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The Impact of Physical Abuse & Exposure to Parental IPV on Young Adolescents in Poland: a Clinical Assessment and Comparison of Psychological Outcomes

Danuta Rode¹ · Magdalena Rode² · Alison J. Marganski³ · Maciej Januszek¹

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Abstract

This study explores characteristics of youth who experienced domestic violence in Poland. Specifically, young adolescents who were victims of physical abuse perpetrated by parents and young adolescents who were exposed to parental intimate partner violence (IPV) were studied to determine whether the groups had similar or different psychological outcomes. Additionally, the study looked into ways by which these youth cope with stress and demonstrate self-efficacy. Data were collected from 90 youth aged 11 to 14 years using quota sampling; 30 were victims of physical abuse, 30 were victims of exposure to parental IPV, and 30 were members of a comparison group. Parents gave written consent for participation while adolescents provided verbal assent and subsequently completed questionnaires. Analyses revealed that adolescents who experienced physical abuse showed higher levels of trait anxiety and outwardly directed anger, and a lower sense of self-efficacy, than adolescents exposed to IPV. In contrast, those exposed to parental IPV exhibited a lower level of trait anxiety, a higher level of inwardly directed anger, and a greater sense of strength and perseverance. No statistically significant differences existed between groups in terms of coping with stress. The findings suggests that adolescents experiencing different types of family violence victimization may have different outcomes, which could call for differential treatment. Future research should more closely examine victims of physical abuse and exposure to IPV in Poland to see if findings hold. This would help clinicians recognize outcomes associated with different experiences and tailor appropriate strategies.

Keywords Domestic violence · Exposure to intimate partner violence · Child physical abuse · Personality traits · Coping with stress

Introduction

The aim of this paper is to explore characteristics of young adolescent victims of domestic violence in Poland, and to learn about

coping strategies and factors related to self-efficacy. Specifically, young adolescents who were victims of physical abuse perpetrated by parents and young adolescents who were victims of exposure to parental intimate partner violence (IPV) were studied to determine whether the groups had similar/different outcomes.

The motivation for this study is twofold: 1) limited research has been conducted in Poland on adolescents victims of physical abuse perpetrated by parents, and almost no research exists relating to adolescent exposure to parental IPV, and 2) youth have been referred to clinicians for problems with emotional regulation (e.g. outbursts of anger, aggression, exaggerated fear responses) and self-destructive, impulsive, and overly risky behaviors, which may be indicators of traumatic family events (e.g. Kitzmann et al. 2003; Lansford et al. 2002). Regarding the first item, there is a dearth of research from Poland on adolescent victims of physical abuse and victims of exposure to parental IPV. Data is not systemically collected in Poland to comprehensively investigate domestic violence incidents; it is sometimes referred to as “conflict” within a family rather than violence or abuse (see Domestic Violence in Poland (2002) for a review of causes and complicating factors). Further, although

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the law recognizes domestic violence as a criminal offense, the government and legal system have been criticized for treating these issues as private, personal matters, and child abuse is much less studied than intimate partner abuse. Some research has attempted to unearth the frequency of domestic violence victimization in Poland, suggesting one in three women (Gruszczyńska 2007) to one in six (Nowakowska and Jablonska 2002) experience it in their lifetime, yet children are often overlooked in this picture. Additionally, exposure to IPV is not considered “abuse” in Poland, despite accumulating research documenting its harm (e.g. Bair-Merritt et al. 2006; Carpenter and Stacks 2009; Dube et al. 2002; Vu et al. 2016), and legislation/ policies adopted by other nations that recognize its gravity (e.g. Jaffe et al. 2003). Some perceive the violence as indirect, yet research notes that this form of victimization is direct, constituting psychological/ emotional abuse (Øverlien 2010). This study can make a unique contribution to the field by starting explorations of such issues in Poland. As for item two, in the clinical setting, symptoms pointing to victimization have been observed in youth, yet some clinicians attribute behavioral issues to other causes due to a weak understanding of family. Consequently, they may mistakenly identify the underlying issue as ADHD or a conduct disorder (DSM-V), believing the symptoms to be a byproduct of limited parental efficacy or excessive excitement rather than malevolence. Thus, the underlying issue is left unaddressed.

Further, studies seldom examine *youth* who are victims of physical abuse by parents or exposed to parental IPV. Early adolescence is a critical stage for emotional and social growth, so when child maltreatment occurs it can impede normal and healthy development (Lansford et al. 2002). The timing of experiences influences developmental changes that can impact psychosocial functioning and create adjustment problems (Trickett and McBride-Chang 1995), which can be observed months or years after the experiences. Issues of internalization, externalization, and overall adjustment may also intensify over time (Vu et al. 2016). In addition to age being a critical factor, the nature and duration of abuse can impact outcomes, with prolonged and cumulative violence resulting in worsening behavioral problems for children exposed to IPV (see Graham-Bermann and Perkins 2010). Such victimization is concerning not only at the individual level, but also at the societal level as it has been linked to health issues (Dube et al. 2002) and social ills including juvenile delinquency (Wodarski et al. 1990) and criminality (Maxfield and Widom 1996). Thus, the home environment is essential to study if we are to protect children, help families, and move toward a safer society.

Nature & Extent of Child Abuse & Exposure to Parental IPV

Domestic violence (DV) is a common yet underreported phenomenon across the world (World Health Organization 2005).

However, definitional issues exist that make studying the phenomenon challenging. Such violence may include: IPV, exposure to parental IPV, and child abuse as well as neglect (Holden 2003; Haselschwerdt et al. 2016). The type of violence and the nature of specific acts are important factors to consider (Holden 2003; Haselschwerdt et al. 2016). Yet research notes that when victimization experiences are conceptualized broadly (e.g. physical, sexual, and psychological rather than one of these), the association between victimization and outcomes becomes stronger (see Vu et al. 2016).

In the United States, over 5% of youth experience abuse by a caregiver in a given year, and close to 6% are exposed to parental IPV (Finkelhor et al. 2015), suggesting there are millions who face each kind of adversity each year. Research suggests that households containing children experience higher rates of domestic violence than those without children (Fantuzzo and Mohr 1999; Fantuzzo et al. 1997). Children in these homes are at risk of being exposed to parental IPV and experiencing physical abuse (Hamby et al. 2011b); sometimes, these two co-occur (Appel and Holden 1998). Cases involving child physical abuse have been recognized as harmful by social services due to observable injuries (e.g. bruises, scars, etc.), yet cases involving exposure to IPV are trickier to recognize and diagnose. As a result, children exposed to IPV are referred to as “forgotten”, “invisible” or “silent victims” (Groves et al. 1993; Osofsky 1995). If such transgressions occur at similar or higher rates than child physical abuse, and if they produce similar outcomes (e.g. Evans et al. 2008; Fantuzzo et al. 1997; Litrownik et al. 2003; MacMillan and Wathen 2014; Moylan et al. 2010; Vu et al. 2016), then studying exposure to IPV becomes necessary for clinicians and practitioners (e.g. psychologists, psychiatrists, doctors, nurses, and social workers) who come into contact with families.

To date, research on child abuse in Poland has concentrated on victims of physical abuse (Węgrzyn-Białogłowicz 2000; Półtorak 2006; Widera-Wysoczańska 2011) while ignoring exposure to parental IPV, with data coming from police statistics, schools, and other welfare institutions. Nevertheless, exposure to IPV may create behavioral problems for victims, which can lead to physical attacks by a parent against the child. Therefore, it’s critical to examine exposure to IPV to learn whether it may place youth at risk for additional kinds of abuse.

Domestic Violence Outcomes

Being in a state of chronic stress creates strain, which may be detrimental to an abused child’s mental health, impacting the psyche, personality, and social functioning (Półtorak 2002). Psychological research has concentrated on emotional, cognitive, and behavioral consequences of domestic violence. When it comes to emotions, Węgrzyn-Białogłowicz (2000), Diamond (2004), and Shen (2009) found that children who experienced physical abuse are characterized by

distrustfulness, heightened irritability, emotional instability, depression, fear, and low self-esteem. In the cognitive area, these victims may have difficulty focusing attention, problems with memorization and recall, and delusions (Yates et al. 2003; Calvete and Orue 2013). For behavior, passivity and a lack of initiative, heightened aggression, hypersensitivity, and dependence have been noted (Widera-Wysoczańska 2011). Additionally, such victimization relates to the internalization and externalization of maladaptive behaviors (e.g., Benda and Corwyn 2002; MacMillan et al. 1999; Malinosky-Rummell and Hansen 1993; Springer et al. 2007). Children who experienced physical maltreatment early in life have been found to be at increased risk for adverse psychological, social, and behavioral outcomes including higher levels of anxiety, depression, aggression, school absenteeism, lower academic aspirations, and other problems when compared to non-maltreated counterparts (Lansford et al. 2002).

Research on exposure to parental IPV has pointed to similar sequelae (e.g. Cummings and Davis 1994; Edleson 1999; Fantuzzo et al. 1991; Litrownik et al. 2003; Stiles 2002; Vu et al. 2016; Zimmerman & Posick, 2016). Although less researched, such victimization has been linked to issues with socio-emotional and cognitive/neurological development (Carpenter and Stacks 2009) as well as risk behavior later in life (Bair-Merritt et al. 2006). Generally speaking, children exposed to IPV are at risk for sub-par school performance, interpersonal relationship problems, aggression, and attitudes that condone view (Stiles 2002). Further, these victims may feel their mothers' anxiety, sometimes more strongly than the act of abuse itself (Hershorn and Rosenbaum 1985). Thus, consequences of exposure are broad and parallel outcomes for abuse (e.g. MacMillan and Wathen 2014; Stiles 2002).

Negative affective states in one's immediate social environment produce strain – the anger, frustration, or sadness, one feels when needs are not met (see Agnew 1992, 2018) – and this can contribute to aggression, delinquency, and other concerning outcomes. Thus, family violence creates stress, and one may react to it with maladaptive coping such as internalizing or externalizing behaviors as a type of corrective action. Less attention, however, has been given to other negative emotions such as anxiety (and non-criminal coping). It is thought that strain due to negative family experiences can take on various forms as not all those who experience it respond with anger, nor do all who respond with anger react aggressively. In later work, Agnew (1997) notes that personality traits should be considered and may affect the experience of and reaction to strain. Therefore, anxiety as a trait rather than a state, coping strategies (dispositional and situational), and anger are all important to consider.

Anxiety A lack of care, support, stability, or belief in a safe future as well as fear of abandonment, breaking up the family, or being placed into foster care can increase a child's feelings

of anxiety. Anxiety in any form can leave a lasting mark on the psyche of an abused child, causing nightmares, paralyzing logical thinking, and impeding concentration (Cummings and Davis 1994; Mazur 2002). This is especially the case for long-term anxiety, which may contribute to educational problems that in turn influence corporal punishments by parents, creating a vicious cycle of victimization (repeat victimization).

Coping with Stress Children suffering abuse may employ different coping mechanisms to avoid further violence. Research shows that children exposed to IPV, for instance, can exercise control over their own behavior through excessive alertness, control of eating, and, occasionally, aggression (Buka et al. 2001; Kolko 1998). Victims of child physical abuse, in contrast, tend to use evasion, attention diversion, rejection of a situation, and denial. In severe cases, they may exhibit a dissociation reaction, which manifests as memory problems and flashbacks (Herman 1998; Widera-Wysoczańska 2011), behavioral regression, and self-harm (Herman 1998, Russell 1984). Since early adolescence (ages 11–14) is a critical time in development whereby one matures physically, cognitively, emotionally, socially, and with sensory and motor development, those in this age group are particularly at-risk of acting out (see Lansford et al. 2002). Coping strategies may influence further violence victimization when parents view their child's behavior as undesirable. So far, research has not established whether specific strategies connect to specific/repeat experiences.

Anger Anger, a natural reaction to repeated stressful stimuli or emotional distress, can also impact victimization. Like Agnew (1992; 1997), Ranschburg (1993) suggests anger may be experienced when our expectations are not met, and it is linked to hostility; it influences aggressive behavior (Cummings and Zan-Waxler 1993). Overtly expressed anger is evidenced through verbal means (e.g. shouting), social cues (e.g. gestures), or physical aggression (i.e., outwardly directed anger), against others (e.g. siblings, peers, pets, etc.) while covert anger is suppressed (i.e., inwardly directed anger), with some experiencing pain in isolation and others characterized by cynicism and bravado (Evans et al. 2008; Roustit et al. 2009).

Self-Efficacy Self-efficacy, a property reflecting personal resources relevant to dealing with problems in various areas of life (Bandura 1997, see: Schwarzer 1998; Juczyński 2000; Juczyński and Ogińska-Bulik 2009), might impact outcomes for victims of abuse. A sense of personal competence/confidence in one's abilities has an influence on action, allowing one to complete tasks, feel empowered in overcoming difficulties, and reach designated goals. Research shows that a general sense of self-efficacy increases motivation (Bandura 2007) and provides energy for action, while low

self-efficacy relates to feelings of helplessness (Schwarzer and Fuchs 1996). Children who experience abuse may be convinced that they are worthless and flawed, contributing to the child's reluctance to take action that requires effort, a form of learned helplessness, as the child assumes failure on the outset. Compared to non-abused youth, abused youth have a lower ability to plan for the future or set long-term goals, and limited short-term expectations (Kong and Bernstein 2009; Węgrzyn-Białogłowicz 2000).

Aim of the Study

This study explores whether there are differences between young adolescents who experience physical abuse and young adolescents exposed to parental IPV with regard to variables constituting psycho-social-behavioral functioning. A comparison group was also included. Specifically, the following research questions were formulated:

RQ1: Do outcomes differ for young adolescents who are exposed to parental IPV, young adolescents who experienced physical abuse by a parent, and a comparison group...?

RQ1a: ...for *anxiety*

RQ1b: ...for *ways of coping with stress*

RQ1c: ...for *anger*

RQ1d: ...for *self-efficacy*

RQ2: How do outcomes (i.e., *anxiety, ways of coping with stress, anger, and self-efficacy*) relate in all groups (i.e., exposure to parental IPV, physical abuse, and comparison)?

We expect to find similar characteristics between adolescent victims of physical abuse and victims of exposure to parental IPV. We also predict that those with any victimization will engage in coping strategies and have self-efficacy that differs from the comparison group.

Methodology

Participants, Data Collection, & Procedures

Participants This study was conducted with 90 youth between 11 and 14 years of age who resided in Poland. The sample consisted of children who, together with their parents, were referred to the Family Diagnostic and Consultation Centers by the Regional Court as a result of necessary custody arrangements. Psychologists who work in the Centers evaluate the family system to assist courts in making decisions about custody arrangements and treatment, thereby playing a crucial role in the adolescent's future journey.

Procedures This study was reviewed and approved by the Research Ethics Committee of the Institute of Psychology at the affiliated institution. Mutually exclusive groups of victims were drawn from a larger pool of cases coming to attention of the Family Diagnostic and Consultation Centers using non-probability quota sampling. One group consisted of 30 young adolescent victims of exposure to parental IPV while another included 30 young adolescent victims of physical abuse perpetrated by parents. Cases involving both types of victimization were excluded so that we could gain clear insight into distinct outcomes associated with specific experiences, which can inform practice in cases where only one form of violence is present. Parents of the youth gave written consent for participation and for the data to be used in academic publication while youth provided verbal assent. Participants who agreed to take part in the study were victims were examined at the Centers and informed that the purpose of the study was to examine ways of dealing with problems. Instructions pertaining to each research tool were read and participants were asked to fill out questionnaires (informed consent forms were also included as introductory information). They were assured of privacy and that no personal information would be released. Similar information was shared with a control group of 30 adolescents, but this group completed questionnaires at school during class rather than at the centers. Thus, participants fell into one of three classifications:

Category 1: Victims of Physical Abuse (psychological, physical, and sexual violence perpetrated by a parent or caregiver against the subject)

Category 2: Victims of Exposure to Parental IPV (witnessing psychological, physical, and sexual violence perpetrated by one parent against another)

Category 3: Comparison Group (no physical abuse or exposure to parental IPV)

Formal criterion for assignment to Category 1 and Category 2 involved a current clinical diagnosis provided by psychologists working at Family Diagnostic and Consultation Centers, who reviewed the cases as detailed in court records and three sources of information: at the initial stage, documentation from institutions tasked with preventing domestic violence (e.g. Interdisciplinary Violence Prevention Team, City Welfare Centre, the Police, educational and medical institutions) were examined; next, the Blue Card, which is a procedural document containing details on the victim, offender, type and duration of abuse for substantiated cases of abuse was analyzed; the third source came from the Victimization Questionnaire (Sajkowska 2010), which provided data on adolescent victimization by having the adolescent confirm the type experienced (see measures section). After all materials

were reviewed, diagnoses were formed and subjects were placed into Category 1 or 2 based on the criteria of being a victim of abuse or exposure to IPV. Category 3 consisted of a sample recruited from primary (15 students from the 5th and 6th grade, age: 11–12 years old) and secondary (15 students from the 1st grade, age: 13–14 years old) schools using two criteria: (a) teachers selected students from non-abusive families on the basis of interviews with parents; (b) students filled out a short questionnaire (5 questions) to substantiate that they had not physically experienced or witnessed violence.

Measures

Victimization Questionnaire (Sajkowska 2010; Makaruk et al. 2013). This tool is based on Hamby and Finkelhor's Juvenile Victimization Questionnaire (Hamby et al. 2011a) and used to study different categories (modules) of victimization. The measurement tool concerns 22 forms of victimization and is devoted to people aged 11 to 17 years old. The Polish version was modified to fit local conditions with items (short stories, questions) reflecting Polish context, and, for the purpose of this study, we used questions referring to physical and psychological abuse from relatives (parents, guardians) and exposure to parental IPV to verify the status of victimization using a self-administrated format. Each question (e.g. *Have you seen one of your parents hit or beaten by the other parent or a partner this year? Has anybody from your family (a mother, a father, others) hit you, kicked you or abused you physically this year?*) was preceded by a short narrative (coming in two versions – for boys and girls) reflective of the form of victimization being diagnosed to facilitate respondents' recollection of situations. Respondents selected one of four options (never happened to me, happened to me once, happened to me some times, happened to me many times). This confirmed victimization status (i.e., Victim of Physical Abuse, Victim of Exposure to IPV, and Comparison Group).

State-Trait Anxiety Inventory for Children (STAIC) - C. D. Spielberger Spielberger et al. (1970) reveals two dimensions of anxiety: trait anxiety and state anxiety. Trait anxiety refers to a fairly stable individual disposition to react to anxiety and perceive a situation as threatening. In contrast, state anxiety is a complex emotional reaction involving subjective, non-specific feeling of anxiety and danger arising in a given situation. To measure anxiety as both a situationally conditioned temporary state and a relatively stable personality trait, State-Trait Anxiety Inventory for Children (STAIC) was used. STAIC, designed for children ages 10 to 14 years, is composed of two subscales, each with 20 items; one (C-1) measures state anxiety and the other (C-2) examines trait anxiety. Participants completed the questionnaire by choosing one of several attitudinal answers. For C-1, options include yes, probably yes, and no. For C-2, options included often,

sometimes, and rarely. Internal consistency of both scales is high: 0.89 (Jaworowska 2005).

How you Cope Scale (HYC) – Authorship Juczyński, and Ogińska-Bulik The How You Cope Scale (HYC) is used to study coping with stress in childhood and adolescence. HYC was constructed on the basis of a paradigm introduced by Lazarus and Folkman (1984), which stated that coping with stress is a “constantly changing cognitive and behavioral effort designed to control specific external and internal requirements judged by an individual to be aggravating or exceeding her resources” (p.141). Within this approach, coping is treated as an inseparable element of confronting stress, which underlines its processual character and situational dependence. The scale includes both the dispositional and situational ways of coping with stress. HYC consists of 18 items measuring three strategies: 1) Active Coping, 2) Concentration on Emotions, and 3) Seeking Social Support, separately for dispositional and situational coping with stress. Active coping strategies are considered the most important, as they focus on the problem, thus becoming a source of effective coping with stress. The internal consistency for the entire scale is 0.86; the situational version achieved internal consistency of 0.66–0.71. Due to reliability issues and for ease and consistency in instructions, only the dispositional scale was used for participants in the study.

Anger Expression Scale (AES) – Authorship Juczyński, and Ogińska-Bulik The Anger Expression Scale (AES) serves to measure the intensity of anger with regard to general situations and reactions in these situations, rather than specific situations. It consists of 20 statements divided into two subscales that measure outwardly and inwardly directed anger. Outwardly directed anger is commonly associated with aggressive behaviors, whereas inwardly directed anger is connected to suppression and concealment of emotions. External anger increases the likelihood of aggressive behavior, while internal anger decreases the likelihood of interpersonal aggression (however, unexpressed emotions of anger persisting for extended periods of time or experienced frequently can lead to nervous disorders and psychosomatic illnesses). Subjects rated behavior on a Likert-type scale by choosing one of the available answers: never, rarely, sometimes, often, and always. Reliability coefficients fall within 0.73 and 0.83 for outwardly directed anger, and 0.67 to 0.84 for inwardly directed anger (Juczyński 2009). The inventory is designed for studying children between 11 and 14 years old, and adolescence between 15 and 17 years old.

Personal Competence Scale (KompOs) – Authorship Juczyński The Personal Competence Scale (KompOs) measures overall feelings of self-efficacy and personal resources relevant to coping with stressful situations. The scale is composed of two

subscales, measuring strength and perseverance. The former (i.e., strength) is necessary for initiation of action while the latter (i.e., perseverance) is necessary for maintaining a chosen course of action. The participants were tasked with rating six statements referring to expectations regarding taking action and six statements on the frequency of occurrence of specified behaviors. They selected attitudinal responses consisting of yes, probably yes, probably no, and no in the first subscale, and almost always, often, sometimes, and almost never in the second subscale. The internal consistency of KompOs is 0.72 for the entire scale (Juczyński 2009). The scale is designed for children 11 to 14 years and adolescence 15 to 17 years.

Data Analyses

An analysis of missing data and checking of methodological assumptions were conducted prior to the primary analyses. Results showed no data were found missing and dependent variables in all groups were characterized by distributions approaching normal (the value of p in Shapiro-Wilk was >0.001). Statistical analyses were subsequently carried out using two different methods to address the research questions (RQ1 and RQ2, pp. 8–9):

RQ1. A one-way analysis of variance with Tukey's Post Hoc Test was conducted to examine whether groups (i.e., victims of physical abuse, victims of exposure to IPV, and comparison group) differ in terms of specified characteristics associated with abuse (separately for every dependent variable to test for unique associations).

RQ2. Correlation analysis was performed to examine if the selected variables (i.e., anxiety, ways of coping with stress, anger, and self-efficacy) correlate in all groups or whether they are differentiated by type of exposure to domestic violence; correlation analysis (Pearson's r coefficient with correlation significance t -test) was conducted separately for each group with the use of the z test (with Fisher's r -to- z transformation) to establish (for pairs) the relevance of differences in correlation coefficients between different groups.

Results

Of the young adolescents in the sample ($N=90$), there was equal representation in each category; one-third (33.3%) belonged to Category 1 (i.e., Victims of Physical Abuse), one-third (33.3%) belonged to Category 2 (i.e., Victims of Exposure to Parental IPV), and one-third (33.3%) belonged to Category 3 (i.e., Comparison). Table 1 presents the distribution.

Table 1 Types of violent behavior

Variables	Victims of physical abuse ($N=30$)		Victims of exposure to IPV ($N=30$)	
	N	%	N	%
Physical violence				
Hitting	30	22.06	27	26.73
Kicking	14	10.29	2	1.98
Shoving	11	8.09	29	28.71
Pushing	24	17.65	24	23.76
Slapping	4	2.94	6	5.94
Stabbing	–	–	–	–
Clubbing	1	0.74	–	–
Pinching	1	0.74	–	–
Kneeing	8	5.88	4	3.96
Punching	6	4.41	2	1.98
Choking	2	1.47	2	1.98
Belting	28	20.59	2	1.98
Wringing hands	7	5.14	3	2.97
Psychological violence				
Threatening	26	16.00	19	13.67
Derogatory comments	25	15.33	21	15.11
Cursing	27	16.60	29	20.86
Humiliating	23	14.11	19	13.67
Mocking	18	11.04	21	15.11
Actions to imply the victim guilty	15	9.20	13	9.35
Controlling	19	11.66	11	7.91
Enabling contacts with others	10	6.13	6	4.32
Another type of behavior				
Destroying personal belongings	11	45.83	19	22.35
Devastating flat	2	8.33	19	22.35
Selling family properties	–	–	15	17.64
No financial support	–	–	6	7.06
Limiting access to money	1	4.17	16	18.82
Forcing to alcohol drinking	6	25.00	8	9.42
Forcing to psychoactive substances intake	4	16.67	2	2.36

When examining gender, approximately two-thirds of Category 1 were female (66.7%), slightly less than two-thirds of Category 2 were female (60%), and half of Category 3 were female (50.0%). These values did not deviate significantly from proportions observed in general population (relevant p for χ^2 test was 0.086, 0.324, and 0.913 for assumed proportions of 51% and 49%). The ages of the youth in the sample ranged from 11 to 14, with a mean age of 12.67 (s.d. = 2.73), and all were White (100%). The duration of abuse was also examined, ranging from about half of one year to three years (Min. = 0.67; Max = 2.92; $M = 1.48$, $SD = 0.8$).

Frequency of attacks varied. No data were found missing from the data set being analyzed.

22%. No significant differences existed between groups in terms of stress-coping strategies.

Mean Value Analysis (Question 1)

All dependent variables in the groups were characterized by distributions approaching normal (the value of *p* in Shapiro-Wilk was >0.001). Table 2 presents the results of variance analysis together with post-hoc tests.

As can be seen, significant results were obtained in the following variables: trait anxiety, external anger, and personal competence (both for strength and perseverance). Post hoc analysis makes these differences more pronounced: victims of abuse show significantly different results when compared to the comparison group in all of the above mentioned variables, as evidenced with the mean values for this group higher than the reference group with the exception of self-efficacy scales (means of “strength” and “perseverance” scales for this group are approximately 2.7 and 4.2 points below the comparison group, respectively). Victims of exposure to parental IPV showed results significantly different from the comparison group in two variables only: external anger (higher), and the sense of own competence – perseverance. It is worth noting that abuse and exposure victims differed significantly in terms of one variable only: trait anxiety. In the abuse group, the mean score is nearly 6 points higher. The obtained differences, while significant, are not connected to a high magnitude of the effect; the *R*² values fall within the range of approximately 11% to

Correlation Analysis (Question 2)

Correlation analysis was supplemented by a dispersion graph, which formed the basis for establishing the shape of dependence, specifically determining whether any pair of variables did not show a non-linear dependence. The ranges of variables in groups being analyzed were similar. Correlation analysis results are presented in Table 3.

Statistically significant coefficients were found within all groups, mainly in inter-correlations (outlined in the table above): in coping strategies, anger expression, and personal competence. However, inter-correlations of personal competence reflected values higher in groups experiencing violence (physical abuse or exposure) than those found in the comparison group, although the value of this coefficient is statistically significant only in the exposure to parental IPV group (for physical abuse victims, it approaches significance while it is close to zero in the comparison group). Statistically significant coefficients were also found between groups. The variables derived from using the different research tools (i.e., independent measures associated with different scales) show that multicollinearity was not an issue.

Significant coefficients (for *n* = 30, a significant coefficient means, given certain leeway, that the *r* level is >= 0.37) were found among the following pairs of variables: *trait anxiety* with coping strategies that focused on emotions, external anger, inward answer, and personal competence; *active coping*

Table 2 ANOVA results and Post-Hoc tests

Variables	Victims of physical abuse	Victims of exposure to IPV	Comparison group <i>M (SD)</i>	ANOVA*		Effect size**	Post Hoc tests***
	<i>M (SD)</i>	<i>M (SD)</i>		<i>F</i>	<i>P</i>		
Anxiety - Trait (STAI X-2)	40.03 (7.56)	34.47 (7.28)	32.67 (7.57)	7.932	.001	.154	1–2; 1–3
Stress-coping Strategies**** (JSR)							
Active coping	5.10 (3.13)	4.53 (2.42)	4.90 (2.96)	.304	.739	.007	
Focus on emotions	5.30 (3.66)	3.63 (2.77)	3.30 (3.41)	3.162	.051	.068	
Seeking social support	4.87 (3.17)	5.47 (2.99)	4.30 (2.95)	1.106	.335	.025	
Anger Expression (SEG)							
External anger	31.47 (8.51)	30.40 (7.56)	25.00 (6.61)	6.241	.003	.125	1–3; 2–3
Internal anger	27.80 (7.71)	27.47 (6.38)	30.60 (4.89)	2.149	.123	.047	
Personal Competence (KompOs)							
Strength (Scale A)	14.07 (3.04)	15.77 (3.77)	16.77 (2.84)	5.329	.007	.109	1–3
Perseverance (Scale B)	14.17 (3.31)	15.87 (3.62)	18.33 (2.88)	12.209	.000	.219	1–3; 2–3

* *df*₁ = 2; *df*₂ = 117

** *R* Squared

*** Tukey HSD tests; pairs that differ at *p* < .05

**** disposable

Table 3 Correlations matrix within research groups and significance of the difference between coefficients

Measure	Groups ^a	1		2		3		4		5		6		7		
		r	sig.	r	sig.	r	sig.	r	sig.	r	sig.	r	sig.	R	sig.	
Stress-coping Strategies	1 Anxiety - Trait (STAI X-2)	A	-													
		B	-													
		C	-													
	2 Active coping	A	-.274													
		B	.109	ns												
		C	-.048													
	3 Focus on emotions	A	.122		.587***	ns										
		B	.327	ns	.560**											
		C	.530**		.444*											
4 Seeking social support	A	-.024		.821***	ns	.601***	ns									
	B	.188	ns	.627***	ns	.512**	ns									
	C	.079		.560**		.313										
Anger Expression	5 External anger	A	.425*		.258		.457*		.149							
		B	.278	ns	.001	ns	.389*	ns	.391*	ns						
		C	.134		.185		.159		-.030							
	6 Internal anger	A	-.057		-.286		-.429*		-.149		-.597***	ns				
		B	-.590**	A-B;B-C	-.216	ns	-.298	ns	-.064	ns	-.379*					
		C	.120		-.074		-.146		-.097		-.475**					
7 Strength (Scale A)	A	-.111		.202		.107		.191		-.236		-.023				
	B	-.416*	ns	-.247	B-C	-.474**	A-B	-.226	ns	-.418*	ns	.460*	ns			
	C	-.331		.313		-.235		.050		-.107		.366*				
8 Perseverance (Scale B)	A	-.256		.414*		.266		.363*		-.349		.077		.345		
	B	-.191	ns	-.055	ns	-.235	ns	-.224	A-B	-.428*	ns	.309	ns	.451*		
	C	.051		.093		.204		.065		-.179		.064		.052		

Inter-correlations indicated by the bold border

z statistics using the Fisher r-to-z transformation (2-tailed)

^a A – Victims of physical abuse; B – Victims of exposure to IPV; C - Comparison/reference group with no physical abuse or exposure to IPV

* Correlation is significant at the 0.050 level (2-tailed)

** Correlation is significant at the 0.010 level (2-tailed)

*** Correlation is significant at the 0.001 level (2-tailed)

with personal competence - perseverance; *stress-coping strategies – focus on emotions* with external anger, inward anger, and personal competence – strength; *external anger* with personal competence – strength and personal competence – perseverance; *internal anger* with personal competence – strength.

The z test supported significant differences between correlation coefficients and did not show many significant dependencies. Most differences in correlation coefficients were between victims of physical abuse and victims of exposure to parental IPV. The correlations existed:

- between inward anger and trait anxiety: high, negative correlation in the exposure to parental IPV group ($r = -.590, p < .010$) with low, non-significant and negative correlation in the physical abuse group
- between personal competence (strength) and coping strategy focused on emotions: high, negative correlation in the exposure to parental IPV group ($r = -.474, p < .010$) with low, non-significant and positive correlation in the physical abuse group
- between personal competence (perseverance) and seeking social support: low, negative and non-significant

correlation in the exposure to parental IPV group with moderate, significant and positive correlation in the physical abuse group ($r = .363, p < .05$)

Conclusion

To improve social services, it is vital to learn about different abusive experiences that occur in different life stages and how they may affect victims. Recognizing unique psychological characteristics for victims of physical abuse and victims of exposure to IPV can assist in forming clinical guidelines that aid psychologists in decision-making regarding support and intervention (Wolfe et al. 2003), thereby facilitating victim recovery. The current research exploration points to similarities as well as slight differences in outcomes for young adolescents based on victimization status. Findings suggest that youth who experienced physical abuse and who were exposed to IPV had higher levels of outwardly directed anger and lower feelings of self-efficacy when contrasted with the comparison group. The comparison group had a higher level of inwardly directed anger as well as a higher sense of strength

and perseverance, the latter of which play key roles in self-efficacy. It is possible that those without victimization experiences (i.e., comparison group) inwardly direct anger before deciding on how to manage it whereas victimized-youth act externally to release tension or strain. When looking at adolescent victims of physical abuse, results showed they significantly differed from the comparison group on all variables as indicated by the mean values, whereas victims of exposure to parental IPV differed only in terms of external anger and perseverance. This carries implications for treatment.

Victims of Physical Abuse

Victims of physical abuse were observed to have elevated levels of trait anxiety and higher levels of external anger. Clinicians such as psychologists should consider the role anxiety may play in shaping victims' personalities. The results signal a heightened risk of overt reactions for youth physically abused by parents, perhaps because of dealing with anxiety. With high levels of anxiety, a disposition to perceive a broad range of rather benign situations as hostile may occur, causing a nearly automated reaction of anxiety (i.e., hypersensitivity), which is disproportional to the magnitude of an objective threat. In other words, victims of physical abuse appear prone to exhibit chronic anxiety, even in situations that may not be characterized by a high level of threat, which can be detrimental to development.

Research indicates that physically abused children tend to be shy, exercise excessive control over themselves in new and difficult situations, and can be withdrawn and dysphoric (Paz et al. 2005). This study supports this idea, finding that the adolescent victims of physical abuse have higher levels of anxiety than their counterparts. This is important to note because anxiety can have a disintegrative effect on psychic functions, cognitive processes, and behavior; it may cause victims to lose their proper orientation in the world, with proclivity toward impulsive and expressed negative behavior to respond to perceived threats. Outwardly directed anger may occur, which suggests that the behavior is a natural defense mechanism that helps victims cope with strain and threats from violent family relations (Lindenfield 2000; Jones 2000; Miller 2009). Lindenfield (2000) underscores the idea that anger serves as a release mechanism for blocked or repressed stress. These victims may subsequently unleash their anger, even if removed from the situation (Agnew 1992). Therefore, it is critical to help youth learn how to address anger rather than aiming for a quick fix (e.g. removing them from the home and expecting them to adjust).

Victims of physical abuse have been characterized by low belief in personal competence and ability to deal with difficult domestic situations (Grych and Fincham 2001; Borucka and Ostaszewski 2012; Triplett et al. 2013; Evans et al. 2014). Mental representations of feelings underlying the concept of

self-efficacy from repetitive traumatic experiences in different aspects of family relations can limit the image of their capabilities. In other words, being attacked by a parent results in lower self-efficacy. This, together with the formed personal disposition for reacting with anxiety, may cause the victim to feel helpless. The perception of self-efficacy (or lack thereof) contributes to the formation of internal control based on perceiving the connection between one's actions and the effects of actions taken. Such interpretation reflects research findings that highlight helplessness, low self-esteem, and low self-efficacy (Krahe 2005; Stith et al. 2009; Shen 2009).

The results of this study show that coping with stress seems to be more of a reaction to emotions being experienced than a goal-oriented activity resulting from cognitive evaluation of the situation and own capabilities. Given a high level of stress, emotions may take over, becoming a dominant factor that determines the course of action and escapes cognitive control. If there is a need to release pent up emotions where there is limited control over external anger, then clinicians should consider trauma-focused cognitive behavioral therapy (Wathen and MacMillan 2013) and teaching conflict resolution strategies to generate/enhance efficacy in victims to reduce the possibility of future violence. Along these lines, skill-building strategies could be introduced to youth who face adversities (e.g. life skills - see UNICEF, 2003) to help them problem-solve. Clinicians and educators alike could integrate such features into their interactions in a way that empowers youth and fosters resilience.

Victims of Exposure to Parental IPV

In contrast to victims of physical abuse, victims of exposure to parental IPV had a lower level of anxiety and a higher level of self-efficacy in new, unclear situations. This sense of self-efficacy may lead to more prosocial coping, such as is the case when seeking out social support. It is possible that these teenagers distance themselves psychologically and physically from exposure to IPV by seeking activities with peers or others outside the home. These youth were also characterized by anger that was concealed or repressed, which could lead to problems if not properly addressed. According to Fantuzzo et al. (1997), Fusco and Fantuzzo (2009), and others (e.g. MacMillan and Wathen 2014), correlates of exposure to domestic violence resemble those of abuse; therefore, the functioning of youth resulting from traumatic experiences should be similar. The results obtained partly support this notion. Young adolescents exposed to IPV reacted with anxiety to threatening situations, yet the anxiety is proportional to the level of objective threat. It is possible that cognitive processes of these youth are not as strongly directed at interpreting situations as threatening as found in victims of physical abuse. Perhaps there is a lack of strong remembrance of anxiety-generating stimuli and negative interpretation,

unlike in other cases (Osofsky 2003; Roustit et al. 2009). Being exposed to IPV is a traumatic situation for a child. However, because the youth is not an intended target and may receive support by one parent after the event occurs (often by the mother) or compensate for negative experiences with positive family events, there may be a distortion of cognitive/emotional representation of the meaning a given situation holds for the youth, with the situation being presented as not highly threatening. It is recommended that clinicians work with non-offending parents to maintain constructive relations.

Self-efficacy, or the feeling of being able to execute and persist in various actions, is a positive trait in the functioning of persons exposed to IPV (Miller 2009; Buka et al. 2001; Muris 2002). The sense of self-efficacy provides these young adolescents with partial sense of control over events and a better way of coping with stress. Research has noted a heightened probability of the symptoms connected to excessive control of behavior, excessive alertness and emotional repression in children who witness abuse (Evans et al. 2008; Buka et al. 2001; Herman 1998). In light of results, victims of exposure to IPV may conceal emotions of anger, which may cause the feelings of disappointment and harm to arise. One of the psychological functions of anger is a reduction of the sense of danger by a denial mechanism, replacing helplessness with the feeling of apparent strength. So, internal anger may play a part in those exposed to IPV. Such interpretation, however, requires further research.

Comparison Group

Young adolescents from non-abusive families are typically characterized by emotional stability and express feelings of safety; they do not exhibit the sense of danger or emotional states connected to anticipation of danger. Any anxiety they experience tends to be transient in nature, resulting from situational aspects often connected to real threats. Similar to young adolescents exposed to IPV, the anger is not externalized but rather suppressed. When analyzing a sense of self-efficacy and control of anxiety reactions, it is probable that suppression (i.e., the concealment of anger) is connected to the socialization of emotion, with learning to acquire (or not) purposeful norms regarding anger expression and regulation (Zeidner et al. 2003; Białecka-Pikul and Stępień-Nycz 2011). A sense of self-efficacy increases motivation for action and coping. Youth who are not victims of physical abuse or exposure to IPV (i.e., comparison group) actively cope with stress.

Limitations

As with all research, this one has limitations. First, the results and conclusions are limited to Polish youth who were white (100% of sample), thereby restricting the generalizability of

the results. The sample size was small and drawn from substantiated cases only, so victims that did not come into contact with authorities were not assessed, which also limits generalizability. Second, this is a cross-sectional study. A further limitation of the current study rests in the measures. For instance, exposure to IPV was limited to “seeing” yet there are other ways one may be exposed as well (e.g. hearing it, hearing about it, seeing the consequences, etc.). Additionally, while we looked at victims of physical abuse and exposure to parental IPV, we did not ask about other experiences (e.g. adverse childhood experiences – see Dube et al. 2002) that could impact anxiety, anger, coping, or competence. For instance, exposure to sibling abuse may be as detrimental as exposure to parental IPV, but we were not able to control for this as the study relied on existing assessments and child-parent relations.

Directions for the Future

This study was exploratory in nature, but it is one of the first to examine adolescent experiences of exposure to IPV (and physical abuse) in Poland. To overcome the aforementioned limitations, it is recommended that future longitudinal research is conducted utilizing probability sampling techniques to draw a more representative (and larger) sample that can be studied over time. This would shift the research from exploratory to explanatory, offering greater power regarding understanding observations/changes. It is also recommended that researchers conduct interviews, as they can assist in determining biographies and enrich knowledge regarding psychological functioning and behavioral outcomes of victimized youth. We can learn more about suppressed anger, along with coping strategies and factors of resilience, by listening to narratives. Additionally, future research should consider broader and more inclusive measurements (e.g. asking about a parent being hit and how the child knew about it; inquiring about other adverse experiences; assessing cumulative trauma).

Discussion

This research adds to the body of knowledge on potential outcomes associated with abusive home experiences for youth in Poland. The research results support the notion that traumatic family experiences involving violence may hold consequences for the functioning of those who experience physical abuse or exposure to IPV. Although individuals experience stressful situations differently and each person gives them subjective meaning, the effects of these experiences seem notably similar (yet differ in some ways), and may influence life trajectories if not properly addressed. Anxiety and anger are important emotional consequences of trauma in early adolescence. Particular pathological consequences may be observed in victimized youth, which is relevant to both personality

organization and the development of cognitive processes. The learned character of anxiety can influence the formation of cognitive distortions resulting from the young adolescent's attempt to make sense of the violence, and this can lead to a decreased sense of self-efficacy and feelings of helplessness. As found in this study, victims of physical abuse had the highest levels of anxiety and lowest personal competence scores, followed by victims of exposure to parental IPV, and then the comparison group. The formation of an inappropriate personality organization, often with anxiety disposition connected to early adolescence (in particular with parent-child relationships during this stage), may be a consequence that can impact youth over time. This stage in development represents a crucial time to address problematic behavior since youth are still malleable and thought to be responsive to treatment. We feel that continued research on abusive experiences in Poland is essential to see if findings hold, and research into protective factors and resiliency is warranted to learn more about competent survival and management strategies. It may then be possible to identify and integrate appropriate resources into preventative and interventional actions that help youth who experience violence in the home.

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