EDUCATION OF VICTIMS OF DOMESTIC VIOLENCE
Kateřina Šmejkalová, Jiří Šibor, Petr Sládek
Faculty of Education, Masaryk University Brno (CZECH REPUBLIC)

Abstract
Destigmatizing people with domestic violence is an important but difficult task. The aim is to change the stereotype of a person suffering from domestic violence so that it is not socially isolated or sanctioned in order to change the attitude of its surroundings. It means familiarizing the public with the manifestations of domestic violence, not perceiving them as "sensations" and "differences", but being able to understand them and understand the affected people or help them adequately. From the above it is clear that the sooner we start with education, the better. That is why the school is a suitable environment where through the encounter of pupils and students with a person with experience of domestic violence, the process of seeing the world can be "seen by the other". Another task of the school is to talk about domestic violence directly, as it can affect everyone in the classroom and society. Social stigma refers to a defect in a person's social identity. The aim of the present text is to familiarize the wider pedagogical community with the stigma of behavioral disorders related to domestic violence, and to suggest possible ways to best integrate the stigma-related issues into the curriculum of the subject fields in question in line with the Framework Educational Programs for Primary Education (RVP ZV) and Grammar School Education (RVP GV).

Keywords: Education, domestic violence, victims of domestic violence, stigmatization, Framework Educational Programs for Primary Education (RVP ZV) and Grammar School Education (RVP GV).

1 INTRODUCTION

Traditionally, the issue of domestic violence is reserved for psychologists and teachers. Although it is a social problem, thanks to the subject of its interest, it is traditionally accompanied by a stigma. It can be stated that the level of public awareness of domestic violence is inadequate, despite the fact that it concerns a significant proportion of the population anywhere in the world (World Health Organization statistics [1]). In the Czech Republic, according to a survey carried out in recent years on a
representative sample of the population, it was found that almost 27% of people (30% of women, 24% of men) had problems with domestic violence in their lives [2]. Moreover, as recent statistics show, the number of cases of domestic violence is increasing year by year [2].

The effort to improve the awareness of pupils and students in the field of prevention of domestic violence is contained in the Framework Educational Programs for Primary Education (RVP ZV) and Grammar School Education (RVP GV) [3, 4].

RVP ZV and RVP GV are introducing a new educational area, Man and Health, which includes the educational field Health Education and the so-called cross-cutting themes. According to the objectives of the RVP ZV and the RVP GV, there must be scope for information and domestic violence prevention within the health education and cross-curricular themes, with the clear aim of making human health one of the priorities in each individual's values [4].

The aim of the present text is to familiarize the wider pedagogical public with the issue of stigma of domestic violence, and to try to outline possible ways to best integrate the stigma-related issues into the curriculum of the health education curriculum.

2 METHODOLOGY

In the first part of our work authors created basic characteristics of the domestic violence. Specifically, their characterization: such as forms of domestic violence, cycle of domestic violence and abuse person syndrome. Subsequently, it deals with psychological problems of abused persons, their manifestations and possibilities of destigmatization. It inadvertently draws attention to the possibilities of education of abused persons.

3 RESULTS

Domestic violence is violence among close ones who live in a common household. It is a relationship where one person (the abuser) gains power over the other person (victim), with the intensity of violence escalating over time. [5]

Domestic violence may take the form of [6]: Physical violence (beating, strangling, cutting, drowning, eating...); Psychological violence (intimidation, psychological pressure, threats, swearing, creating guilt, improper handling, disrespect of wishes, humiliation, dignity); Social violence (trying to isolate the victim from the neighborhood – family, friends); Sexual violence (rape, sexual intercourse enforcement); Economic violence (control over victim's incomes and expenses, unwillingness to provide money for a common household...). All forms of violence can be divided into active and passive, with action generally leading to the goal, passive is the inaction leading to the goal (silence, ignoring, failure to provide help, lack of funding, etc.).

The domestic violence cycle can be divided into 4 phases [6, 7]:

1. Escalation of tension (mostly psychological abuse of the victim).
2. Violence (physical violence can also be added to psychological abuse).
3. Repentance (regret of the aggressor over his actions, request for forgiveness).
4. Honeymoon (if the victim forgives the aggressor, followed by a calm period – hope).

In the event that the victim believes his violent partner is not going to repeat it, he is gradually moving from phase four to stage one. The more often the cycle repeats, the stronger the brutality of attacks, while the phase of violence expands at the expense of the penance/honeymoon phase. [6]

Obviously, this model is simplistic, it is not necessary to go through exactly these phases as described. Other forms of violence, such as social and economic, are often added. Most of the time, mental ill-treatment becomes stronger, in the aforementioned stages of “repentance and honeymoon”, the phases may not always occur. [6]

Almost as a result of domestic violence, the victim has a so-called abused person's syndrome. Speeches that fall under this syndrome can be divided into several categories [5]: symptoms of post-traumatic stress disorder (sleep disorders, eating disorders, emotional fatigue, increased nervousness...); learned helplessness (victim's passivity, renounces any attempt to change...); self-destructive coping strategies (alcohol use, drugs, possible suicide attempt...).
Forms of self-destructive coping strategies for long-term abuse [5]: denying the attacker's guilt; denial of victimization; minimizing violence; mitigating the consequences; refusing to offer help; closing yourself.

3.1 Stigmatization

The stigma of a battered personality syndrome is a sign for those qualities that strikingly differentiate abused people from other people. It is based on the stereotype of the abused person and its source is people's concerns about the behavior of the abused person. Stigma leads to discrimination and isolation of abused persons. It creates a distorted image of victims of domestic violence and reduces the chances of their rehabilitation.

Victims of domestic violence bear the burden of assessing their trauma by other people. Such an assessment is rooted in culture and is consolidated in everyday form by stories in newspapers, notes in common speech, and steady conversations in speech. It does not distinguish between cases, and more than experience with a particular person, it reflects information from hearsay, literature, and media that translates into general expectations. In fact, these are stereotypical prejudices - prejudice is an averse or hostile attitude towards a person belonging to a particular group simply because it belongs to that group, and it can be assumed that it has poor quality attributed to that group. Prejudice ignores objective and relevant reasoning criteria. Prejudices about victims of domestic violence resemble ethnic and national stereotypes: Italians are emotional and Englishmen are cold-blooded. The individual sick bears the consequences of prejudice without his own actions and cannot get rid of them. That is the root for their designation. They are a permanent brand: stigma. The Stigma was originally a Greek word for the brand burned to the ancient slaves who mine in the Tasal mines. Stigma can be associated with religion, skin color, punishment, nationality and of course disease. In particular, patients with STD, cancer, tuberculosis and mental illness have been stigmatized in history. Prejudice has a strong emotional component in it, strengthened by society and culture, which facilitates the rapid enforcement of the consequences of prejudice in human behavior. A culture that does not want to use the brand must provide assurances that individual assessment and not external group features will help to make people more aware and worthwhile. [8, 9]

Part of the effort to reduce the effect of stigma is a consistent distinction between trauma and the personality of the patient. The victim of domestic violence is always a person to be recognized and has suffered a bad situation to be resolved. Prejudice is also prevented by the intimate knowledge of other people. Skin color or other faith is better tolerated when people with their bearers personally know each other at school, at work and in society. Stigma insulation strengthens. Certain degrees of isolation have been part of the right treatment for years in psychiatry. Psychiatric hospitals provide patients with a "tranquil environment" far from others, and have not been seen as the optimal treatment for mentally ill in recent years. [8, 9]

The circle between different behavior and illness has been described by "markup theory" in the 1960s. Deviating behavior leads to ambient reactions that culminate in "labeling". Labeling is just another term for stigmatization. It is that the manifestations of individual traumatized people continue to be perceived and interpreted only in accordance with the stereotype. This leads to discrimination that strengthens the behavior and experience of the victim of domestic violence. This is no longer due to domestic violence but due to social harm suffered. As a result, the superiority of the group’s properties to those of the individual and the lack of knowledge lead to discrimination (both negative and positive) by the victims of domestic violence. The result is, among other things, the difficulties of victims of domestic violence with the acquisition and retention of employment, housing problems, etc. [8, 9]. According to E. Goffman, stigmatization leads to a reduction of the interaction perspective that prevents the individual from realizing his possibilities [10].

It follows from the foregoing that the task of teachers is to act against the emergence and maintenance of stigma and subsequent discrimination. It should lead to a better quality of life for victims of domestic violence and a more favorable course of their full integration into society.

3.2 Destigmatization and education

The concept of the Framework Educational Programs for Primary Education (RVP ZV) and Grammar School Education (RVP GV) [3, 4] and the research project School and Health for the 21st Century [9] brings the possibility of cooperation between school environment and destigmatization projects. According to foreign experience, the school is a suitable environment for carrying out destigmatization activities [11, 12].
The curriculum reform in the Czech Republic implemented through the Framework Educational Programs for Primary Education (RVP ZV) and Grammar School Education (RVP GV) introduces the educational area Man and Health, which includes the educational field Health Education. Within the educational field Health Education, there is room for destigmatization activities [3, 4].

How to most effectively integrate the issue of stigma of victims of domestic violence into the curriculum of the educational field Health Education? A particular inspiration may be the experience of the Schistophmatization Program of the Schizophrenia program in Austrian schools in 1999-2004 is the possibility for students to come into contact with the disabled. Simply communicating information without the possibility of contact with one's own object is not enough to change attitudes [13].

Similarly, destigmatization methods can be applied to victims of domestic violence, as they also suffer from mental illness.

With full awareness of the difficulty of achieving the desired goals, it makes sense to attempt to integrate destigmatization into the curriculum of the health education curriculum. In the implementation of destigmatization programs, however, let us take into account foreign experience, so we can avoid possible failure. It is therefore advisable to implement destigmatization programs in the presence of an educated expert (teacher, psychologist) and the victim himself (victims of domestic violence).

4 CONCLUSIONS

We conducted rapid research on lower secondary teachers (graduates of our course on domestic violence) with the following hypothesis: Destigmatization of victims of domestic violence is increasing with knowledge of the issue. The research was conducted through an interview where we asked teachers who attended a course on working with victims of domestic violence.

Teachers answered five basic questions:

1. Do you teach about domestic violence in your school?
2. Do you consider destigmatization to be beneficial to people affected by domestic violence?
3. Does the course help in teaching about domestic violence?
4. Does the course help with people affected by domestic violence?
5. The course was helpful to you.

We interviewed 23 teachers from 16 selected lower secondary schools in the Czech Republic for the interview requirements. 20 teachers attended the interview. Three teachers refused. The result of the interview is that 56% of teachers teach domestic violence in their teaching. 53% of teachers are expected to increase pupils’ interest in this issue. Teachers believe that teaching for destigmatization and domestic violence is an important component of teaching (67%). Most of their answers are complicated. At the same level, they see the following benefits: it is important to educate students about domestic violence and further stigmatization of those affected; it is important to recognize mental (not only) changes in victims of domestic violence; teaching about forms, cycles, syndrome of the abused person and its destigmatization will help in the detection of such cases and will facilitate the return of such handicapped people to ordinary life.

Destigmatization of victims of domestic violence is an important but difficult task. The aim is to change the stereotype of a person suffering from domestic violence so that it is not socially isolated or sanctioned in order to change the attitude of its surroundings. It means familiarizing the public with the manifestations of domestic violence, not perceiving them as "sensations" and "differences", but being able to understand them and understand the affected people or help them adequately. From the above it is clear that the sooner we start with education, the better. That is why the school is a suitable environment where, through the encounter of pupils and students with a person who has become a victim of domestic violence, the process of seeing the world can be "seen by the other".

ACKNOWLEDGEMENTS

This work was supported by The Comunity Practice - A platform for the development of key competencies, Operational Programme Research, Development and Educational, Ministry of Education, Youth and Sports of Czech Republic No. CZ.02.3.68/0.0/0.0/16_011/0000659.
REFERENCES


