

THE IMPACT OF SEXUAL AND PHYSICAL VIOLENCE ON WOMENS' LEARNING PROCESSES: IMPLICATIONS FOR CHILD AND YOUTH CARE WORKERS

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ABSTRACT: The issue of family violence transcends the four walls of the household. Recent studies suggest that it is now impinging on the classroom by influencing the learning process. This is especially true for young girls and adolescent women. This paper will present an extensive review of the literature concerning the impact of early abuse on learning. It will also discuss a series of case studies that investigated the learning styles, attributional patterns, and levels of post traumatic stress disorder in 10 women who had experienced physical, sexual, and verbal violence as children or adolescents. Extensive interviews elicited specific examples of the effects of childhood trauma on learning processes. Implications for child and youth care workers in educational contexts are discussed.

Violence has long been a specter that haunts the human experience. Its physical effects are familiar scenes of bruising, blood, maiming, and death. According to epidemiological data, one woman is raped every minute; one in four adults report having been the target of childhood sexual abuse (Meichenbaum, 1994; Root, 1996). The psychological impact of violence on individuals and family relationships is well known. However, the long term impact on learning processes of this profoundly disturbing event is not. Researchers (Browne & Finkelhor, 1986; Finkelhor & Browne, 1985; Newberger and DeVos, 1988; Rossman, 2001) have implied that the impact on the future of a child who was abused would be feelings of powerlessness to act on wishes and beliefs, self-destructive behavior, loneliness, poor self-esteem, and revictimization. These patterns extend themselves into all areas of a child's development, including the psychoeducational context (Wallach, 1994). Child and youth care workers can facilitate the development of a child who was abused by understanding that learning difficulties are often related to abuse rather than lack of intelligence. These learning difficulties manifest in both educational contexts and child and youth care programs; any environment in which the growth and development of the child are a primary focus. Environments that are safe

and free of the threat of harm or shame, that encourage alternative intervention and teaching methods, and that are sensitive to rebellious or codependent tendencies are required to foster growth for a young victim of abuse.

This study arose out of our personal observations made while working with young at-risk parents, with training participants in community, social service, and business settings, and with university students. We had noticed that seemingly average women university students had enormous difficulty in some academic tasks, especially with group work, abstract conceptualization, or memory tasks; that some training participants, particularly women, faced immense internal obstacles while attending to material on conflict resolution and in trusting others during experiential sessions; and that some parents, despite a high degree of motivation to change, had a great deal of trouble integrating material from parenting sessions into their daily lives. The thread that bound these dissimilar participants together was their self-reported difficult and violent past experiences. Many disclosed within the course of the sessions that they had endured physical, sexual, or emotional abuse earlier in their lives as children or young adolescents, and linked these experiences to their learning difficulties.

RELEVANT LITERATURE

Learning

Abuse has been thought to have far reaching effects in the realm of learning. Though there is controversy concerning a causal link between child abuse and learning disabilities (Caplan & Dinardo, 1986), some correlational links have been established (Cochrane, 1992; Friedrich, Einbender, & Luecke, 1983; Lewis, Pincus, & Bard, 1988; Morgan, 1979; Nestor, 1992); however, learning difficulties have been suggested as a predictive warning sign of possible abuse (Hamilton & Browne, 1999).

Bryant, Scott, Tori, and Golden (1984) found that adults who had a history of child abuse demonstrated impaired performance on tasks requiring complex integration of information; in the transition from sensory schemata to higher level symbolic processes; in the ability to create, plan, organize, and execute goal-directed behaviors; and in sustained attention and concentration. These basic analytic skills were identified as important in new learning and crucial for the efficient use of learning.

Distad (1987) observed that 41.5% of the remedial readers in her elementary school class, many of them preadolescent girls, had been identified as substantiated cases of child abuse. In their clinical observations, Barham and Clark (1991) and Miltenburg and Singer (1997) both identified learning problems as a co-occurring symptom for abuse survivors and noticed that the fear of success seemed to be present for those who had experienced sexual abuse. These coexistent issues, they contended, impeded the final resolution of therapy.

In investigating how women constructed knowledge, Belenky, Clinchy, Goldberger, and Tarule (1986) found that 38% of the women in school or college, and 65% of the women contacted through social service agencies had been subjected to sexual violence. These women described and experienced themselves as mindless and voiceless, subject to the whims of an external authority figure. They perceived words as weapons of punishment used to diminish them. Women at this epistemological stage did not cultivate representational thought, and knowledge was perceived as a magical process beyond their ability. For many of the women who had been brutalized, silence was the predominant category of knowledge construction.

MacKeracher (1987) named violence against women as a serious learning block. Sexual violence, in particular, seemed to function as an powerful technique of silencing. Through violation and shame, the process of gaining and valuing subjective knowledge was undermined (Belenky et al., 1986). Women then perceived their inner voice as a "false voice" that did not know the truth, and therefore looked to external sources of expertise. Faced with the overwhelming experience of being silenced, these women frequently described themselves as "invisible" (Lewis & Simon, 1986).

In a series of case studies, the Center for Literacy of the YWCA of Montreal (1994) documented several common learning barriers among victims of violence: short attention span, severe learning disorders, mirror writing, and an inability to recognize one's own resources, talents, and abilities. Many physically abused women reported that they had to spend so much energy on survival they had little left for learning.

Additional anecdotal evidence has also been collected with survivors who have experienced multiple forms of victimization (Canadian Congress for Learning Opportunities for Women, 1992; Canadian Congress for Learning Opportunities for Women, 1994; Hall, 2000; Horsman, 1999). These have included limited attention span and "wandering", Attention Deficit Disorder, forgetting of information almost immediately, dissociation in learning situations, difficulty with achieving learning goals due to poor self-esteem, feelings of isolation and inferiority, fear for physical safety that undermined the ability to study school material, an inability to transform experiences into conceptual frameworks, and an intense lack of trust in self and others. In other words, school and learning had become a problematic activity as a consequence of abuse.

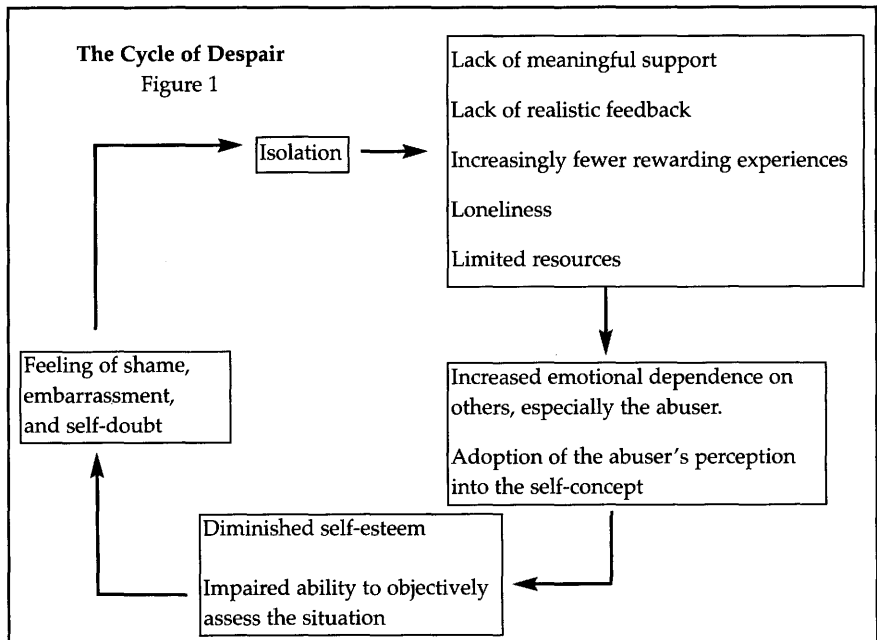
Reilly and D'Amico (1995) presented an in-depth case study which detailed many of these blocks. Jane (a pseudonym) was a 19-year-old mother of a three year old girl who was in foster care with a local social service agency. She was an incest survivor, who also experienced verbal abuse as a child. She attended a weekly parenting skills group given through the agency in an effort to aid in the family reintegration process.

Though an average student at the time, when the incest began her grades dropped, and she decided to leave school early when she became pregnant at 15.

During the parenting skills group, Jane tended to be quiet, rarely initiating any responses, waiting for the family life educator to invite her into the discussion. She was often observed looking around the room, and would comment about how her attention would wander. When reading from the parenting resource guide (Health & Welfare Canada, 1990), Jane became tense. She expressed that she was relieved that the language in the booklet was simple, since she stated that she was intimidated by books. She was typically the last one to finish the discussion starter paragraph. Jane had also been observed to blurt out concerns or preoccupations in the middle of a discussion, finding it difficult to wait. She described herself as being so wrapped up in what she was thinking, that she could not concentrate or contain herself.

When discussing concrete and specific parenting strategies, Jane found it difficult to plan and organize these for herself, without a strong directive influence from the family life educator. She tended to place more value on the facilitator's thoughts than her own. She periodically expressed confusion concerning the details of the various strategies discussed and how they were to be implemented.

In general, this young woman displayed poor self-esteem, and experienced a sense of "differentness" and inferiority due to her abusive history. Specific obstacles to her learning parenting skills were: poor attention



span, flashbacks, difficulty in remembering material or forming learning goals, reliance on an external authority, slow reading skills, an inability to translate concepts into actions, and a lack of trust in others. Feelings of shame and embarrassment about her incest experiences led to self-doubt and a self-imposed isolation from educators and peers, which in turn led to fewer positive educational experiences. In essence, she seemed to enter a cycle of despair (Canadian Congress for Learning Opportunities for Women, 1994), unable to transform her wishes for change into action.

Attribution and Learned Helplessness

The theory of attribution (Weiner, 1976; 1979; 1985a; 1985b; 1993; 1994), or perceived causes, strives to answer and explain humankind's need for understanding, especially in the domain of achievement and social motivation, by illuminating the internal process of personal beliefs about causation. The basic premise of this theory is that people attribute reasons to their performance, and such reasons determine the subsequent performance. Positive outcomes which enhance positive feelings of self-worth tend to: 1) generate beliefs about future success and goal attainment; 2) increase one's sense of mastery over one's destiny; and 3) increase levels of future performance. Negative outcomes which enhance negative feelings of self-worth tend to: 1) generate beliefs about future failure and goal nonattainment; 2) create a sense of powerlessness over one's destiny; 3) decrease levels of future performance; 4) increase levels of withdrawal and motivational inhibition for shame-based emotions or approach behavior; and 5) increase retribution for guilt-based emotions (Gredler, 1997).

Learned helplessness, a state of giving up without trying in the belief that nothing one does matters (Seligman, 1993), is the extreme end of the negative attributional continuum. Herman (1992) described this state of physical and psychological powerlessness as the outward appearance of chronically traumatized individuals, in particular, survivors of systematic violence. This belief that any initiative will result in punishment is the manifestation of the altered relational world of the individual who has endured prolonged captivity to childhood abuse.

Belenky et al. (1986) forged links between the state of voicelessness of women subjected to violence and the rates of depression and learned helplessness observed in this population. The descriptions of learning difficulties in the anecdotal records bear a striking resemblance to this phenomena. A loss of motivation, reliance on an external locus of control, and a disbelief in one's own power to affect the outcome of events were underlying themes when survivors of violence talked about their learning experiences (Canadian Congress for Learning Opportunities for Women, 1992; Canadian Congress for Learning Opportunities for Women, 1994; Reilly & D'Amico, 1995). Even when empowerment is a specific learning

objective, female survivors of abuse had great difficulty. Learner leadership activities usually failed to fulfill the promise of power sharing they offered to these women since they are unable in many cases to engage with them (Horsman, 2001).

Post traumatic Stress Disorder

Since the psychological impact of violence has become the object of intense study, attention is now being directed to the subsequent effects of traumatization. Post traumatic stress disorder, otherwise known as PTSD, was first included in the DSM-III in 1980. Presently PTSD is described as "...[having] experienced, witnessed, or [being] confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, [and] the person's response involving intense fear, helplessness, and horror" (American Psychiatric Association, 1994, p.201).

PTSD is usually the result of two kinds of events. Type I stressors are short-term, unexpected traumatic events such as natural disasters, rape, sniper shootings, or car accidents; Type II stressors are sustained and repeated ordeal stressors either experienced as a series of traumas or exposure to a prolonged traumatic event, such as combat or ongoing sexual or physical abuse (Terr, 1991).

According to recent studies of the incidence of PTSD, there are estimates that 11.8 million women in the US will experience PTSD at some point in their lives, and that currently 4.4 million women are displaying symptoms of PTSD (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Of those who develop post traumatic stress disorder, approximately 50% will continue to have it decades later without treatment (Meichenbaum, 1994). As these women go about the business of picking up the pieces of their lives, the effects of trauma and PTSD extend into every domain they enter.

Post traumatic stress disorder impacts on individuals in various ways. Patients with PTSD due to childhood abuse had deficits on neuropsychological measures that have been validated as indicators of hippocampal function, suggesting the possibility that experiences in the form of traumatic stressors can have long-term effects on the structure and function of the brain (Bremner, 1999). Psychological symptoms of post traumatic stress disorder are characterized into three clusters (Foa & Meadows, 1997): reexperiencing, avoidance / numbing, and increased arousal. Reexperiencing often takes the form of flashbacks or intrusive memories, which are considered the hallmark of PTSD; however, this may also include nightmares. Survivors can alternately cycle between the reexperiencing and numbing phases (Pope & Brown, 1996). Herman (1992), as part of the symptomology of long-term childhood sexual abuse, has coined the term "complex post traumatic stress disorder" in order to incorporate the experiences of adult survivors with unresolved trauma into this category.

Foa (1995) has identified interference with schoolwork as one of the signals of significant distress or impairment in daily functioning indicative of PTSD. This is most often seen as "wandering", dissociation in educational contexts, flashbacks triggered by course content, and intense fear or a lack of trust that interferes with the completion of schoolwork. These symptoms were frequent occurrences when survivors of violence talked about their learning experiences (Canadian Congress for Learning Opportunities for Women, 1992; Canadian Congress for Learning Opportunities for Women, 1994; Reilly & D'Amico, 1995).

Only recently have educational researchers, administrators and youth workers become aware of the rates of PTSD in school settings, and its impact on educational success. Jose-Kampfner and Aparicio (1998) measured the perceptions of neighborhood and institutional violence of Latino secondary school students and dropouts who also completed the Children's PTSD Inventory. They found high rates of post traumatic stress disorder in both populations.

Problem Statement

Few studies have attempted to explore and describe in depth the relationship between violence and learning difficulties and the dimensions described above. This paper will discuss a pilot study that examined the significance of the relationship between learning difficulties, previous violent experiences, and the psychological constructs of learning styles, attributional style, and post traumatic stress disorder.

METHODOLOGY

Research Design

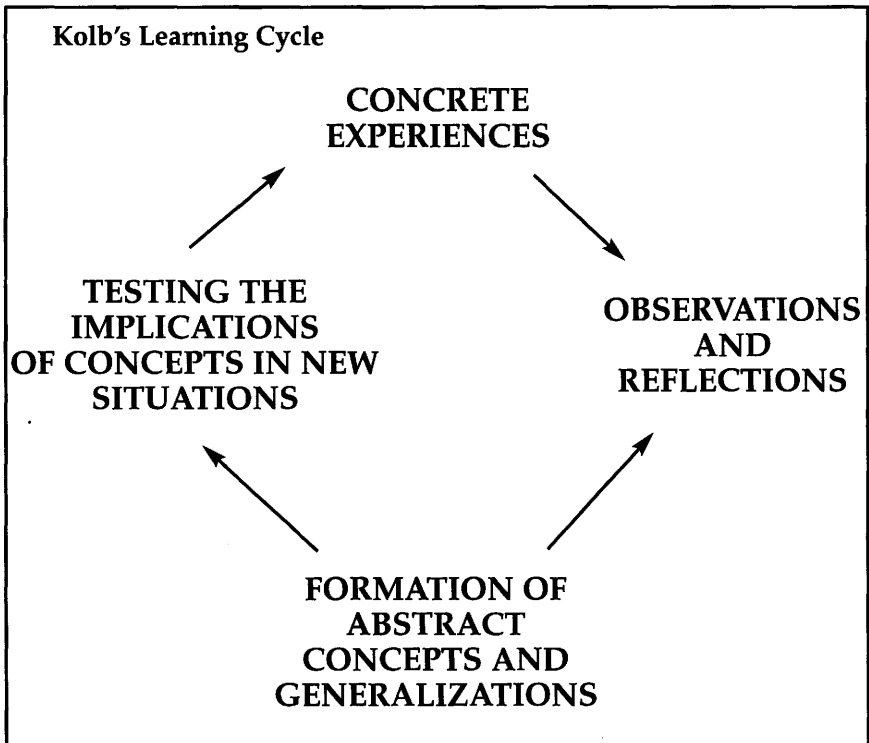
This study was to employ a causal-comparative method of inquiry (Borg & Gall, 1989). This methodology was selected on the basis of 1) the tentative link established in the literature, 2) the lack of statistically significant data, and 3) the ability to study a cause-and-effect relationship under conditions where experimental manipulation is impossible, undesirable and unethical.

Female participants, aged 19 and older, were to be drawn from the university population and placed into two groups. The defined group would have consisted of those participants who have a history of abuse or violent experiences. Subgroups were to be formed according to the type of experiences (e.g. physical, sexual, verbal/emotional, and psychological violence). A checklist was developed by the researchers to operationally define these terms, based on the protocol by the Intergovernmental Committee on Family Violence (1991). The comparison group was to consist of participants matched on a variety of variables such as age, socioeconomic status, ethnicity, years of schooling, and general school ability (GPA). Participants in this group were to have no history of violence or abuse.

The participants were ten volunteer women aged 19 and older who were attending university. The original target had been 20 paired participants. However, we were not prepared for the vast numbers of potential volunteers who had been exposed to violence or repeated victimization, and the small numbers of women who had never experienced a traumatic event. This serendipitous finding regarding women's exposure to and histories of violence lends serious questions to the ability to conduct research with control groups.

Measures

Several standardized measures were used for the psychological constructs. A test of learning styles was obtained using Kolb's Learning-Style Inventory (Kolb, 1976). This inventory, which has demonstrated good construct validity, is based on the theory that learning occurs in a cycle, and that individuals have preference for styles of learning. Based on this cycle, there are four styles of learning: concrete experiences (learning by feeling); reflective observations (learning by watching); abstract conceptualization (learning by thinking); and active experimentation (learning by doing).



The Attributional Style Questionnaire was administered to measure the dimension of learned helplessness (Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982). The Post traumatic Stress Diagnostic Scale (Foa, 1995) was used to detect the presence of acute or chronic PTSD. This instrument was selected since it does not reflect the systematic bias of other gender-neutral or male-based assessments that define traumatic events as "outside the range of usual human experience." Childhood abuse and violence are all too frequent "usual" events. Therefore, the Foa instrument does not exclude the experience of many women and children who experience interpersonal violence on a daily or weekly basis.

In-depth interviews were conducted according to a semi-structured guide developed by the researchers that examined courses and the types of assignments that the participant did well in or had difficulty with, and learning experiences with peers and with faculty. A thematic analysis was conducted, in order to compare learning experiences with the constructs.

RESULTS

Learning Styles

The participants who had previous exposure to physical or sexual abuse tended to be highly dominant in either the accommodating learning style (active experimentation / learning by doing) or the diverging learning style (concrete experiences / learning by feeling).

Two distinct patterns emerged through the interviews. The following cases are illustrations of some of the patterns observed.

Rosalyn (a pseudonym), a 35-year-old woman, disclosed being physically beaten by her parents and regularly by her teachers all through elementary school. Corporal punishment was, she reported, a culturally-accepted practice of discipline in her home and school. Her dominant learning style was accommodating, in that she tended to learn from "hands-on" activities. Her tendency was to act on her gut feelings rather than on logical arguments. In solving problems she tended to rely on information from others rather than her own analysis. Being highly dominant in this area, she had quite a low score on the complementary learning style that would enable her to learn from mistakes, build systematic approaches, and organize information into theoretical frameworks.

In her interview, Rosalyn described her biggest challenge in university was to see the professor and her fellow classmates as guides, allies, and resources, not as "enemies" or rivals. In fact she stated that it was only when she worked on a project with a professor outside of class, that she "began to see the [female] professor as a human being." She stated that frequently she would find herself resisting listening to others' opinions during class discussions. She did not trust fellow students involved in group projects, stating that, "My attitude about working in groups is 'Guilty until proven innocent'"; only by being repeatedly trustworthy

were some peers able to build working learning relationships with her. She rebelled against instructors without a clear idea of what her purpose was. She reported experiencing particular difficulty in writing papers in which she was to analyze, apply, and synthesize theories and models and with memorization tasks; she often had to seek out writing assistants to help her focus and organize her material. Understanding the concepts underlying models was often a struggle for her. The assignments in which she tended to do well were multiple-choice exams, in which the information was clear for her or position papers in which she was asked to give her perspective or opinion on an issue.

Louise (a pseudonym), a 54-year-old woman, disclosed being sexually assaulted at the age of three by a male relative. This lasted continuously until she was nine years old, at which time she was able to report these events to her parents. Her dominant learning style was diverging, in that she tended to learn from observation rather than action. Her tendency was to watch others in order to gather information, rather than experimenting herself. In solving problems she tended to brainstorm many different possibilities, scenarios, and alternatives. Being highly dominant in this area, she had quite a low score on the complementary learning style that would enable her to focus her ideas, set goals, make decisions, and plan actions.

In her interview, Louise described that she tended to feel more comfortable in smaller classes that had a majority of women students; in fact, her major was based on the fact that the department in which she was enrolled had a majority of female faculty and students. She revealed that she felt safer here than elsewhere in the university. She disclosed that her biggest challenge in university was to no longer see the professor as the dispenser of absolute truth, but rather to think critically about views and opinions that were presented in class. She stated that often she would find herself accepting opinions as facts, without questioning their validity. She reported experiencing particular difficulty in the process of writing papers, in that she would research a topic so thoroughly that she would feel overwhelmed with the amount of information she had gathered; she often had to seek out writing assistants to help her focus and shift through her material, since she had difficulty seeing a hierarchy of importance and relevance to the information. She also experienced difficulty in class presentations and class question periods, since she would sometimes dissociate when she had the class's full attention. She interpreted this as her usual reaction to external expectations she perceived that were placed on her by her abuser. She did not do well in multiple-choice exams since she could always see "some grain of truth" in all the choices. She tended to do well in assignments that asked her to describe and reflect on her own experiences and on observational reports.

It is quite clear that the early abuse experiences of these women have played a role in fashioning their learning styles. Relying on subjective knowledge (i.e. "gut" feelings) and counterdependence linked to repressed

rage at systematic physical abuse, have shaped Rosalyn's learning style, while the hyperalertness and watchfulness typical of sexual abuse survivors was a characteristic of Louise's style.

Attribution

Table 1. presents the mean scores for the Attributional Style Questionnaire dimensions: Internal -, Stable -, Global -, Hopelessness, Internal +, Stable +, Global +, Hopefulness, and Composite score (CPCN). Group 1 represents those participants who experienced physical or sexual abuse, while group 2 are participants who experienced verbal abuse. As can be seen, the means did not differ significantly except on the dimensions of Internality and the Composite score.

Table 1.
Results of Attributional Style Questionnaire

| Rating | Group 1 | Group 2 |
|-------------------|---------|---------|
| Internality - | 4 | 2.67* |
| Stability - | 6 | 5 |
| Globality - | 6.3 | 6.5 |
| Hopelessness | 12.33 | 11.5 |
| Internality + | 5.5 | 5.33 |
| Stability + | 5.5 | 5.83 |
| Globality + | 5.17 | 5.17 |
| Hopefulness | 10.67 | 11 |
| CoPosCoNeg (CPCN) | -0.16 | 2.16* |

However, in analyzing the patterns of responses, the researchers found that the survivors of physical and sexual violence consistently rated "good events" as totally due to themselves (a rating of 7) and rated "bad events" as totally due to other people or circumstances (a rating of 1).

Comments regarding the event explanation by survivors often credited "bad events" to a karma-like source, e.g. "...there must be a better opportunity to my journey" or "...I guess it was in my path", while comments regarding "good events" credited themselves, e.g. "...through my power, I created it" or "...I wanted it, so it came to me". This suggests that there still is a stark schism in the locus of control for survivors of violence.

However, this schism seemed to be an effort to reverse the devastating effects of abuse. In order to boost a damaged self-concept, survivors attempted to attribute all good things to themselves and their own power; in an attempt to distance themselves from the self-blame common to survivors, bad events became the "fault" and responsibility of external sources.

Post traumatic Stress Disorder

| | |
|--|--------------------------------|
| Table 2. | |
| Rates of PTSD | |
| 10 Ss with a history of interpersonal violence | |
| 4 Ss with verbal / psychological (40 %) | No PTSD |
| 6 Ss with multiple victimization (60 %) | PTSD chronic with impairment * |
| * For one participant, this diagnosis was based on the fact that the scale itself precipitated intrusive recollections and flashbacks. | |

Table 2. is a list of the rates of PTSD.

Table 3. links the described learning experiences of those with PTSD with the disorder symptomology. One participant who had experienced physical, sexual, and psychological abuse could not fill out the PSD scale at all, and reported experiencing intrusive recollection triggered by the scale.

A particularly dominant pattern were the number of women who experienced intrusive recollection, avoidant or numbing experiences, and hyperarousal more than 10 years after the violent event, even after receiving therapy. This is consistent with recent findings by Freeman and Beck (2000) who found that trauma-related words and concepts produced cognitive interference with sexual abuse survivors, regardless of whether they were diagnosed with PTSD or not. The persistence of the effects of the early violent experience is a cause of great concern, and should be subjected to further investigation.

One finding was an inconsistency between the information gather by the interpersonal violence checklist and the PDS scale. Frequently young women who had experienced a sexual or non-sexual assault by a boyfriend, date, or lover did not score this event on the PDS scale since this person was neither a family member nor a stranger. Participants seem to not process the phrase "... or someone you know...". They did, however, report this on the interpersonal violence checklist when explicitly asked. This may indicate that a small percentage of the population may under-report their exposure to trauma.

| Table 3. Learning experience examples of PTSD | |
|--|--|
| Criterion A event | 6 experienced nonsexual assault 5 experienced sexual assault (under 18) |
| Criterion B Intrusive recollection | 5 Ss reported having upsetting thoughts that were triggered by course material 2 Ss "panic mode" linked to past experiences 6 Ss talked about past experiences re: power |
| Criterion C avoidant / numbing | 3 Ss reported that their major was based on the number of women in the department 4 Ss avoid large classes-- need small class- es to feel connected to material 5 Ss feelings of isolation / inferiority / "differentness" 4 Ss avoid classes that have any emotional dimensions |
| Criterion D hyperarousal | 6 Ss reported great difficulty trusting classmates 4 Ss reported anxiety when called upon by faculty 2 Ss reported not being able to memorize |
| "Zone out" | 1 Ss reported dissociating during class presentations |
| Criterion E duration | 7 Ss events were more than 10 years ago 1 Ss between 5 to 10 years ago 1 Ss less than a year |
| Criterion F impairment | 5 Ss reported their schoolwork was seriously affected |

Themes that emerged from the learning experiences of women survivors of violence who had chronic PTSD revolved around fellow classmates as possible sources of betrayal or victimization. They also reported short attention span and "wandering" during lectures, poor memorization skills and forgetting of information almost immediately, an inability to recognize and value one's own resources and learning abilities, and a poor self image as a learner. Many women reported that they only began to believe in their ability because of the positive feedback from "certain caring professors".

DISCUSSION

Based on the limited information available from this pilot, the researchers can see many parallels between the anecdotal information in the literature and the symptoms of PTSD and learned helplessness in the participants' self-reports, as well as between their learning styles and strategies they used to cope with their childhood abuse. Many of these reactions are typical of the protective restrictions that are self-imposed by rape survivors on interpersonal relationships (Esper, 1986). Though many of these strategies of being less trusting, non-compliant to authority figures, and a hyperalertness to cues from others reflect an adjustment strategy to a violent encounter, in learning contexts, they tended to undermine the participants' descriptions of personal learning effectiveness.

The impact of prolonged abuse or repeated victimization could be the development of personality changes regarding relationships and identity (Herman, 1992) that in the long run inhibit learning. By using the concept of "insidious trauma" (Root, 1992) this may aid us in the understanding of the experiences described by these women. Insidious trauma is characterized by repetitive and cumulative experiences and is perpetrated by persons who have power over one's access to resources and one's destiny, and is directed towards persons who have a lower status on some important social variable (Root, 1996). Over time, the aftereffects of this trauma manifest themselves in one's reactivity to certain environmental stimuli. Insidious trauma shapes reality and reinforces the subsequent construction of reality, e.g. that life is unfair, that people are not trustworthy, that the world cannot ever be a safe place, and that I am stupid and at fault for my failure. Insidious trauma's imprint rests in the acute self-awareness that one's own safety is tentative at best. The potential for violence flavors many of these survivors' interpersonal interactions. As one participant noted, "It's so hard when you've experienced something and you've learned it all wrong [her concept of self] but you've survived. How can I change it all [my coping strategies], and still survive?"

There are strong parallels between these findings and the work done by Belenky et al. (1986). Many of the women in this pilot also experienced themselves as mindless and voiceless. However, a few of these women talked about discovering deep wells of resilience, flexibility and adapt-

ability with the explicit support of faculty and peers, and could envision themselves as becoming stronger and more confident learners.

One salient limitation to this study is that because of the lack of numbers for the comparison group, there was no "control" group. Therefore, no causal connections can be drawn. As well, the sample was small; however, interviews lasted between two and three hours, providing a thick description of the learning experiences (Lincoln & Guba, 1985). In addition, as with many research studies into the impact of abuse, this study used a "univariate" approach to a "multivariate" problem (Herzberger, 1993). Future research will delineate multiple predictor variables such as consequences, circumstances of victimization, severity, frequency, and interpretation of the act, attempted versus completed versus threats of violence, and relationship to the perpetrator to describe the impact on learning.

IMPLICATIONS FOR CHILD AND YOUTH CARE PRACTITIONERS

These results have far reaching implications for child and youth care work, both in educational settings and elsewhere. The long-term effects of childhood violence on learning processes must be addressed in educational contexts, and difficulties in learning must also be addressed in therapeutic settings. Violence is not only a social issue, but an educational and therapeutic one. Nugent, Labram, and McLoughlin (1998) have called for developing an educational psychology practice in response to the educational needs of children and young people who have experienced violence.

One of the most critical elements in addressing the needs of female children and adolescents is to create a shared understanding between representatives of social service agencies (child and youth care workers, social workers, placement administrators, etc.) and representatives of educational systems (teachers, principals, and school board officials) concerning the impact of violence, and to create a common approach. *Everyone* needs to become familiar with the long-term signs of early abuse. This is especially true in educational and vocational settings. Understanding of some of these behavior patterns as attributable to early abuse, rather than the lack of effort or intelligence, creates climates which help young people realize their potential, and allows interveners to address the real issues that are blocking learning and development.

A more global model of relationships that contextualized connection as a growth force (Jordan, 1997a) must be presented to all professionals who work with female survivors of violence. An emphasis on relational elaboration, a differentiated capacity for connection, and empowerment in relationships can help to break down the patterns of overdependence or rebellion that can characterize the learning/therapeutic relationships survivors forge with others.

There also must be a priority in creating a *safe* environment in all aspects of a young person's life, including educational and informal learning contexts. Classrooms, therapeutic settings, and recreation centres that are free from threat, either physical or relational, must be a priority. Small group discussions can implement guidelines that emphasize respect, acceptance, and openness, since dialogue can promote the inter-subjectivity of experiences. Child and youth care workers, facilitators, and educators can model, and build, as a group norm, empathic responsiveness to others. The mutual motivation to know someone can help to break down the self-imposed isolation of the survivor, without direct threat.

Programs must also directly address issues of shame. Shame is a powerful political force, keeping many female victims of violence quiet and marginalized, or can function as the source of rage (Jordan, 1997b). By constructing environments that are warm, trusting, and mutually empathic, issues of shame can be addressed and diffused. Noddings (1992), in focussing on schools, has suggested that generally they should become centers of care, and that themes of caring should permeate every aspect of school life, from relationships to organization, and from curriculum to teaching methods. Behaviour management and discipline strategies must therefore eliminate shame-based or shame-activating practices. Obviously, the same applies to all environments where child and youth care workers intervene. In this way, child and youth care practice can truly promote human development and respond to human needs. This is especially true when working with trauma survivors.

Alternative formal and informal teaching methods must be implemented. Allowing young people to use their preferred style of learning (often linked to their psychological strategies for survival), as well as supporting the development of more traditional styles can further the attainment of learning goals.

Young people must have systems in place to assist them in abusive situations that interfere with their learning and development. A quiet and safe time and place to study, reflect, and complete assignments can go a long way in facilitating the learning of some survivors of violence. Coupled with increased accessibility to resources and personnel for therapeutic support, isolation, a primary source of pain and a major learning block, can be diminished.

More resources must be allocated to support young survivors' learning processes specifically. Institutions are experiencing a lack of funds, which often results in larger classes in schools, and a cutback in supportive services generally. This trend runs contrary to what these women have described as optimal conditions for their learning and development.

As well, in learning assessments, the physiological damage from physical abuse and the possibility of lasting structural changes to the brain due to prolonged sexual abuse, needs to be calculated when diagnosing learning disabilities and assessing difficulties; the psychic damage from sexual abuse also needs to be anticipated when evaluating the formation of learning relationships or any group work.

In any intervention, the impact of abuse must be considered, demonstrating the recognition that all children and adolescents need and are entitled to quality educational and learning experiences.

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