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## **Domestic violence and victimisation with reference to the child's resilience**

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### **Abstract**

*Resilience (positive adaptation) has been defined as the maintenance of healthy/successful functioning or adaptation within the context of a significant adversity or threat (Luthar, Cicchetti, & Becker, 2000). Masten and Obradovic (2006) emphasise the importance of both external adaptation to the environment and an internal sense of wellbeing as being part of a comprehensive assessment of resilience. This article explores the relationship between domestic violence and the child's victimisation and resilience. Young people raised in threatening conditions are most likely to display indications of insufficient resilience and poor resilience, moreover, threatens the development of a healthy civic community. This work draws upon international comparative research that focuses on the factors that may positively influence the resilience of the child, in spite of its victimisation. Selected findings are presented here with the intention of sharing experiences with as wide an audience as possible in order to influence policy and practice where children at risk are concerned.*

**Keywords:** *domestic violence, child's resilience, resilience protective factors, mother as a protective factor*

### **Introduction**

In the Slovak Republic it was not until the late 1990s that 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 little reflected in either theory or research, despite the fact that the number of such cases has not been insignificant in the past as well as today. The high rate of latency is visibly manifested when the official statistic data do not correspond with the information gathered by fieldworkers. Within the campaign "Without bruises" – that ran in Slovakia in November 2007 with an aim to make the public aware of the problem of child abuse – data were presented disclosing 10-12% of children as abused; and, based on expert estimations, that about 20 children die as a result of abuse each year. The most frequent victims are children in the age of 2-5 (Fuchsova, 2009). For a long time, people involved have been signaling the 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 continuous absence of systematic monitoring, and lack of exact theoretical grasp of the problem and their impact on subsequent institutional solutions, i.e. prevention corresponding with European norms. There are a shortage of 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.

In the first part of this contribution we concentrate on definition of the concept 'resilience', analysing approaches to determining the resilience of a victimized child. At the centre of our attention are the protective factors of resilience, the presence of which have been verified in the researches, results of which are presented in scientific infrastructural databases. From the researched protective factors, we are choosing one: parental support, specifically 'the mother', as a protective factor of resilience in the victimized child.

In the second part of the contribution we analyse the partial results of the research carried out within the V.I.C.T.I.M.S. project. 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); we specifically concentrate on the pattern of results of our research which enable us to interpret mothers' behaviour in the studied cases of domestic violence. 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. Young people who have been raised in threatening conditions are most probably going to display signs of insufficient resilience. Poor resilience is moreover a threat to several aspects of the development of a healthy civic community.

## **1. The Effects of Exposure to Domestic Violence**

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. The findings in these investigations, however, have been according to Kolbo (1999) conflicting and inconclusive. Several studies found that children exposed to family violence have significantly more emotional and behavioural problems than children 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, 1999). 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 1999). As Kolbo (1999) notes, 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). 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 analysis of the concept of resilience.

## 2. The 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, Garmezy, 1991a, 1991b; Rutter, 1987; Rutter, 1990, Garmezy, 1987; Garmezy & Masten, 1991; Luthar & Zigler, 1992). 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). In addition to describing a construct, it is important that a definition facilitates further research, and Hjemdal et al. (2001) 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*.

### 2.1 Resilience Protective Factors

*Protective factors* are qualities of a person or context that predict better outcomes, particularly in situations of risk (Wright & Masten, 2006). Longitudinal studies (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*.

*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). 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).

### *2.1.1 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. 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). The mother's mental health also provides a protective function for children in families with violence. 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 results of Howell's et al (2010) study specified parenting and maternal mental health as highly relevant factors predicting resilience.

## **3 Analysis of Results of Research Carried out within the VI.C.T.I.M.S Project**

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) collaborated on the research project: “An Indirect 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 - funding obtained by the European programme DAPHNE III action grants 2007-2013.*

### **3.1 Goal of the research**

The main goal of the project was: 1. to examine the indirect harmful effect of violence against women mothers upon their children if exposed to it in the domestic sphere, as well as mothers' awareness of that effect, 2. to 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 paper we analyse partial results of the research gained from the survey sample of respondents from Slovakia. Interpretation of selected results is carried out within a reference framework studying the resilience of a child (presented in the first part of this contribution). Specifically we examine the results flow enabling 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“.

### **3.2 Results**

#### *3.2.1 Analysis of written testimonies given by women and children, victims of violence.*

*Partial research aims* were as follows: 1. to determine 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.

The method used in this part of research was a general description of the sample of cases. When tackling the research problem, the team carried out 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 8 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 but instead see it from the point of view of the employee within the aims of the NGO’s planned intervention.

#### *Data analysis.*

The focus for discursive analysis was statements made by the women on the subject of domestic violence and 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). 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.

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 – looking for connections between the individual themes and the concretion of meaning by identifying the organizing principles of individual representations.

The analysis results were validated with the help of four analytical approaches. 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, as well as the method of triangulation of theoretical perspectives (perspective of discursive psychology, social constructivism and critical psychology).

#### *Thematic units.*

The analysis was divided into seven framework themes:

0. Description of the woman - victim<sup>1</sup>
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
5. The mother's feelings
6. The mother's coping strategies

### *3.2.2 Selected results. The Effects of violence*

#### *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

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<sup>1</sup> 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)

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 which he can decide what to do with) 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),

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.

### *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 feel guilty that they have 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 and defensive 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 get afraid and stepped back so that my husband wouldn’t crash into anything..” (S2).

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 so that he would be attracted to me but it didn’t help...” (S4).

#### **Conclusion**

The focus of the paper was on 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 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, 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 discussion about

such violence pointless as their children were actually witnesses to it. Implicit in such statements is the woman's notion that if their children saw the violence with their own eyes, then there is no need to speak further about it. 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.

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 for the child and for their whole future life immense meaning, prefiguring the child's relationship with themselves, 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 treatment, 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.

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