did have friends whom she opened up to – but she was terribly withdrawn" (P.17); "..they do have friends, they are team players, but they were introverts and didn't know how to open up to others. They had friends for sports and games but not for heart-to-heart conversations. They kept their problems to themselves" (P.20).* In some interviews, the mothers correlate the situation in the family with their children's social life. Mothers interpret their children's reticence in various ways; one mother attributes her daughter's reticence to her fear of close relationships *("Since she was a child, she has always had a lot of friends. She has never had a serious relationship with a boy, though. She's afraid of close relationships" (P.1)*. Often the child is described as being undervalued or ridiculed:*"She has no friends at school. They make fun of her because she's been to a psychiatrist and her father's in prison" (P.8), "...they have friends they go out to play with – but one of my sons has someone who he thinks is a friend, but who makes fun of him; I feel my son's only his friend when he has no-one else but my son to knock around with" (P.16).* Cases where the children are seen as being open and having good friendships are less common though they do occur *("...he's always got on well with people. He's a friendly type. If he won't help you, at least he won't hurt you" (P.12).* Only in one interview did the mother fully identify her son with his father (perceived as an aggressor) *("Everyone looks for a certain type of friend. The one who is like his father looks for friends he can have power over and whom he can be aggressive towards" (P.6).*

Almost all mothers were united in saying that their children did not invite friends home out of fear and shame in front of their fathers."*They didn't use to bring friends home because they were afraid and ashamed" (P.3); "When we lived with their father, nobody ever came, the children weren't allowed to have friends round. After we got divorced and moved house, it all*

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changed and they are now like other children" (P.2). This feeling of shame is not exclusive to children, of course:*"As I said, he doesn't play much with other children and <u>never brings friends home. I wouldn't want other children coming here either and seeing what goes on" (P.2).</u>* This is an important finding because although the apparent reason for the children's friends not visiting lies with the father, the qualitative survey indicated that the mothers themselves do not want visitors because of their feelings of shame.

3.5. The children's feelings towards their mother

Some women describe how their children are very detached towards them. (*"My daughter is just not interested in me, how I am, what news I have. <u>She's completely cold these days.</u> In fact she's always got something against me, even invented things. <u>It is as if she doesn't care.</u> When she went to school, she'd then go off with her friends and would show no interest. She never shared her problems with me – only with friends. <u>She never told me anything. She must have inherited it from her father</u>* (P.15)). In this narrative it is plain how the woman blames her daughter's cold behaviour on the girl's father. She does not consider that such behaviour may be the girl's defence strategy and her way of coming to terms with the violence at home.

Another woman describes similar behaviour from her children:*"..the children are cold in their feelings....sometimes when I can't cope, I start crying – and they just say "You're crying again, are you, yet again?" (P.23).*

3.6. The children's feelings towards their father

Discourse about the children's feelings towards their father is not homogeneous. Some mothers say their children only show love towards them but not towards their fathers (*"<u>They have no relationship with their father, have never clung to him</u> and he has never really shown that he is fond of them. I <u>tried to keep the family together because of them</u> but they themselves said that they didn't want to be with him, that they didn't love him and that they wanted peace so that they could study and live normally. <u>I have a very good relationship with my children</u> and hope that it stays that way" (P.3)*. If the child's feelings towards the father are described, they are often very negative (*"<u>She has written him off completely, she said her father is dead as far as she is concerned.</u> Her friend persuades her to be nice to him so that he'll buy her things but <u>she has destroyed everything he has ever given her,</u> has cut up sweaters and smashed up toys" (P.8)*. Rarely is a child's love for their father mentioned; if it is then it is compared with the love they feel towards their mothers (*"<u>The children do love him,</u> my son always says to me: keep going, Mum, he is our father after all. Other*

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families also fall out and make up. They're even going to buy him a present for Christmas. <u>But I think they love me more" (P.4).</u> Some mothers admit their children love their father but find it incomprehensible *("..if I'd seen my father do that to my mother, I would never want such a father...I don't understand how my children can still love him…" (P.22)*.

There are also mothers who describe the positive feelings of their children towards their father *(despite everything those boys have been through with him, <u>they never say anything bad about him or run him down</u>. When we talk together they always say: –You know, Mum, it is all his fault but he is still our father…).* This is the most uncommon response, though; usually women deny their children feel any love for their father.

3.7. Aggressive behaviour from the child

Women describe various kinds of aggression from their children in the interviews. In some cases any kind of aggression is strongly denied; in others the aggression is mild only. One mother describes her daughter's aggression thus: <u>*"She gets really angry when she can't do something, or when someone says something to her or laughs at her; she gets so furious she smashes something or rips something up. Then she bursts into tears and then she's calm again" (P.8.)*</u> – this can be seen as the healthy reaction of a child to frustration. Another mother described her son's aggression at home: <u>*"The twenty-year-old. The others also get aggressive but only at home; elsewhere they are polite and well-behaved" (P.6).*</u> If aggression is shown by the child, the mothers often describe it as being a kind of defensive aggression: <u>*"When I grow up, I will kill my father" (P.9.).*</u> *"The twenty-year-old is just like his father and has already started to rock the boat. I've had to take some steps because he's rough towards me and towards his younger siblings – apparently he's teaming up with his father. I have to forbid the younger ones to be with him because he has such a bad influence on them. He's been acting aggressively ever since he became an adult; something suddenly broke in him and he split up with his girlfriend. Until then he had always protected us from his father."* In some interviews, the description of the children's aggression is even more explicit. (*Our youngest daughter is very cheeky – she likes to answer and have things her own way. And her speech is very vulgar (she likes to use obscenities)). (My oldest son has stopped respecting me – when he was at his worse, around when he was finishing primary school, he would berate me for not keeping the family together... our eighteen-year-old has temper tantrums – because he has been through more than the others – he wishes he could control himself but the anger just pours out of him – he wants to solve problems by himself but when he can't, he explodes – he's a Scorpio. Our seventeen-*

year-old son has started drinking – I've already told him several times he'll end up in a clinic for alcoholics… (P.21)).

Following discourse analysis, we cannot exclude shows of aggression even in those children whose mothers do not refer to it. Children are often in a submissive position and dare not disobey at home. How they do behave in their own families remains open to question. The overlapping of aggression and depression in some children is reflected in the following text: *"..our oldest son had depression, used to go to a psychiatrist and would take medication – since he was eighteen though, he's stopped going, doesn't take medication anymore and now prefers to drink and take drugs – it was when he started mixing with his gang of friends. He stole money from me and from other people – he even went to prison for it (6 months)...he brought friends home whom he would drink with – I threw them all out – then my son told me he was going to kill himself, throw himself under a train..."* The same respondent states the direct link between her son's behaviour and the absence of a positive male role model for him: *"he acts as if he has never seen a good role model – I am sure he would be glad if his father spent some time with him, talked to him and showed him some support – if I say anything to him, he just starts shouting – he's even started smashing things up at home."* Loss of self-control and the theme of an absent male model are both illustrated in the next text: *"our second son is just as aggressive – he shouts at me, doesn't want to listen to what I have to say, keeps telling me 'Say whatever you want – I've been maltreated'… he also misses having his father around, perhaps when he sees how other parents talk with their children he feels he would like to talk in the same way but hasn't got anyone he can do it with. I'm just his cleaner, the one who cooks for him and washes his clothes" (P.21).*

3.8. The children's interests

In most of the interviews, the mothesr speak very positively about their children, describing them as being talented and bright with lots of hobbies *("Both the children are very clever, my son used to play football but then he really wanted to play tennis because he's an individualist really; for a while he also did mountaineering. My daughter is more artistic – she plays the piano and is into drama and other similar things" (P.1); "Our oldest is very clever and studies at university. He wants a job where he can use his brain in future; he's always been like that, has read a lot and always used to go to his neighbours to use the internet. Our younger son is very skilful with his hands; he doesn't want to study at university. Our daughter is doing well at grammar school and reads a lot of psychology books" (P.6).* For us an important finding was how mothers connect their children's activities to the idea of help; if their children are helpful to them, they see it as being a

voluntary spending of their free time ("*They do all kinds of things – read, study, play on the computer like other children. They also really help me around the house, especially the oldes" (P.3). "We live in a house and they have been helping me with everything since they were small because my husband didn't lift a finger, he always had to be waited on, used to beat us all or sleep in his drunkenness" (P.4).* We might interpret this as being the children's real interest or equally that some mothers are too burdened with their own problems to give their children the psychological and economic conditions in which to freely choose their own hobbies. During text analysis we did discern an obvious inability of some mothers to identify their children's interests *("Like other children, computer mainly, hence there are always conflicts" (P.5); "son - PC, daughters – nothing special, nothing really excited them, they had no special hobbies" (P.24)*), while others implicitly undervalued the idea of hobbies: *"Nothing much, like other children" (P.7).*

It is interesting that only one mother mentioned that she was a co-participant in her children's freetime activities *("..they played sports, learned languages, went swimming, we'd go hiking together, freetime activities inside the block of flats, during the holidays I would organise things for them – they never had the feeling they were alone" (P.20)).* Fathers are not mentioned in response to this question in any of the interviews. This may be seen either as proof of them not being involved in their children's hobbies or seen in context. If a mother has to talk about her troubles with her husband, she is unlikely to present him as a caring father.

3.9. The effect of domestic violence on the child

The effects of violence on their children which mothers refer to show many similarities. The most commonly mentioned are emotional unbalance, temper tantrums, lack of self-confidence, problems with concentration and somatization of problems *("my daughter was doing so well at school, she was always one of the best but it cost her a lot of energy because she had a huge problem with concentration and now she still has a problem with it – she's really troubled and anxious. She has no self-confidence and suffers from depression, has doubts about the whole meaning of life. When she's going through a difficult phase and has a lot on her plate, she has severe headaches and is aggressive" (P.1)).* The respondents also often describe the anxious reactions of their children in the form of sleep disorders, stuttering and bedwetting *("my daughter has bad elocution and stutters slightly. She has nightmares and wets the bed. She's neurotic" (P.2); "Our oldest wet the bed up to the age of 15. Our younger daughter had nightmares and panic attacks, some lasting for more than just a few minutes" (P.6).* One recurrent point made is that the children are often lonely and like to daydream: *"She is very lonely, she does have friends but*

she has never had a relationship with a boy. I think she avoids them; she says she doesn't understand them or is afraid one of them would make fun of her. She gets confused and disorientated in strange surroundings, she is really impractical. She didn't even want to stay in a student hall at university. *She is forever daydreaming, as if she didn't want to live in the real world...*" (P.1). Some women also mention how violence can result in their children having an identity crisis: *"My daughter has an inferiority complex. She's got no self-belief and has doubts about her identity. She even wonders whether she isn't adopted.* One day I found her looking for her birth certificate" (P.8).

One often-described effect is an inordinately close tie between mother and child, probably a result of feelings of danger: *"Since that attack, she has been hypersensitive, she really clings to me. She is so timid, a real mummy's girl. She's afraid that I won't come home,* that I won't return, she feels better amongst adults than amongst other children. She wants me to go everywhere with her" (P.7); "Our little boy is extremely afraid of strangers, especially men, *he doesn't want to be in bed on his own – I always have to lie with* him" (P.2.). Mothers see the effect on their daughters in the form of a reluctance to start their own families and a refusal of potential partners: *"She lives alone, my daughter says to me she is not going to keep some bloke just so he can beat her for it"* (P.4); *"my oldest daughter doesn't have a partner. She said she doesn't want one and "will never get married"* (P.9). The assumption that some mothers would identify their child with the aggressor was only occasionally confirmed (*"the children swear at each other and use obscenities, they put me down like my husband did. At such times they don't listen to me, I'm no authority to them. They do what they like and it makes me desperate"* (P.16)).

3.10. Differences in reactions between sons and daughters

In all the analysed interviews, the women were united in saying their children were on their side (*"All the children are on my side"* (P.5.). Differences between the described reactions of the children are partly age-determined (*"the older boys are distant towards my husband, they would avoid him so they wouldn't have to talk to him – they only said what they absolutely had to. They preferred to be out with their friends. The smaller children would go to my husband,* but they didn't really notice what was going on" (P.10)) and also partly gender-determined ("*I've spoken to several women who have the same problem and we all agree that girls have a strong feeling of helplessness which they try to suppress in order to forget and act as if things are fine. Later in adulthood they are afraid of relationships or fall into the same pattern as they've seen at home: an aggressive husband and a suffering wife resigned to her fate. Boys often do*

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become mother protectors when they are bigger, but more often they *emulate their fathers and behave to women just as aggressively as their fathers had" (P.4)).* The description of daughters as being weaker and more withdrawn is not as prevalent as we had expected, however. Some women describe their daughters as being dominant and determined to stand up to their fathers: *"My son preferred not to get involved but when my daughter was older she would have a go at him and shout at him; she said she would kill him and would rather be in prison than at home with such a father"* (P.4); *"the boys were more defiant* – the older of them would stand up to him even though he risked getting beaten for it – the younger ones also defended me but my daughter was quiet. She just cried and cried. *When she got worked up, though, she would swear terribly" (P.18)*. We did not note any other differences in the discursive analysis. According to the women in our sample, all the children were somehow in danger and only their responses to it were very different. On the basis of these findings, however, it is impossible to say if these differences are a result of gender or are caused by different family contexts. If the father of the family preferred his daughter, it is clear that she would feel a certain power and be more likely to stand up to him. Our interviews did not ask which child the fathers preferred, however.

Conclusion and final reflections

Interpretation of the findings should not cloud the fact that the interviews and discursive analysis do not reflect an objective reality. Instead they capture a subjective reality which has been processed and presented by the woman with whom the interview is conducted. We have established an idea of how mothers perceive the way their children experience the violence they are witnesses to and the effect it has on them. With this type of research it is important to reflect on the context in which the interviews were carried out. The women we interviewed could process the context and aim of the interview in such a way that it was important to consistently refer to the strongly negative influence of the father within the family (this is how we interpret the lack of contradictions in their statements). The particularly negative characteristics of their children could also have been unwittingly presented. A similar effort (to accentuate the negatives) could also have occurred within us, the question administrators.

The women present their husbands as violent and egotistic men who do not perceive the needs of their families and are aggressive even when their children are there. Analysis clarified the views of women about the reasons for their husbands' aggression; a dominant theory of theirs is the aggressive father-in-law and the unsettled family background of their partner. This finding (along with descriptions of their husbands' violence) supplements the

written statements which the women submitted in our earlier study (in which women superficially gave alcohol as the main reason; it was the interview which enabled them to think deeper about the reasons). Women see their relationships as being very far from ideal and often suggest they were dysfunctional from the very start. One key finding in relation to the children is that in most cases, two not entirely functional families (the mother's original family and the father's) had come together. If we analyse the reasons and start with considerations about who the father is - a perpetrator of violence against his wife - we discover that he himself was deprived of love and support in his own childhood (either he was neglected or was a victim of his own father's aggression and alcoholism). If we also consider the key role of the mother (in the previous chapter we gave it special attention), we discover that she has also often had a problematic childhood (absent paternal role model and/or a cold, unaffectionate mother). The child of such parents then faces the additional strain of having support neither from their parents nor from their grandparents. Our discourse analysis indicates that in certain cases, the fathers of three families have failed in fulfilling their role.

Exposure to their fathers acting violently towards their mothers had the greatest effect on the children's self-esteem; indirectly this supported theoretical conceptions of the importance of the father's role. We cannot speak of complete confirmation because all the interviews were conducted with women from families where both the father's role is unfulfilled and there are acts of domestic violence; it is thus impossible to determine whether the child's lower self-esteem is caused by violence to their mother or by their father's inadequate treatment of them. We can again say that children in such families suffer twice over: as witnesses of violence and as children lacking a positive father figure in their family. Our research confirmed preconceptions about the helplessness and passivity of children lacking a positive father at home. It also looked at how mothers describe the problematic identity their children have. Further results are also noteworthy. The interviews confirm that the child is often a witness to violence against the mother. The mother assumes that from her side the child is well looked after emotionally and materially; later, however, the women's statements indirectly cast doubt on this. The child is a witness not only to aggressive behaviour towards their mother, which causes fear and anxiety, but also to the mother's coping strategies (mother cooking food for father in order to calm him down while she goes on crying etc.); such strategies can send an ambivalent message to their children and cause them insecurity and confusion. The father becomes a strongly negative model for the child; the mothers' statements, however, give the impression that the mother can also be a source of inner tension for the child. As well as this, children may feel ambivalent given that, on the one hand, they can see their mother's

suffering, they love her and want to protect her and, on the other, they may feel their mother is enabling their aggressor to act the way he does. Children then get into an unresolvable conflict between the need to protect their mother and the need to manifest their anger – both towards their mother and their father. In her submissive position alongside her husband, the mother is probably not a sufficiently positive role model for her children, many of whom (as the mothers explicitly state) later take on the same role. Fathers are probably identified as aggressors by their children. The father's aggression has different effects depending on whether it is a son or a daughter who is witnessing it. Boys have the tendency to defend their mothers, as if they were compensating for the absence of a positive male role and acting as a defender in the place of their father. Girls either show active resistance or are passive (or cold, as their mothers describe them) (*see* the previous chapter for more details about the mother's role). We confirmed Warshak's research (1996), which demonstrates how an absent paternal role model can lead to a limitation or insufficient development of moral principles and competencies (theft, lying etc.). We also confirmed the transgenerational theory of the transference of violence (see Dydňanská, 2007). Some mothers described how their children were aggressive towards their siblings and other people around them.

The child's tension and anxiety are often manifested by sleep disorders, bedwetting, escaping a distressing reality by daydreaming and other signs of anxiety. Mothers also described the numerous psychosomatic problems of their children, such as stomach pain and headaches; in some cases the mother even sought psychological help for their child. Information about visiting a psychologist, however, can further stigmatize the child and lead to rejection by other children. The theme of school as an institution is a controversial one. Because the child is often a good student, teachers often do not know about their embattled domestic environment. One surprising result is that teachers are presented in a passive role, uninformed about the child's difficult situation. We can explain this by the fact that children often do not get worse at school and their mothers are often secretive about the situation at home. As we would have expected, children have contact with their peers only outside the home. Teachers give support to the child but mostly in cases where the child is a good student. In cases where the child is doing badly at school or acting aggressively, the school is no longer such a source of support. Unexpectedly, most children do not deteriorate at school or act aggressively; on the contrary, many women in our sample describe their children as being good students with many hobbies. In social contact with their peers, however, these children are often isolated and in a submissive position amongst their friends. This social isolation is indirectly encouraged by the fact that a feeling of shame (also felt by their mothers) often stops them from bringing their friends home. According to mothers,

their children's social relations with their peers are fairly normal although they see them as being more frequently isolated and as having more problematic relations with the opposite sex. We confirmed the conception articulated by Biller and Salter (in Dietrich, 1989) that girls who feel no security from their father and do not see him as being a positive role model can have difficulties seeking and finding trust in their partner.

Mothers see their children, regardless of gender, as being very supportive and appreciate their displays of love. Paradoxically, however, some of these same women are unable to identify the needs of their children, which indirectly suggests a lack of reciprocity in their relationship. Children's shows of love for their fathers are not mentioned in the discourse or are categorically denied while mothers express incomprehension if their children do have positive feelings towards their fathers. The study has thus not only fulfilled our expectations but has also prompted other unanswered questions. What is the children's relationship with their father like? How do they perceive their father and the reasons for his violent behaviour? What enables the children, despite what they experience at home, to accept and defend their father? What coping mechanisms enable the children to adapt? What is the predictor of aggressive behaviour in children (surprisingly some mothers did not describe aggressive behaviour from their children despite the fact that they had often experienced it at home)? How and thanks to what mechanism are such children able to create and sustain a fulfilling conjugal relationship in the future? We believe that further research will bring us answers to at least some of these questions.

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The teacher as a resilience factor for a child exposed to family violence

Introduction

The aim of this chapter is to consider the importance of the teaching profession in terms of its potential to be one of the external factors in a child's resilience. In the case of intrafamilial victimization of a child, the exclusivity of this profession operates on two basic levels. The first is the teacher's irreplaceable role as "primary detector" of family violence and enactor of preventive measures which may lead to the elimination of the violence and its negative effects on the child. The second is the potential of the teacher to develop resilience in school conditions not only in children exposed to domestic violence but also in children who have never had to face such a problem but who may be threatened by other risk factors in their household. The aim of this text is both to provide theoretical input and outline certain practical interventions so as to be of value to professionals involved in teaching work.

The effects of experiencing intrafamilial violence and the resilience of a child

Violence within a family threatens its ideal functioning and shifts it from a normal state to a pathological one. At the centre of the DAPHNE III JLS/2008/CFP/DAP3/AG/1157 international research project's attention is *"the indirect harmful effect of violence: victimizing the child and re-victimizing the woman-mother through her child´s exposure to violence against herself"* and the families in which children are victimized by being exposed to violence against their mothers. One of the key findings of the research project is the fact that because families in which violence is committed against women are not homogeneous, creating certain typologies and categories is not easy. However, if we look at the violence in terms of the people involved and the interactions between them, we can agree in principle with Brown and Elliot (2002) and determine the following types:
  • Reciprocal family violence: this occurs in families where the mother reacts violently towards the violent father. If the children are present, there is potential that both parents may also be violent towards them; if they are not, the children can still suffer psychological victimization by being witness to the reciprocal violence between

their parents. In terms of therapy, both the father and mother need to be considered offenders within such families.

- Hierarchical family violence: this occurs when the father is violent towards the mother and then the mother is violent towards the children rather than towards the father. In some cases the father may also be violent towards the children. In terms of therapy, the father is the main offender while the mother can be considered to be both offender and victim.
- Paternalistic family violence: this occurs in families where the father sees the mother as being just another vulnerable and dependent person with no higher status than that of the children. The children can see that their mother is as helpless as they are and in some circumstances even act violently towards her themselves. In such families, the mother needs support and therapy as a victim and the father is the main offender.

In all these scenarios, children require support and therapy as victims of family violence whether this violence has been experienced directly or merely witnessed. The seriousness of the problem lies in the immediate and long-term effects of experienced violence, effects which are much more than just physical and include psychological, emotional, spiritual and social damage requiring complex health and psychotherapeutic care as well as social and educational support. The project's research into the negative effects of a child's victimization focused on the following themes: *the child's self-perception and self-image and the perception of the child from the teacher's point of view in terms of academic success and social acceptance by classmates; the adoption and transference of the aggressive role model to other relationships; sensitivity to aggressive behaviour from the point of view of the witness; and the mother as a behavioural role model.*

Research findings confirmed a higher occurrence of negative behaviour in children from violent families than children who had not been exposed to violence at home. In the following text we will present them in the context of Erikson's stages of psychosocial development (2002), while remembering the fact that the effects of experiencing violence are heterogeneous.

We consider situations in which the child is not a direct target of violence but is a *witness* to violence or aggressive communication between parents or other members of the family, or is forced, as some kind of punishment, to be a witness to violence against a member of the family or a favourite pet, or to destruction of some favourite personal belongings, to be a serious source of psychological harm (Matějček, 1994). The overall atmosphere in a violent family should also be seen as psychologically harmful; in such families the rules are often chaotic and unpredictable while the means of

punishment and compulsion are highly organised. Adapting to an atmophere of ongoing danger requires a state of permanent caution. Children in such families become extremely sensitive to warning signs of attack or anger, are able to recognise subtle changes in intonation and in non-verbal forms of communication: the facial expressions, mimicry, gestures and movements of their parents.

A child growing up in a violent environment must face the problems of adaptation. He or she must find ways of trusting untrustworthy people, find a feeling of safety in a situation of constant danger, cope with a situation which is unpredictable and find strength in a situation of helplessness. Experience from home, from family interaction and the family atmosphere, forms a child's view of the world on the basis of which s/he then creates his/her own social construction of reality. If home is a friendly and welcoming place, s/he will tend to see the world as a friendly and welcoming place. If the child grows up in a cold and hostile family environment, however, s/he will tend to see the rest of the world as dangerous and unfriendly, full of unexpected and unmanageable hazards. This perception then shapes the child's expectations, hopes, motivation and view of the future: either s/he chooses desirable developmental strategies or adopts, instead, a lifelong defensive or aggressively offensive approach to life. Children confronted with violence in the family usually lack energy for other activities; their energy is exhausted by having to deal with the constant danger of home life. Such children feel worthless and incapable and have few ideas about what the future may bring. What expectations they have are usually of unhappiness, disappointment and disaster.

Even in toddlers we can see the effects of violence, most often in the form of passivity, apathy, loss of interest in their surroundings and overall listlessness Such children either show no emotions, or show only emotions reflecting tension and unrest. In contact with people they are detached and their reactions are sometimes ambivalent and incomprehensible to the people around them (they express a conflict between the need for contact and a fear of being hurt). Their parents have not enabled them to acquire *the feeling of inherent trust* - trust in the world around them – and the attendant feelings of self-assurance and life stability. They have not enabled them to fulfil their first stage of development necessary at this age; already the children's life course is marked by a developmental deficit resulting from this unmanaged crisis. Erikson (2002) speaks not only about the need for basic trust but about its more mature variant: the confirmation of basic hope represented by the ability to renew a positive attitude towards the world even after negative experience. This is something which is essential to our well-being.

Living in constant anxiety and fear of an unexpected scene, children in violent households lose, or are unable to create, a feeling of control over their own lives; this feeling of helplessness interferes with development of their *autonomy,* which is Erikson's second developmental stage and usually occurs when the child is about three. In order to process the experience of violence, the child forms a disjointed impression of the violent parent; he or she is unable to unify the idea of a "good parent" and a "bad parent" together in one person. Sometimes children start to blame themselves for their parent's behaviour or decide that the parent was justified in acting in such a way because of the inappropriate behaviour of other people.

Fixation with negative self-evaluation, a lack of self-trust and self-confidence, and *feelings of blame and inferiority hinder initiative and attainment*, and prevent fulfilment of the third and fourth stages of development. At school such children more often underperform, have poor memories and low levels of attention; they often lack the necessary motivation to do well at school and to fulfil their potential.

Children from violent families develop several strategies for dealing with their dangerous environment. One frequent strategy is to run away and spend as much time outside the home as possible. If physical escape is not possible, children sometimes escape into a daydream world of fantasy or become desensitized and stultified by thoughts of violence, a state which can lead to changes in their consciousness. Matoušek (2005) states that recurrent parental violence leads directly to the child suffering post-traumatic stress disorder, the child reliving the violence in the form of daily flashbacks and nightmares and showing various psychosomatic symptoms (such as loss of appetite). With such victimized children, regression (a return to a level of development where they felt safe) is not unusual. The mood of a child confronted with family violence is permanently affected; the child may be agitated, restless, hyperactive, impulsive and aggressive towards other people; negativistic or alternatively apathetic, showing neither positive or negative emotions but passive. Such children suffer from diminished self-confidence, anxiety, depression and eating disorders, and have worse relationships with their peers and with adults. Often they take their aggression out on themselves (through suicide attempts, acts of self-harm, behaviour with a high risk of injury or death). In their approach to younger siblings, they often display so-called pseudo-adult protective behaviour.

Such children's search for *identity* during puberty and adolescence can lead them to identify with the aggressive parent. This is considered to be one of the gravest effects of experienced violence as it means the child may be inclined to apply the same violent methods of behaviour in their own interpersonal relationships (with siblings, classmates and peers).

Identification with the aggressor thus becomes, according to Šebek (1993), the child's main defence against the feelings of helplessness and anxiety s/he has experienced when witnessing violence at home or being a victim of it – an attacker feels stronger and safer than his/her victim. It is thus not unusual for such children to become bullies at school or tormentors of animals; we should also say, however, that such children often become victims twice over: both of domestic and school violence, or in adulthood victims of mobbing in the workplace. The transfer of a model of aggressive behaviour to other interpersonal relationships, even to one's own parental methods (the situation where the victim becomes an offender and a beaten child becomes a violent parent), is a widely observed phenomenon referred to in specialist literature as the so-called *transgenerational transfer of violence*.

This phenomenon is also sometimes described by the term 'cycle of violence', a repetition of violence which leads to the so-called cycle (the circular causality phenomenon also applies here). This enables us to understand why abusive and violent parents were so often victims of violence themselves as children (Bentovim, 1998, Pothe, 1999). Men who tyrannize their children (or partners) and who were victims themselves in childhood bear scars which negatively influence their ability to build normal interpersonal relationships. Battered wives were often either beaten by their parents during childhood or were witnesses of such a relationship between husband and wife. They tend to stay in a violent relationship because they see it as being "normal", do not view it as problematic and have no intention of trying to change it. And often such women become violent towards their children. Vander Zanden (1987) uses the term 'role model of violence' to describe this. There is also a risk of so-called reciprocal violence (Steinmetz, 1987), i.e. violence committed by adult children on their parents as a form of retribution and revenge for their maltreatment in childhood.

Recurrent experience of violence in childhood is associated in adulthood with a deadening of emotions, lowered emotional and social competence, a higher occurrence of psychological disorders and psychosomatic illnesses, an inability to create satisfying conjugal relationships and a failure to cope with working and family roles (Svoboda et al., 2001). As we have already stated, children from violent families often develop pathological social relationships in adulthood with the people who mistreat them. In Erikson's understanding *isolation and loneliness "triumph" over intimacy and a healthy form of love*. Experience of recurrent violence adversely affects an individual's ability to understand the behaviour of other people and react to it appropriately. Attitudes are characterized by inordinate levels of distrust, over-sensitivity and egocentricity, with feelings of danger over-generalized. In reference to this, Poněšický (2005) describes the so-called defence or preventive

aggression hypothesis. People exposed in the past to aggression or situations creating huge anxiety undergo important personality changes. Traumatic disruption of their integrity leads to heightened sensibility and a greater readiness to react immediately to danger with a preventive counterattack. This turnaround of the original situation provides a feeling of one's own dominance and strength and prevents the opposite situation, which is being at the mercy of another person. Such a deeply internalized and often unconscious resolution to never again suffer the same traumatization as that endured in childhood can become a defining force throughout a person's life. Its tragic consequences include the impossibility (or fear) of having close human contact and the unfair treatment of people considered to be potential enemies. A person might spend their whole life, without love and human closeness, behind the walls they have erected in their childhood.

Another effect of violence experienced in childhood which is described in specialist literature is so-called *learned helplessness* (Seligman's concept, which is used to describe an individual's conviction that negative and unfavourable events which are beyond one's control are dominant in their life. This conviction is associated with negative emotional balance and a loss of motivation to change the situation, a resignation to 'fate' and a sense of apathy). The origin of learned helplessness is associated with an absence of the subjective feeling of one's own worth and ability to handle situations in life, a lack of trust in one's own strength and self-efficacy (described by Bandura, for instance, in Stuchlíková et al., 2005, Křivohlavý, 2001). This phenomenon hinders fulfilment of the seventh developmental stage: *generativity, productivity and creativity*.

The last – and eighth – developmental stage is concerned with what Erikson (2002) calls the acceptance of one's life, *the acquisition of integrity, allied to wisdom and acceptance*. If we wanted to state responsibly whether this stage can be fulfilled by people whose lives have been blighted by parental violence, we would first need the support of research findings. At the time of writing however, we have no such findings at our disposal.

As we have already stated, the effects of violence experienced in childhood are extremely heterogeneous and are connected with a whole range of factors, especially the perception of the violence by the children themselves and the intensity and length of the traumatic events. Other key factors are the extent to which the child is directly threatened by the violence, his/her age, developmental level and individual vulnerability (or resistance), and quality of social support in the family and in the wider social context. Another important factor is the time when the case comes to light and the quality of help provided to the victim.

Pothe (1999) refers to some newer findings gained during long-term observation of the behaviour of affected individuals towards their own children and states that transgenerational violence only occurs in about 18% of cases. The following may be identified as protective factors preventing transgenerational violence:

- better ongoing social support, including a supportive partner,
- a positive relationship with an important adult in childhood or experience of psychotherapy,
- the ability to provide a coherent picture of the traumatic event with anger and responsibility directed not towards oneself but towards the violent person.

Other authors (Bentovim, 1998, Finkelhor, 1988) also agree with the opinion that the favourable influence of the above factors in the life of a child can lead to a breaking of the cycle of violence (without excluding, however, the higher probability of another crime being committed). Some children whose lives have benefited from these protective factors (personality resources, social support, resilience) display signs of the so-called "Batman syndrome" (Svoboda et al., 2001), in which their negative experience motivates them to behave positively and to grow spiritually. Herman (2001) states that the majority of people who have experienced family violence in childhood try to prevent the same scenario from recurring in their own family. Such parents are afraid that their own children will suffer the same fate and do what they can to prevent it. They succeed in mobilizing in themselves the ability to protect others, a process which they were unable to do to protect themselves.

This leads us to consider the question which now appears in psychological literature with ever-increasing frequency and that is, how is it possible for objectively unfavourable living conditions – or risk factors – not to affect people in the same way. *Resilience* is a relatively new term which describes the ability of an individual to develop in a reasonably normal and healthy way despite the presence of high-risk circumstances (Grotberg, 1997, in Novotný, 2010). It is a form of *adaptation,* the ability to come to terms with life and face difficulties despite the risk involved (Křivohlavý, 2004).

It is generally considered that the higher the risk arising from unfavourable living circumstances, the higher the negative result of its effect. So-called assets and *protective factors* (assets, sources of strength – psychological, social and other kinds of "capital", adaptive capacity, withstanding capacity etc.) work in the opposite way and effectively *moderate stress* (Křivohlavý, 2001) despite the unfavourable nature of the situation. Resilience is an interactive process involving both individual characteristics and the environment; it is a multifactor and multidimensional phenomenon,

characterized as a '*complex disposition,*' enabling a person to develop and mature and to improve their skills even in unfavourable living conditions (Kebza, Šolcová, 2008). According to these authors, it is made up of personality, of social and somatic resources, some of which are central to resilience, while others correspond with other psychological constructs dealing with a person's resistance (Kobas' concept of *hardiness*, Antonovský's SOC - *sense of coherence*, Seligman's concept of *learned helplessness*, Frankl's *logotherapy*, Csikszentmihali's *flow effect*, Rotter's *locus of control* conception and the s*elf-efficacy* of A. Bandura et al. in Paulík, 2010).

Resilience is now represented by a whole range of models and approaches. There exist conceptions of resilience in childhood and adulthood, and resilience in both individuals and groups (families, communities).

In this text we wish to focus on the problem of children's resilience. According to Mastenová (1990, in Matějček, Dytrych, 1998), under normal circumstances a relationship between parents and children creates key protective agents: parents help the child to develop the ability to face difficulties and overcome them, to boost their self-confidence, and provide them with information, opportunities to study and models of behaviour. If these are absent, the child is seriously deprived: s/he lacks self-confidence, knowledge and the will to study; s/he does not trust people and becomes fragile and vulnerable. Another author who has addressed the problem of children's resilience is Rutter (1996, in Šolcová, 2009), who includes the following among its protective factors: the disposition to limit the effect of risky experience on the functioning of personality and limit a chain reaction of negative experiences; high self-confidence; openness to new experiences and positively based cognitive processing of negative experience.

Michael Ungar, a pioneer in research into this area, is an initiator of the *International Resilience Project (IRP),* the basis of which is a conception of resilience as a multifactor phenomenon made up of the following groups of factors (Ungar, 2009):
1. *Individual factors*: constitutional resilience (positive temperament, a strong neurobiological system); sociability; intelligence; personality characteristics such as assertiveness; the ability to solve problems, resourcefulness – self-efficacy; the ability to live with uncertainty; insight – self-awareness; perceived social support; a positive attitude to life, optimism; empathy; aims and aspirations in life; equilibrium in dependence on and independence from others; moderate use of substances such as alcohol; a sense of humour and a sense of duty.
2. *Relationship factors*: parenthood satisfying the needs of the child; social competencies; the presence of positive role models;

meaningful relationships with other people at school and home; social support received and acceptance by one's peer group.

3. *Social factors:* opportunity to do work suitable to one's age; **prevention of exposure to violence in the family,** in one's surroundings and amongst one's peers; the government (state) is involved in providing safety and protection, help during a crisis, accommodation facilities, suitable work, a perception of social justice, and access to education, information and learning resources.

4. *Cultural factors:* membership in a religious organization and spirituality; tolerant attitudes of children and their families towards different ideologies, faiths and convictions (for instance, gender roles); coping with cultural changes; one's own life philosophy, self-improvement, cultural/spiritual identification, cultural rootedness and tradition.

Within the context of our research problem, this overview offers a whole range of aspects of resilience the development of which falls within the teacher's competence. For this reason we will now consider the role of the teacher in tackling the problem of domestic violence and in developing the child's resilience.

The teacher as a resilence factor of the child and his/her role in detecting and intervening in situations of domestic/family violence

Garmezy (1991) and other authors dealing with children's resilience focus on three principal categories of its development: the individual characteristics of the child (which we will consider in due course); family characteristics (presence of social support from at least one adult person); and an external support system (including peers, teachers, neighbours, trainers etc.). Given the focus of this project and the professional orientation of the author, we will concentrate here on the teacher as a child's factor of resilience.

The teacher's role is a multifaceted one. Kostrub (2003) talks about a shift in understanding the role of the teacher away from that of *a leader in the darkness of knowledge* for children/pupils to that of a *guide through the world of learning*, an inspirer, facilitator and counsellor. A teacher is thus understood as a helper providing help when creating and modifying systems of knowledge for children and for clarifying, specifying and communicating meanings. S/he is also an expert in interpersonal relations and an attentive listener; part of the job is to help children deal with their personal problems and to be active in their personality development. In this sense, the teaching profession is a unique one; individual teachers differ, however, in the degree of importance which they attach to their advisory roles, the powers they

have in this capacity and, last but not least, the willingness of children to go to them with their problems. Children look for two qualities above all others: sympathy and trustworthiness. According to Fontana (1997), these play an even more important role than the teacher's counselling expertise.

One aim of this chapter is to show the exclusivity of the teaching profession and its advisory function in relation to the problem of intrafamilial victimization of a child. The teacher is often *the primary detector,* the first person to pick up on signs of experienced violence in the affected child, especially if it is a child at pre-school or infant school. To ensure, however, that teachers are objectively prepared for such a task and have the feeling that they are competent enough to get involved in detecting this problem and decide what steps should be taken requires either preparation during teacher training at university or special training courses for in-service teachers. At present many teachers still have to rely on themselves and on their own superficial knowledge and sense of responsibility for the health and life of their pupils.

In our opinion, inclusion of this issue is necessary in both the undergraduate and postgraduate study programmes of psychologists, teachers, doctors (paediatricians) and healthworkers, social workers, lawyers, policemen and journalists. Study should focus not only on the latest findings in this area but also on learning certain practical skills for handling this type of professional situation.

A teacher is a real professional (Pothe, 1999, Ondrejkovič, 2000, Elliot, 1995, Dunovský, 1995 et al.) *considered by experts to be a professional in a unique position compared to other professionals* who only reach the endangered child second-hand – a result of the child's case being announced by somebody, of the child taking the initiative him/herself and seeking help, or of work in the field focussing on high-risk families. *Every* child (especially at infant school or pre-school) is in *intensive and long-term* daily contact with their teacher, often spending more time with him/her than with their parents. And such contact is *continual*, which enables the teacher to notice any changes in behaviour; the variety of classroom activities (games, drawing, word tasks, model situations, discussion methods etc.) enables the teacher to *notice certain signals*, especially if the teacher has the opportunity, even authorization, to look into the situation of and relations within a specific *family*. Describing the teacher as 'primary detector' is therefore not overstating his/her unique position. In cases of child abuse, it is not possible to 'wait for the client'. Qualified detection is very much of the essence.

The following text about the teacher's role in alleviating the negative effects of family violence on children can serve as a means of raising teachers' awareness of the problem. The text can be seen as *an aid in detecting violence in a child's family and providing contact with its victims as well as a methodical approach* for the given profession. It also increases the potential of this article to be of both theoretical and practical value.

This part of the article is mainly drawn from sources in which their authors focus on providing practical advice for specific professions which come into contact with the problem of family violence (Vlčková, 2001, Vicianová et al., 2000, Frosch, Low, 1999, Pešová, Šamalík, 2006, Kyriacou, 2003, Wallach, 1996). All of them agree, together with Filadelfiová and Guráň (1998) and others (Pothe, 1999, Ondrejkovič, 2000, Elliot, 2000, Dunovský, 1995), that *the teacher undoubtedly has a key role in preventing certain negative effects of family violence on children especially by helping, first in its detection, and then in the subsequent stages, including counselling, listed below:*

1. Noticing the signs of danger – detection

There are several ways of teachers finding out that a child is in danger. The most direct is when the child goes to the teacher and confides in him/her, but this is rare and only occurs if there is a very close and trusting relationship between teacher and pupil. Another way is through information from a third person: a classmate, friend, neighbour or sibling of the child, for instance. Most commonly, though, teachers have to discover it for themselves on the basis of their willingness and ability to decipher certain warning signs.

The special position of teachers and their powers in this area are based on their daily contact with the child over a number of years. It is this which enables them to notice any peculiarities or changes in the child's behaviour, signs which may indicate to the teacher that something is wrong and lead him or her to look more closely at the child and the child's family and to compare his/her observations with other teachers.

Even though the signs which indicate that a child is being exposed to violence at home are often unclear and difficult to prove, some of the most common include the following: extreme timidity and 'jumpiness', vigilance; a tense posture; disruptive behaviour or "excessive" obedience; very uncooperative or over-familiar behaviour; apathetic and depressive or unduly aggressive behaviour; sleeping and eating disorders; speech impediments; extreme introversion; daydreaming; running away from home; truancy; theft; acts of self-harm; suicide attempts; drug abuse. To simplify it

somewhat, we can say that children usually express unprocessed negative experiences in two different ways: either they take out their fear, despair and anger in outward acts of destruction or they take it out on themselves.

Sometimes such children try to cut themselves off from their surroundings, refuse to take part in social events, avoid participation in extracurricular activities and trips and become outsiders. They don't look after themselves, are untidy and chaotic and neglect their appearance. They are unable to relax and come out of themselves but cannot concentrate properly on their school work. One of the most common symptoms of something being wrong in a child's life is their sudden deterioration at school. Such children lose all sense of boundaries: either they are too withdrawn, too good and obedient or they are over-familiar and feel offended and threatened by the slightest gesture.

Another signal is often a change in habits: the child doesn't finish lunch, is the last to leave school or has several unexplained absences.

Smaller children do not talk about their experience of violence and are unable to express or describe it. Their problems become visible through the way they play with dolls or stuffed toys (games in which the child imitates the aggressive behaviour of the parents, shouts at the toys, threatens them and smacks them etc.), or in roleplay games, drawing pictures of their family and choosing colours for them.

Older children gradually realize that they are victims of mistreatment and can defend themselves. Usually however, fear and anxiety about the survival of the family they are dependent on prevents them from speaking openly about their problem. Sometimes they confide in their friends but insist on their confidentiality (deep down they really want someone to disclose the secret to so they can get some help). The violence they experience comes out in drawings and written work or they describe it in conversations as if it were the experience of somebody else.

2. Managing one's emotions

The immediate emotional reaction that comes with the suspicion that a child is being exposed to excessive home violence is often one of outrage and revulsion towards the violent family member(s), anger, compassion for the child and helplessness. It is important to come to terms with these emotions and find the courage to act upon them. Then it is advisable to seek help within the institution – from colleagues, other teachers who know the child or have dealt with a similar problem in the past, the school psychologist or

even the head of the school – or from other qualified and trustworthy people working at pedagogical-psychological advice centres, NGOs etc. and find out about what steps may be taken.

3. Gaining further information

One aim of teaching work should be creating an atmosphere of trust in which children have a feeling of security; the teacher should be a person who can be relied upon to provide protection when necessary and to create space in which the pupils can express their feelings, opinions and needs. This is a prerequisite if the teacher wishes to interview the child on the basis of his/her suspicion of family violence taking place. Such an interview should in no way be interrogative or insistent, however. Hasty and pressurizing conduct from the teacher may result in children withdrawing more into themselves and retracting their statements.

It is important to act according to the degree of trust and closeness which the pupil feels towards the teacher. The teacher should be available but not pry, speak with the child if the child wants and needs it, listen and be understanding but never force the situation. It is essential that the child feels that there is help available but the teacher should not dramatize the situation nor be over-emotional. The child should be reassured that his/her feelings (fear, sadness, anger, confusion, guilt etc.) are normal and it is important to give support to the child whatever the situation, even if s/he is very negative, angry and mistrustful towards the whole adult world. Such children need reassurance that they are believed and that everything will be done to end their suffering, that they are not to blame for the violence or for 'grassing' on their parents, and that there is help available for their parents, too. What is also very important, however, is that the teacher explains to the child that such information cannot remain secret and that certain steps will follow which may bring unpleasant situations but that help is certainly on its way. It is also advisable to prepare together with the child a plan of action in the event of an emergency (a helpline, place to stay overnight etc.).

Children need a reliable person close to them, someone who respects agreements during times of conflict and who is willing to provide them with protection. They also need time and space in which to identify their own needs and feelings and learn how to express them.

Children who are witness to domestic violence perceive pain as being a part of their lives and in order for them to understand that there are people who can and want to help them, they need to experience more positive

relationships without physical and mental pain. Such relationships can be therapeutic and can heal their negative perceptions of the world. It is understandable that given the nature of the problem and the negative attitude of some parents towards school and teachers, the teacher must act cautiously and with great tact and sensitivity especially during contact with the parents. Parents' reactions can be varied and range from fear of exposure and aggression towards the teacher to attempts at playing down and trivializing the whole matter. Teachers at nursery school have the best chance of working closely with parents because they meet with them almost every day and so have the opportunity to engage them in conversation and find out more about the child's family background. If a problem comes to light, they can even encourage parents to seek professional help.

Information about a family situation can also come from a third person. In such cases, however, it is very important to judge the reliability of the source of information as well as the risk level within the family.

4. Informing competent institutions

Once the teacher has become convinced that his/her suspicion of violence in the child's immediate environment is justified (after working very closely with the colleagues listed above to arrive at this point), it is then necessary to inform staff at the local Office for Child Protection and Social Care (formerly the Department of Family and Childcare) so that further investigation can take place. It is important to clarify who will confront the parents with allegations of violence. Help can also be had from certain NGOs (for example, Help for Victims of Violence, the confidential helpline and crisis centres).

A police investigation of the case and the effects of it can be unpleasant and difficult for all parties. Such investigation is necessary, however, because not reporting such cases (or not reporting suspected cases) can be disastrous for the child and for his/her future life. It is important to realise that family violence is classified in criminal law as *tyrannizing a close person* (causing a person physical or mental suffering) and is punished by prison sentences of from one to five years or prohibition of certain activity; in the case of especially severe mistreatment, offenders may receive a ten-year sentence; if severe bodily harm or death is caused, the penalty may be up to fifteen years. The criminal law is quite clear in defining what it means by tyrannization: in terms of its intensity and range, it describes any long-term rough and callous treatment which places great strain on the victim.

The criminal law also punishes those who know about a case of such violence but do nothing to stop it – in Slovakia the obligation to report such a crime is defined by law: *not hindering a criminal act and not reporting a criminal act is a criminal act in itself.* Everyone thus has the duty to prevent further violence from being committed on a child even if they work in a profession where they are expected to respect confidentiality (lawyers, psychologists, priests,...); they must request for the competent body or the victim of violence to allow them to disclose the information they have obtained. Healthcare facilities are obliged by law to report to the police all patients' injuries which are suspected of having been caused deliberately by another person.

Social workers and the police most often obtain information about domestic child abuse, or suspicion of it, from teachers, doctors, paediatricians, social workers in the field and other professional workers who come into contact with children, helpline operators and other citizens (neighbours, acquaintances, relatives).

5. How to treat a child who is exposed to domestic violence

It is not possible to prescribe a general model of behaviour which a teacher should adopt towards a child who has witnessed violence at home; every case needs to be considered individually. Amongst the basic principles of dealing with such children, however, (if they do not require hospitalization or placement in a crisis centre) is the need to continue to act and communicate with them in the same way as before (giving the child a feeling of security and support), making sure that they keep up and thus requiring everyday tasks and activities from them, not showing excessive sensitivity, sympathy, anxiety or overprotectiveness. This does not mean trivializing the situation; devoting time and space to the child is always necessary if the child needs it. Such an approach means that clear boundaries are preserved and the child does not become used to an exceptional status which could lead to him/her constantly demanding attention from the teacher.

The teacher as facilitator in developing a child's resilience

Study of resilience has led to experts turning their attention to protective factors and the strengths of an individual, to ways of encouraging and developing desirable personality characteristics and to subjects which can foster resilience, especially in children (reflecting the view that children acquire the key abilities needed for resilience in the first ten years of their life, Šolcová, 2009). The child's school must certainly realize its potential in this area and the role of the teacher – especially in the case of a

dysfunctional family – is a unique and irreplaceable one, as we have stated elsewhere in this text. Research into resilience has shown that one of the main characteristics of resilient children is the presence of social support from at least one adult. Werner and Smith (1989) state that the teacher is the most important role model outside of the family, and as far as resilience is concerned (i.e. as a model of resilient behaviour), his/her task is not merely to teach academic skills but, thanks to his/her personal style of individual and class leadership, also to influence pupils' resilience by providing three key protective factors (Benard, 2011):

- *Consciously cultivating relations* which are aimed at meeting the basic human need for safety and love, along with a sense of belonging and protection through expressing interest, listening actively, identifying emotions and showing respect and empathy.
- *Having high expectations* by believing in the innate capacity for resilience and self-improvement of one's pupils, using encouraging words such as "Your work is important and I know you will manage it," giving instructions but not forcing, providing "structured space for freedom," changing external motivation for learning to internal etc.
- *Providing and creating space for participation and cooperation* by initiating interactive group processes leading to reflection, dialogue, critical thinking, teaching responsibility, creating rules together with the pupils, providing space in which to experience success, using methods for developing and rewarding creativity.

Resilience abilities can be developed at school within:
   a) the teaching of any subject, both in purposely prepared situations and in the form of a managed response to spontaneous situations (for instance, personality clashes),
   b) the teaching of social sciences – psychology, teacher training, ethics, family and education, drama, personal and social education etc.,
   c) class lessons,
   d) separate training courses carried out at school.

Benard (2004), an American expert in the field of research into and development of children's resilience, argues on the basis of extensive research that the growth of resilience is nothing more than a process of healthy human development. According to this author and others (Benard, 1991, Higgins, 1994, Werner, Smith, 1992) and in accordance with Ungar's conception of individual factors, resilient children have the following qualities:
   1. They have social competence – this means that they have a full range of skills and qualities which enable them to be more effective in social relations (the term 'social competence' is very closely tied to terms such as emotional intelligence (Goleman), successful

intelligence (Sternberg), social intelligence (Thorndike), relational intelligence (Gross) and interpersonal intelligence (Gardner). Socially competent people show empathy, have communication skills and a sense of humour. We would like to emphasize that even in normal everyday lessons, it is possible to develop this competence by creating a cooperative learning environment, using active based and experiential learning (model situations, discussion methods, roleplay, interactive games, case studies etc.). One specific means of developing social competence is sociopsychological training in a range of social skills in relation to oneself (self-knowledge and self-reflection, creating a real self-image and healthy self-respect, recognition and appropriate displays of emotion, authenticity) and in relation to other people (empathy and acceptance of others, active listening, self-expression, tolerance of other points of view, knowing others, perception and cognition, interpersonal communication, assertivity and non-aggressive behaviour, handling conflicts and stressful situations etc.). Programmes which focus on the development of pupils' social competence are an invaluable addition bolstering educational results and encouraging the personal and social growth of pupils. This can be seen in their daily life outside of the school environment, in their relations with their peers and their family and in their relationships generally.

2. They are adept at tackling problems – are reflective and flexible in finding alternative solutions, having acquired this skill as a necessity in a life full of danger and instability. In school this ability can be fostered by using problem-solving learning (the so-called problem-posing method), which can be applied in any subject, and by stimulating critical thinking.

3. They are autonomous and have the ability to act independently together with an internal locus of control. They are able to see themselves as separate from their dysfunctional families by preserving an optimal self-image and tying it in with achieving constructive goals – the authors refer to this as 'adaptive self-distancing'. By providing space for pupils to express their opinions and introducing discursive methods, teachers can develop this quality of resilience.

4. They have aspirations, a sense of purpose and optimism about the future. They want to achieve success, are ambitious and are able to make realistic plans. They have a feeling of trust that the world around them is predictable. School contributes to this by creating space in which success can be experienced, and by creating in pupils a feeling of self-worth and self-efficiency. This is done through praise, encouragement and fair evaluation as well as through setting tasks and goals with an appropriate level of difficulty.

The presence of these attributes is the direct opposite of so-called 'learned helplessness', one of the most important negative effects that domestic violence has on victimized children (*see* above). The process of eliminating this negative effect involves removing the 'threatened' or 'at risk' label attached to the child and forming a person who is resilient, competent and capable of flexible reactions in all kinds of situations. Development of the resilience of children from violent households should primarily focus on building self-respect, encouraging assertive but not aggressive behaviour, removing the specific gender stereotypes of the violent male and the passive female and reframing the explanation of reasons for good and bad things in life.

In some foreign countries certain educational programmes are being introduced into schools which are aimed at strengthening the resilience of children. In Great Britain (following the American model) so-called 'happiness classes' for 10-15-year-old pupils are soon to be introduced which will focus on making cognitive assessments of various stressful situations (Lehenová, 2009). Such classes deal with the feeling of well-being and are based on the rapidly developing field of positive psychology, which is concerned both with research but also with practical recommendations in the area of human achievement (Křivohlavý, 2004, Seligman, Csikszentmihalyi, 2000). The following areas are of special interest to positive psychologists: the cognitive (wisdom, desire to learn, hope, optimism, well-being, creativity); the emotional (experiencing happiness, positive emotions, self-control, emotional intelligence, indomitability, determination, positive self-evaluation); the interpersonal (compassion, social intimacy, forgiveness and reconciliation, gratitude, love, empathy, altruism); the moral and value-based; ways of handling life problems, conflicts, stress, searching for meaning in life, humour, authenticity, humility, personal identity, self-realization, spirituality, optimism, experiencing happiness, hope etc. A key aspect of positive psychology is focussing on positive and life-affirming aspects of our existence. Principles of positive psychology associated with the concept of resilience have so far been only very sporadically applied within the Slovak educational system. This is clearly a result of the fact that teachers have insufficient preparation in this area both in terms of their undergraduate training and in terms of postgraduate training opportunities, for instance within the teachers' continuous education programme.

Resilience can be understood as a tool which the human mind uses in dealing with setbacks, a kind of immunity system which has a natural basis but can be strengthened with practice and learning. Its outer limits are defined by personal values, convictions and character. Resilience in a state of tranquility can hardly ever be observed; instead it is mobilized during a

crisis and then draws from all sources – innate, acquired, personal, familial, social and spiritual – before engaging in the fight to retain self-esteem in moments of danger. We cannot say in advance which capacity will be used for defence and which for attack nor at which moment it will be used; that is why resilience cannot be taught. Education, support and training can all help develop skills, however, which can be called upon during moments of crisis... (Komárik, 2010).

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Conclusion

"So you look at your children and you want to save the family."
(Words of a victimized woman)

Although the VICTIMS project has not focused solely on examining children's resilience but was designed more generally to (1) examine the indirect harmful effects on children of witnessing violence against their mothers (especially within the area of a child's behaviour, self-perception and perception of the mother) and to (2) sensitize parents and professionals to this topic, it is not surprising that the issue of children's resilience attracted our attention. The phenomenon of human vulnerability and resilience is more evident when a human being faces any kind of life adversity. The child's experience of being a witness to violence committed on the mother by her partner (mostly by the child's father) is without a doubt an extreme example of life adversity. It seems that in such circumstances, vulnerability prevails over resilience. This kind of victimization of a child leads to manifold negative consequences that have been described in the academic literature and confirmed again by the results of our recent research:

Chapter 1 pointed to such negative effects as: the child's fear (especially fear related to one's mother's health and fear of meeting one's father), doing worse at school or losing friends. But one of the most disturbing effects of intimate partner violence is that the mother is weakened to the level in which she fails to provide parental support to the child. Mothers are occupied by their own problems (including feelings of shame, guilt, helplessness, fear and anxiety, depression, suicidal ideation, social isolation, physical problems, somatization) that probably evolved or were strengthened by experiencing recurrent episodes of partner violence. Although violence is a significant family burden, surprisingly mothers do not consider it important or necessary to talk with their children about what is happening within the family. Discussion on this topic is instead perceived as inappropriate (because children are too young) or pointless (as children actually witness the violent episodes). Our research also revealed that while mothers perceive they have failed just in their role as a wife (denying deficits within their maternal role), children (without distinguishing these roles) do not consider their mother as an ideal role model. It is indisputable that as well as the violence itself, children also witness their mother's ineffective coping strategies (including denial, passivity and self-sacrificing).

In a certain sense, these children are betrayed by both parents and thus deprived of access to a significant source of resilience.

Chapter 2 has highlighted the negative impact of family violence on a child's self perception: when compared to a control group, the children who are exposed to violence feel less competent in all areas related to school and performance at school (Scholastic Competence). This primarily applies to cognitive abilities but also reflects a deficit in the area of social relations (Social Acceptance). They feel less popular and accepted by their peers (which is a high risk area in terms of the formation of a child's identity between the ages of 9 and 12). In addition, children who are victimised by witnessing family violence have lower self-esteem and feel more negative about themselves and life generally. Given the tender age of the respondents, a deficit in the area of self-perception is especially serious and can have many possible effects on their healthy development as well as generally contribute to a lowering in their levels of resilience.

Chapter 3 further developed the theme of a child lacking maternal support, describing it in the context of spirituality and religion. Although violence is generally considered a sin – something that should be avoided and if ever committed then eliminated, violence has become a part of daily life for the women and children who participated in our research. While mothers drew upon cultural and spiritual values (such as love of one's neighbour, forgiveness, self-sacrificing, obedience, hope, faith in justice, sanctity of marriage and family) to increase their resilience, they got stuck in a trap of superficial understanding of those values. According to our research findings, mothers presented their children with religion-based coping strategies that rather contributed to a prolongation of the violence. Interiorization of otherwise substantial, but in the child's family, badly misunderstood values, hindered the victimised child in discovering yet another important source of resilience.

Chapter 4 described the adverse impact of family violence through focusing on that part of the child's suffering that is connected to the lack of a positive father figure. On the one hand, children are emotionally bound to their father and cannot totally give up their love for him; on the other hand, they witness his manifold aggression. The child's confusion and inner tension arising from these circumstances is compounded by the ambivalent messages coming from their mother, who suffers enormously but at the same time enables the aggressor to act the way he does. Children then get into an unresolvable conflict between the need to protect their mother and the need to manifest their anger – both towards their mother and their father. Affected by their father's aggression and mother's submissive position alongside her husband, boys tend to adopt an aggressive pattern of

conflict resolution, while girls tend to feel more numbed and become passive. In addition, children victimised by family violence seem to have more problematic relations with the opposite sex; girls especially manifest difficulties in seeking and finding trust in their partners. As both parents often come from dysfunctional families, their own unfinished business in this regard probably prevents them from managing their adult roles, which has a further negative impact on the development of moral principles and competencies in their children. One of the sad consequences of family violence is also the increased social isolation of children, which is indirectly encouraged by the fact that a feeling of shame often stops them from bringing their friends home. In addition to these already mentioned support deficits, these children may also lack support from teacher figures – as teachers often do not know about their complicated domestic environment, and children who (probably) compensate for their suffering by increased school performance do not give teachers any warning sign which would raise the need for intervention.

Despite the multiple negative consequences of family violence that in various ways might interfere with the sources and capacities of a child's resilience, the authors of this volume did not adopt a position of despair. They believe that the severity and duration of this negative impact can be modified, one source of hope lying in the fact that resilience (as well as coping) is not a static phenomenon – it rather evolves and changes over time. Therefore strengthening the "elements" of resilience can be perceived (and received) as an unceasing challenge. By facilitating positive shifts within the child's personality, family functioning and external support, the child's healthy functioning can be restored.

Deficits in the area of self-perception can be quite easily noticed and assessed by responsible adults, especially by teachers and school psychologists (Chapter 2). Interventions focused on rebuilding the child's self-esteem (and trust toward life and future) are needed here. As emphasised in Chapter 5, the teacher has an irreplaceable role as "primary detector" of family violence and enactor of preventive measures which may lead to elimination of the violence and its negative effects on the child. In cases of child victimization, it is not possible to 'wait for the client'. Qualified detection is very much of the essence. To ensure, however, that teachers are objectively prepared for such a task and have the feeling that they are competent enough to get involved in detecting this problem and deciding what steps should be taken requires either preparation during teacher training at university or special training courses for in-service teachers. Every child is in intensive and long-term daily contact with their teacher, often spending more time with him/her than with their parents. In general teachers can influence pupils' resilience by *consciously cultivating* relations,

having high expectations and creating space for participation and cooperation. Development of the resilience of children from violent households should primarily focus on building self-respect, encouraging assertive behaviour, removing the gender-specific stereotypes of the violent male and the passive female and reframing the explanation of reasons for good and bad things in life.

The authors in Chapters 1 and 3 argue that in our effort to help victimized children, an ecological approach is necessary. In this regard, special attention should be given to the child's mother who is victimized by her partner's violence. Mothers who struggle with their own peri- and post-traumatic symptoms are more likely to fail in their supportive role in relation to children. The character of their coping mechanisms and conflict resolution strategies (including those that are religion-based) should be deeply explored. Having relevant information on the character of violence in intimate relationships, as well as on its long-term effects on primary and secondary victims, is crucial in choosing an effective coping strategy. The movement from ineffective or even dangerous coping strategies toward effective ones may need careful assistance of professionals, especially social workers, pastoral workers (priests, pastors and counsellors) and experts on mental-health. As a mother's health and ability to parent improves, her child's resilience may also grow.

The authors in Chapter 4 remind us that while empowering the child's mother, we should not, at the same time, omit the paternal figure. For the child both parents are important. A black-and-white perception of the situation is always imperfect. It seems that children witnessing domestic violence have ambivalent feelings toward both parents; and, as we know, "love" and "hate" are both expressions of interest and care. Although we do not fully understand what enables the children to preserve some positive feeling toward their father despite repeated exposure to his aggressive outbursts, we should not underestimate the importance of the father's presence in their life and merely cling to superficial solutions. We cannot simply remove one figure from the child's life, and say that from now on everything will be fine. Perhaps this is what mothers have in mind when they struggle to keep the family together for as long as possible.

Maybe we should direct our future research toward these questions: When and especially how should we intervene in cases of spousal violence if the children are in the position of witnesses? What kinds of interventions are in a child's best interest? Do we really know what is right and just in cases of domestic violence? Do we have effective methods for healing the harm inflicted on relationships by violence? Do we have reliable tools to distinguish when we should try to remedy the family dysfunctionality and when to give

up? How can we facilitate an offender's abstinence from violence? And are we ever willing to care for the offender's needs?

It is indisputable that restoration and/or reinforcement of resilience in children victimized by spousal violence is a task that cannot be managed by a single helping profession. Cooperation and thorough coordination of various professionals and institutions is needed. We hope that not only the professional but also the lay public will benefit from our research findings, which highlight both the dangers of damaging and the possibilities of renewing sources and elements of resilience.

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