

## THE HEALTH-PROMOTING SCHOOL PROJECT AND THE DOMESTIC VIOLENCE PHENOMENON

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**Abstract:** *The paper sketches basic outlines of possible uses of the Health-Promoting School project for the elimination and prevention of cases of domestic violence against children. It gives the definition of “domestic violence”, which should be distinguished from corporal punishment with a disciplinary objective, and cannot by definition be considered domestic violence. It then discusses aspects of the Health-Promoting School project that could be used in a campaign against domestic violence against children because that is a relatively wide-spread phenomenon with serious consequences.*

**Keywords:** *health-promoting school project, domestic violence, consequences of domestic violence, domestic violence prevention.*

Domestic violence is a phenomenon that concerns relatively large numbers of people in our society. It is usually approached from the gender point of view. It is no coincidence, because it was women’s movements that played an important role in stirring discussion about this negative social phenomenon. Later on, measures intended to eliminate domestic violence were adopted thanks to that discussion. The fact remains that domestic violence affects a lot of women (this is, after all, evident from police statistics on domestic violence from 2007 and 2008<sup>1</sup>), but it is not less important a problem for senior citizens and, last but not least, also children. It is the latter, i.e. domestic violence against children, that the paper will deal with, emphasizing especially the relation of the topic with the Healthy School project.

A question may arise about the reason for which it is necessary to pay attention to the problem of domestic violence against children. There are at least two very important reasons for paying attention to that phenomenon. One is the finding published by the West European law enforcement officers already in the 1980s to the effect that many young delinquents committed a criminal offence if they themselves had been victims of some of the offences that might fall under the general heading of domestic

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<sup>1</sup> See, e.g., VITOUŠOVÁ, P. Evictions in 2008. Comments on the analysis of data on “Evictions / Prohibition of Entry in the CR” in 2008. Date of publishing not given. Online. [quoted on 4 August, 2009]. Available at <http://www.domacinasili.cz/cz/redakce/novinky-nazory/vykazani-v-roce-2008/r17>.

violence committed on children<sup>2</sup>. Although there are no relevant representative surveys yet to support this conclusion we may assume that criminal offences (including those related to domestic violence against children) that target children and adolescents as victims can be considered one of important crime-inducing factors. Another argument in support of increased attention to be paid to domestic violence against children are the consequences that this negative social phenomenon causes every day. It also affects educational processes because the child that is a victim of domestic violence takes the consequences with him to the classes. There are, however, some foreign studies (Bailey et al., 1997, Rivera and Widom, 1990, etc.) that suggest a significantly higher percentage of children – victims of domestic violence among both perpetrators and victims of bullying, as well as among adolescent delinquents.

In view of the extraordinary attention generally given to the phenomenon of domestic violence, it might seem that it would be easy to define it. And defining the notion of “domestic violence” is very important for its identification and any measures taken against it, which is particularly true in the case of children and juveniles. This is because their age group is specific in that a degree of disciplinary violence is permissible and socially tolerated in it (although even this notion is oftentimes disputed), and for that reason it is necessary to differentiate between socially acceptable violence for disciplinary reasons and expressions of domestic violence. The border between them is sometimes very indistinct, which, in combination with the latency of domestic violence, makes domestic violence sometimes rather difficult to expose.

When defining domestic violence, we may decide to use a general definition of violence. The World Health organisation, for instance, defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

In the case of domestic violence, it may be physical psychological, social and sexual types of violence (and their various combinations) committed by intimate partners in a household (hence the appellative “domestic”) or by people sharing one and the same household. When it comes to domestic violence against children, the victim of such violence is a child, i.e. a person younger than 18 years of age. Domestic violence is characterized by its repetitive and prolonged nature, its tendency to escalate, a clear-cut differentiation of roles of the aggressor (perpetrator, bully) and his victim (endangered person), and that it is violence with the exclusion of the public<sup>2</sup>. From the first characteristic, i.e. the repetitive and prolonged nature, it follows that it is not possible to reliably infer from an aggressor’s single attack if it was a case of domestic violence or not. Of course, it cannot be ruled out, on the other hand, that it was the beginning of a process at whose end there will be domestic violence with all its characteristics. The second characteristic reflects the fact that domestic violence escalates from verbal abuse and belittling human dignity up to physical or other attacks that can be qualified as one of a number of criminal offences. At the same time, the intensity of violent incidents escalates. The clear-cut and unquestionable distinction between parties in domestic violence does not mean that aggression in which individual parties to the conflict attack each other either at the same time or in turns cannot be considered domestic violence. The characteristic of the exclusion of public (latency) in domestic violence cases means that

that domestic violence occurs outside social control in the privacy of one's home, which in many cases makes detection - and thus also effective resolution - impossible. All the above characteristics must be present if a case is to qualify as domestic violence.

When discussing domestic violence against children, we should also mention the so-called Child Abuse and Neglect (CAN) syndrome, which includes all the above types of child mistreatment that can occur as part of domestic violence in this age group. The CAN syndrome can be defined as a negative interference with physical mental and social development and situation of the child, resulting from the behaviour of the parents or some other adult, which is not accidental and which, at the same time, is socially unacceptable. Thus it is a set of negative consequences that mistreatment has on the child's personality and health. The mistreatment can consist either in actively caused harm or in insufficient care, the consequence of which is that the child's essentials of life are neglected.

Based on the recommendation of the Health Committee of the Council of Europe to the member states, CAN cases are usually classified and recorded into the following subgroups (1992):

- corporal (physical) abuse - can take different forms, generally it may be either consciously causing physical harm to a child or not preventing or stopping such a treatment of a child. This may take many different forms in real life situations: slapping across the face, beating (with a hand or various objects), kicking, shaking, throwing, pulling at various parts of the body (mainly ears, hair), causing slashing, stabbing or other wounds, burning with a cigarette, intentional scalding, binding limbs, tying down, forcing to behave or live in an undignified manner, or depriving of some life essentials (food, drink, sleep, etc.);
- psychological abuse - the kind of behaviour on the part of parents or other members of a household that has a negative effect on the child's psychological development manifested in the emotional area, in the areas of self-assessment and self-worth, in the child's behaviour and interpersonal relationships. In ordinary life, it takes the form of name calling, derogatory remarks, putting down, emotional blackmail, tactless comparisons with other (more successful or better) siblings or peers, unrealistic demands on or expectations of the child, emotional deprivation, but also social isolation consisting in preventing or not enabling contacts with relatives or peers. Finally, the types of behaviour of parents who are trying to solve their own relationship problems (e.g., in connection with the divorce, by forbidding their children from communicating with their other parent, forcing them to testify in their favour, setting them against their other parent, etc), should also be considered psychological abuse;
- neglect (sometimes also referred to as passive abuse) - it occurs when a child is not being given adequate care from his or her parents, and the situation leads to deprivation in or harm to the child's physical or mental development. It again includes a relatively broad range of acts, or rather, omissions to act, that can be divided into four groups. The first group consists of omissions that cause physical neglect. This group includes, first and foremost, child neglect cases that as a result from a failure to provide adequate food, drink, clothing or even shelter or medical care (e.g. no preventive health checks, immunizations,...),

etc. The second group are actions of emotional neglect which is caused by an inadequate show of love and affection to a child, which leads to a long-term inadequate satisfaction of his or her emotional needs. The third group is a lack of supervision, i.e. when parents do not have enough information on what their children are doing and where, and not only in their leisure time. The last group of the actions under discussion is a failure to provide for adequate child-rearing and education, which is manifested in the parents' tolerating or even encouraging repeated and unjustified cases of truancy of their children;

- sexual abuse - in this context, the Child Sexual Abuse (CSA) syndrome is often mentioned<sup>3</sup>. Sexual abuse is identified when a child becomes an object of an appropriate sexual contact or behaviour the aim of which is the gratification of sexual needs of the abuser. Quite often, the perpetrator of sexual abuse is a person that the child knows very well, including the child's parents or other persons who share in the child's education or care. Sexual abuse may take the form of commercial sexual abuse, contact sexual abuse and non-contact sexual abuse behaviour. Commercial sexual abuse includes child prostitution (procurement or solicitation of a child to provide sexual practices for monetary or some other type of reward) and child pornography (production, distribution of use of any visual, audio or textual material using children in a sexual context), also sexual abuse (includes all conceivable sexual practices directly involving a child, irrespective of whether the child is a more or less willing participant in such practices or if his/her participation is unwilling or whether it is a rape case) and non-contact sexual abuse (principally the same applies as in the case of contact sexual abuse, the difference that the abuser's sexual gratification takes place without an active participation of the child, who is then only a passive onlooker, is watched by the abuser, etc.);
- giving alcohol, other intoxicating or psychotropic substances, and a wilful administration of sedating or, on the contrary stimulating, medicinal drugs;
- systemic or institutional abuse, which is most frequently committed by state administration bodies, law enforcement agencies, educational facilities, health-care facilities, etc., in other words institutions that, paradoxically, were primarily designed, among other things, to protect the rights of children and to provide for the satisfaction of their various needs. Typical forms of systemic-institutional abuse include, e.g., secondary victimization of children – victims of criminal offences - in their contacts with law enforcement agencies (during interrogations, identification parades and other stages of the criminal procedure), unnecessary repeated checks in medical establishments, an absence of proper adequate care of children in schools and school facilities, their overburdening with excessive demands in those institutions, etc.

Because harm to a child is usually caused by the insensitiveness and lack of consideration on the part of his or her parents or some other members of the household (siblings, grandparents, other occupants of the flat, etc.), who abuse the child to gratify their own needs, the connection between domestic violence against children discussed here and the CAN syndrome is more than obvious. In the child abuse and neglect syndrome, likewise in domestic violence, greater physical strength or psychological

superiority and power of an adult person are being abused to the detriment of the child in a complementary subordinate and dependent position.

Domestic violence against children may have various consequences that can be divided into abuse-related problems, problems related to insufficient child care, and, finally, problems emanating from emotional deprivation. Abuse and insufficient care of a child may manifest themselves in the form of various psychological symptoms (feelings of anxiety, negative feelings, attention disorders, suicidal tendencies, developmental regression, etc.), psychosomatic symptoms (pain, sleep disorders, excessive morbidity without an overt cause, etc.) and behavioural manifestations (higher incidence of nonconformist types of behaviour, higher aggressiveness, tendency to run away from home, demands attention at all cost, etc.). Child problems related to emotional deprivation are relatively quite varied. The most frequent include developmental retardation, regression, aggressiveness, blunted emotions, emotional lability, growth alterations, obesity, passivity or loss of appetite<sup>4</sup>.

Children's witnessing of domestic violence is a specific domestic violence issue in connection with children. According to available data, about 90 per cent of children living in households where domestic violence occurs witness various manifestations of domestic violence<sup>5</sup>. Because consequences of domestic violence in children who witness it are almost identical to those found when children themselves are the victim (i.e. psychological and psychosomatic consequences and behavioural manifestations), there is no doubt that the issue will also require considerable attention.

In this respect, a question may arise who should be responsible for the monitoring of domestic violence perpetrated against children. By tradition, such issues are part of the "job description" of such agencies and organisations like institutions for social and legal protection of the children, law enforcement bodies, courts and various non-governmental organisations. However, we must emphasize that schools should also play a role in efforts to eliminate domestic violence against children. Schools should do it because children attend them for a large part of the calendar year and also because domestic violence issues are fairly closely related to the Health-Promoting School project (also referred to as a "Healthy School" project).

This project rests on three pillars, i.e. environment of wellbeing, healthy learning and an open partnership. From the point of view of the issues discussed in this paper, the first and the third pillars are the most relevant. While the first pillar, i.e. environment of wellbeing - strives to establish material environment wellbeing, social environment wellbeing and organizational environment wellbeing, the third pillar, i.e. open partnership, strives to shape school as a democratic partnership and to build the concept of school as an educational centre of a community. Principles of the second pillar, i.e. meaningfulness of education, possibility of choice and appropriateness of instruction, participation and cooperation in instruction and motivating child (pupil) assessment, can also be applied by parents on a child learning at home: this would rule out placing excessive demands on the child, which can also be one of the forms of domestic violence.

The Healthy School programme is relevant for domestic violence issues also because parents and the school, or, rather, the teachers, are important actors in the process of promoting health of children and teenagers. It is clear that the objectives of the Healthy School programme cannot be achieved without mutual cooperation between

the two actors. After all, it is very difficult to imagine that, e.g., a parent or some other person committing domestic violence against a child could give multifaceted support to that child in his physical and psychological development, not excepting mental and physical health.

The relationship between the Healthy School programme and domestic violence can also be found in that the programme is to some extent a preventive measure against future domestic violence (against children or anybody else). Implementation of the programme establishes habits and attitudes in children that enhance desired (i.e. healthy) personal lifestyles. That also includes the management of negative emotions, which are one of the main causes of domestic violence.

The basic condition for school quality is the establishment of a safe and stimulating social environment. The introduction of such an environment to schools may significantly help alleviate the effects of domestic violence on especially the child's psyche because it contributes, among others, towards the child's positive experiencing and thus helps eliminate the immediate stress and anxiety states, reduce effects of still unabated negative experiences and it thus contributes, over a period of time, towards strengthening the child's self-confidence and self-assurance. Moreover, such an environment has a preventive effect against domestic violence in the future because it moulds pupils' personality by establishing desirable patterns of behaviour in them that will positively influence their social and pro-healthy behaviour in any community, including the family. Another significantly positive feature of this environment is the fact it improves mutual cooperation between teachers, parents and pupils of the school, both inside and outside their school, which may have a major role in helping detect cases of domestic violence against children.

Also stimulating from the point of view of issues discussed here are integrating principles of health-promoting school activities. The first of such principles is to respect natural needs of an individual. When adopted, this stance helps promote health by all the interested parties of the project (i.e. pupils, parents and teachers), and it also facilitates the adoption of more general attitudes, such as respect for the human being, human communities and for nature on the Earth. Such a stance is a significant instrument acting against domestic violence by its positive formative influence on the personality of the potential aggressor and the child, thus reducing the risk that problems in a household will be tackled by aggression. The second principle, i.e. development of communication and cooperation, can have similar effects. Thanks to the implementation of this principle at health-promoting schools, pupils acquire important skills that make it possible for individuals to satisfy their needs within the context of their environment. The implementation of the above principle at health-promoting schools guarantees that schools become a model manifesting desirable patterns in communication and cooperation.

## **PROJEKT ŠKOLA PODPORUJÍCÍ ZDRAVÍ A FENOMÉN DOMÁCÍHO NÁSILÍ**

**Abstrakt:** Stať pojednává v základních rysech o možnostech využití projektu Škola podporující zdraví při eliminaci a prevenci projevů domácího násilí vůči dětem.

Vymezuje samotný pojem „domácí násilí“, které je zapotřebí odlišovat od fyzických trestů, které mají výchovný cíl, a domácím násilím tak nemohou být. Dále se zabývá tím, které aspekty projektu Škola podporující zdraví je možné využít v působení proti domácímu násilí na dětech, poněvadž se jedná o poměrně rozšířený fenomén se závažnými následky.

**Klíčová slova:** Projekt škola podporující zdraví, domácí násilí, důsledky domácího násilí, prevence domácího násilí.