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SELF-EVALUATION AND SELF-ESTEEM OF CHILDREN WITH SYNDROME CAN

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INTRODUCTION

Child Abuse and Neglect (CAN) syndrome is a complicated social phenomenon. It is a set of specific forms of inappropriate treatment of a child, which can lead to an inadequate fulfilment of their basic needs. Failure to fulfil the biological and emotional needs of children, their need to feel safe and secure, leads to a serious disturbance and even permanent impairment of development, personality, self-confidence and interpersonal relations within the child. It is possible for a child to show signs of just one form of CAN syndrome. We often encounter a combination of several of them and that deepens the severity and depth of the trauma. "«We define child abuse and neglect syndrome as physical or mental damage or impairment of a child's development that results from deliberate behaviour of parents or other adults. Such behaviour is socially unacceptable.» CAN syndrome is a set of negative phenomena stemming from maltreatment of children". It may arise as a result of active aggression or inadequate care, neglecting the important needs of the child (Vágnerová, 2014, p. 539).

Gabarin et al. define psychological and emotional abuse as the concentrated effort of an adult to distort the mental and emotional development of a child, assaulting their own sense of self and their social skills. According to Daligandová, such abuse results in the permanently damaged self-evaluation of the individual. Vlčková (2001) claims that psychological abuse and neglect causes harm to self-image, self-confidence and self-awareness of the child and disturbs the relationship not only with abusive parents, but with people in general. She also says that the longer the abuse

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and the lower the developmental stage of the child abused, the graver the impact it has on the overall personal development of the victim.

Self-image is generally recognized as a term for the personality core (self, ego, identity, self-concept), relating to the ability of the individual to be aware of their own existence as an independent being with own thoughts, feelings and actions. It fulfils the function of regulating, organizing and maintaining the integrity of individual psychological reality (Zaujecová, 1997).

According to Branden: "There is no value-judgment more important to man – no factor more decisive in his psychological development and motivation – than the estimate he passes on himself" (Branden, 1992, p. 107).

W. James, the founder of the James' theory of self, defined self-image (self-concept) as a sum of all the notions an individual can label as their own, including cognitive, emotional, and behavioral-active dimension (in: Blatný, Plháková, 2003).

Branden (1992) sees the adequate self-image as a disposition to experience oneself as a human capable of dealing with the life challenges and accepting his right to happiness at the same time. Self-image is self-confidence in terms of thinking, learning, making decisions and reacting to changes effectively. The importance of such self-confidence, or lack thereof, is significant.

Branden (1992) deems the following 6 practices vital in promoting and maintaining a healthy level of self-esteem – a healthy self-image:

1. *The Practice of Living Consciously* – the conscious effort to respect facts, to be aware of what we do, search for information, new knowledge, feedback about interests, values, goals.
2. *The Practice of Self-Acceptance* – the willingness to experience and to be responsible for one's own thoughts, emotions and actions, without avoidance, rejection, denial, without contradiction, allowing oneself to think one's own thoughts, to experience emotions and to evaluate their own actions.
3. *The Practice of Self-Responsibility* – the realization that only we are responsible for our choices and actions, our own life, well-being and achievement of our desires.
4. *The Practice of Self-Assertiveness* – the effort to make our relationships with other people more authentic.
5. *The Practice of Living Purposefully* – by recognizing our short- and long-term goals we can identify the actions needed to attain them and thus are able to organize our behavior in order to meet these goal.
6. *The Practice of Integrity* – the art of balancing between what we know, what we declare and what we do.

Self-evaluation is changing in the course of the ontogenetic development of a human being and in accordance with their social roles. It represents an important

self-regulation mechanism of personality and determines, to a great extent, the behavior and actions of an individual.

Self-evaluation in most people is not a static value. Their view of themselves is strongly socially determined because they too are dependent on the likes and admiration of their surroundings. Ch. H. Cooley has named this type of self-evaluation the looking-glass self. The looking-glass self is dominant in heteronomous-type characters with a global approach to reality, dependent on the situation and the suggestion of their community. People of the (ideal) autonomous type with an analytical and critical approach to reality build self-esteem based on self-discovery and conviction about their qualities. They are relatively independent of the situation and the suggestion of others. We call this type of character the compass self. Most people fall under the mixed category – the radar type. This type utilizes the evaluation of others to build their self-evaluation. Social acceptance in the community, experience of success, failure, and competence have a great impact on the development of self-evaluation. The way we see ourselves is also influenced by certain persistent childhood experience. Self-evaluation is closely related to notions of optimism and pessimism as well as any other social activity of an individual (Kohoutek, 1998).

Other sources include cognitive discrepancy in self-awareness (self-discrepancy) and negative affectivity. Discrepancy between the individual projections of the self (real, ideal, required) leads to vulnerability to multiple negative emotions. The affective part in negative affectivity is understood as an important factor in judging not only ourselves but also other people, as well as assessing the attitudes of other people towards ourselves. Affectivity means a disposition towards certain type of emotional experience. A low level of self-esteem is an essential psychodynamic mechanism of any deviant behavior (Ginnis, Branden, 1996).

Kelley and Gavin (1978) found a correlation between delinquency and low self-esteem. He figured out that programs aimed at increasing self-esteem led to a reduction in delinquent behavior in schools. Kaplan (1975) claims that these programs, when targeted at persons with low self-esteem, who have experienced some kind of abuse and repeated failures, served to increase their self-esteem and enable their re-introduction into society. The most frequent reason for aggressive behavior, according to Davis et al. (1996), is the endeavor to compensate for a damaged self-image, which includes the manifestations of aggression as a defense of self-image. Keegan (1987) is persuaded of the correlation between a low level of self-esteem and the probability of neurosis, anxiety, alcohol and drug abuse in the individual. Newcomb et al. (1988) considers drug abuse to be a loss of control over an individual's life and an effort to counterbalance their low self-esteem. In his research Battle (1987) has confirmed the existing link between depression and low self-esteem in adolescents. Bhatti (1992) points out cases corroborating the relation between low self-esteem in adolescents and suicidal thoughts together with depression.

All these research results underline the importance of self-esteem in the life of a human. Self-respect greatly contributes to the quality and meaningfulness of life.

Therefore it is important to create conditions for its optimal formation in the family and school environment. Knowledge of a family environment is crucial when diagnosing a child with CAN syndrome. When trying to detect and diagnose children with CAN syndrome, teachers can utilize methods and techniques that are similar to those used by other professionals participating in further diagnosis and treatment of these children. There are diagnostic tools aplenty, mostly available to psychologists. We will list those that are specific and applicable in detecting the CAN syndrome. These are primarily diagnostic methods – observation, diagnostic interviews, projective and art techniques – drawing, association, staging methods that are suitably combined and supplemented as necessary. Anatomical dolls are specific tools that can be used to diagnose sexual abuse, especially in small children who have difficulty verbalizing the experience (Szijjártóová, Pupíková, 2015, p. 36). Many of these methods can also be used as a guideline for diagnostics by teachers of ethics. They have a variety of activities aimed at enhancing and building healthy self-image and self-esteem in pupils.

METHODS

The aim of our research was to determine the impact of a negative family environment on the self-image of children with CAN and compare their level of self-evaluation with the level of children who do not suffer from CAN.

In order to achieve our goal we have formulated several hypotheses:

H1: The average self-evaluation value will be different for children with CAN syndrome and for children without CAN symptoms.

H2: Reduced self-evaluation in children with CAN will be more pronounced in those components for which we assume a stronger relationship with the family environment than in other components of self-evaluation.

H3: The level of self-evaluation in girls will be lower in average that the level of self-evaluation in boys, regardless of the CAN syndrome presence.

H4: Individual self-evaluation components will be in a strong positive correlation in all of the questionnaires used.

INSTRUMENTS

In our research we have utilized the following questionnaires:

- Rosenberg's self-evaluation scale – RSES (Rosenberg, in Blatný, Osecká, 1994), consisting of 10 items.
- U.S. questionnaire with 60 items which examines the level of five components of self-evaluation – general, educational, social, physical and family, as well as the level of social desirability.

- Coppersmith Self-Esteem Inventory (CSEI) consisting of 58 items that aim to map the level of child's belief in their abilities, their own value and their success in general in relation to their peers, family and school (Hills et al., 2011). The questionnaire monitors these factors: personal self appreciation, self appreciation related to peers, family, school, and social desirability (8 items).
- Questionnaire covering personal, social and family self-evaluation of children (QSC) which originally contained 40 items from which we have removed 20 items that appeared to be relatively self-contained and pre-research found them to be less correlated with other items. 5 items measured social desirability.

PARTICIPANTS

The research sample comprised of 16 children (8 boys and 8 girls) with CAN syndrome living in crisis centres in Lučenec and Banská Bystrica and 16 regular pupils attending a primary school in Banská Bystrica. The average age of respondents was 10.87 years. The children worked on questionnaires individually. There were more children with CAN syndrome in the research sample at first, however, we have discarded those who have shown high social desirability rate in their questionnaires.

Table 1. Forms of CAN in respondents

Forms of CAN	Girls	Boys
Physical abuse	4	6
Münchhausen syndrome	1	0
Sexual abuse	3	2

Source: the study of authors.

Table 2. Age structure of respondents

Age	9 years	10 years	11 years	12 years
Girls	4	4	5	3
Boys	5	3	4	4

Source: the study of authors.

The collected data were processed using the Statistical Package for Social Sciences (SPSS) for Windows. The distribution of the studied variable in subsets is unimodal with skewness and kurtosis values being less than one.

H1 The average self-evaluation value will be different for children with CAN syndrome and for children without CAN symptoms.

We have tested this hypothesis with the Student's t-test for independent selections as well as non-parametric tests: Mann-Whitney and U-Wilcoxon. The average values in both groups of respondents are stated in Table 3:

Table 3. Average values of individual questionnaires results

Respondents	T.S.E.	CSEI	RSES	QSC
With CAN	49.12	44.6	45.87	38.87
Without CAN	67.00	70.14	70.87	67.87

Source: the study of authors.

Based on the above results, we can state that children with CAN have a lower level of self-evaluation, self-esteem than children without CAN symptoms. We accept hypothesis H1.

H2 Reduced self-evaluation in children with CAN will be more pronounced in those components for which we assume a stronger relationship with the family environment than in other components of self-evaluation.

The t-test for the independent selections with statistical significance value $p < 0.001$ was used to test this hypothesis. The results are stated in tables 4, 5 and 6.

Table 4. Significance of differences in self-evaluation components of T.S.E.

Self-evaluation	AM with CAN	AM without CAN	SD with CAN	SD without CAN	t-value
Personal	13	16.87	3.07	3.03	3.58
Physical	13.18	16.93	2.71	3.04	- 3.68
School	14.43	17.62	1.96	2.84	3.67
Family	12.20	18.31	2.55	2.98	5.91
Social	12.43	18.43	2.36	2.85	6.47

Source: the study of authors.

All self-evaluation components are without statistically significant differences. However, we can see more prominent differences in family and social self-evaluation in children with CAN when compared with the group without CAN symptoms.

Table 5. Significance of differences in self-evaluation components of CSEI

Self-evaluation	AM with CAN	AM without CAN	SD with CAN	SD without CAN	t -value
Personal	6.5	8.25	1.59	1.61	-3.09
Social	6.43	8.43	1.63	1.84	-3.26
Family	6.20	8.53	1.47	1.85	-3.56*
School	8.12	8.69	1.20	1.07	-1.39

Source: the study of authors.

In the CSEI questionnaire we have found a statistically relevant difference in family self-evaluation. The Table 5 shows that children without CAN symptoms achieved higher scores in all self-evaluation components.

Table 6. Significance of differences in self-evaluation components of QSC

Self-evaluation	AM with CAN	AM without CAN	SD with CAN	SD without CAN	t – value
Personal	2.1	4	0.73	1.2	-6.92
Family	1.8	4.4	0.63	0.68	-9.85*
Social	1.93	4.3	0.68	0.71	-8.25*

Source: the study of authors.

There was a statistically significant difference between children with and without CAN symptoms in the family and social components of self-evaluation.

We can conclude that the statistically significant difference in self-evaluation between children with CAN and children without CAN has been demonstrated at the level of family (CSEI and QSC questionnaire) and social self-evaluation (QSC questionnaire).

Social and personal self-evaluation are affected not only by family but also by various other factors, such as relationships with peers, friends within the crisis center, overall success of a child, etc.

H3 The level of self-evaluation in girls will be lower in average than the level of self-evaluation in boys, regardless of the CAN syndrome presence.

Lower self-evaluation of girls compared to boys is reported by several authors (Hills, 2011; Gurňáková, 2000; Repetti et al., 2002). Our results have confirmed this fact. However, we have also found differences in individual scales of self-assessment. Where the boys achieved higher scores in their personal and physical self-evaluation, the girls scored higher in social and school aspects. No significant gender-based differences have been noticed in family self-evaluation.

The result of the t-test for two independent selections is given in Table T7. Based on the t-test results (t = 3.37, p =0.005), we can accept hypothesis H3.

Table 7. Differences in self-evaluation of girls and boys

t – value	df	Sig. (2-tailed)	MD	SD	95% Confidence Interval of the Difference	
					Lower	Upper
3.337	14	0.005	6.3750	1.910	2.27764	10.47236

Source: the study of authors.

We have put the total self-evaluation score for boys and girls in Table 8 for better clarity.

Table 8. Total score in self-evaluation of girls and boys

Gender	Girls with CAN	Boys with CAN	Girls without CAN	Boys without CAN
Score	83.5	110.5	135.3	148.5

Source: the study of authors.

H4 Individual self-evaluation components will be in a strong positive correlation in all of the questionnaires used.

Mutual correlation in individual scales of methods T.S.E., QSC and CSEI are stated in tables 9, 10, and 11.

General self-evaluation (total score) shows a statistically significant correlation in T.S.E. and QSC questionnaires as well as QSC and CSEI method. The correlation in T.S.E. and CSEI is statistically insignificant (Table 9):

Table 9. Correlations of general self-evaluation in individual questionnaires

General self-evaluation	T.S.E.	QSC	CSEI
T.S.E.	1	0.964*	0.724
QSC	0.964*	1	0.854*
CSEI	0.724	0.854*	1

* Pearson Correlation is significant at the 0,05 level (2-tailed)

Source: the study of authors.

Correlations of family self-evaluation component are statistically significant in all methods used (Table 10):

Table 10. Correlations of family self-evaluation components in individual questionnaires

Family self-evaluation	T.S.E.	QSC	CSEI
T.S.E.	1	0.986*	0.842*
QSC	0.986*	1	0.887*
CSEI	0.842*	0.887*	1

*Pearson Correlation is significant at the 0,05 level (2-tailed)

Source: the study of authors.

Correlations of social self-evaluation components are statistically significant in questionnaires QSC and T.S.E as well as T.S.E and CSEI. The correlation in questionnaires QSC and CSEI is high, but not statistically significant (Table 11):

Table 11. Correlations of social self-evaluation components in individual questionnaires

Social self-evaluation	T.S.E.	QSC	CSEI
T.S.E.	1	0.995**	0.848*
QSC	0.995**	1	0.847
CSEI	0.848*	0.847	1

*Pearson Correlation is significant at the 0,05 level (2-tailed)

Source: the study of authors.

We can say that the individual scales of self-evaluation correlate significantly with each other, and therefore we accept hypothesis H4.

CONCLUSION

Self-evaluation of children is highly dependent on the evaluation of authority figures and later, peers. Negative family background and inadequate upbringing style, child abuse and neglect, leave an impact on the overall self-image of the child and consequently on their further life and ability to function.

Examining the effects of child abuse on the self-image of abused children can provide insights into the means of treating them therapeutically. We need to realize that empowering the self-image in children, especially those with CAN syndrome, is crucial within the school environment. Evaluation from teachers is also one of dominant factors having impact on the child's behavior and decisions, particularly when in crisis.

Teachers of ethical education can, through various strategies and experiential methods, significantly enhance the self-esteem of children, who can learn about their strengths and potential. Pupils should be led to accept variety and "otherness," in other words they should be aware and empathic with children with CAN syndrome. Children with CAN should be given enough opportunities and the necessary tools to be able to assert themselves.

Teachers should be able to perceive and determine the level of self-esteem in each aspect. Low self-esteem is often an accompanying symptom in children with CAN syndrome. The teacher's intervention lies mainly in the promotion of attribution style, positive motivation and compensation of deficiencies. Educational methodology of moral education based on the explanation of values is an instrument of ethical education in schools. Pupils should not only memorize the individual values but also internalize those that will direct their behavior. The role of the teacher is to act as a facilitator, ask questions or take other non-directional approaches to initiate a discussion (Matula, Surová-Čulíková, 2007).

Self-esteem, empathy, and self-evaluation represent the basic preconditions for prosocial behavior. The prosocial behavior of pupils is being developed in primary schools in Slovakia through the cross-curriculum topic of "Personal and social development," that is present in all primary school subjects. Its aim is to enable pupils to: manage their own behavior, understand themselves and other people, acquire basic social skills to deal with different situations, develop a positive attitude towards themselves and others, form good interpersonal relationships in and out of classroom, develop basic skills in communication and cooperation, accept various types of people, their opinions and solutions of problems, apply the basic principles of healthy lifestyles and non-risky behavior in everyday life.

The cross-section topic is beneficial in complex development of pupils and their interpersonal relationships in the class. Ethical education focuses primarily on prevention of socio-pathological and adverse phenomena (in cooperation with other school subjects), which are currently posing a serious threat. The primary goal of ethics is to educate a mature personality with their own identity and value orientation.

They should have strong values including respect for man and nature, cooperation, prosocial behavior and, in reasonable extent, also national affiliation. Ethical education does not overwhelm pupils with information, but links specific principles with actual experiences of pupils (Poláková, 2016).

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SELF-EVALUATION AND SELF-ESTEEM OF CHILDREN WITH SYNDROME CAN

Keywords: CAN syndrome, self-esteem, self-esteem, elementary school, pupil, teacher.
Abstract: The right not to be exposed to domestic violence or the threat of domestic violence is a basic and universal human right. Each form of violence has long-term consequences for the psychological and physical health of the victim. Children's violence and CAN syndrome is a complex and very complex phenomenon that includes individual, family, social, moral and ethical factors. The health consequences can be of different kinds: mental health damage, permanent fear, depression, anxiety, low self-confidence, self-esteem. The aim of our research through the Rosenberg Self-Assessment Scale and the T.S.E. CSEI (Self-Esteem inventory) was to detect differences in self-esteem and self-esteem in children with CAN syndrome and children without CAN syndrome. We found a lower level of self-esteem and self-esteem in children with CAN syndrome, as well as a lower level of self-assessment in CAN-boys as in boys.

SAMOOCENA DZIECI Z ZESPOŁEM DZIECKA MALTRETOWANEGO

Słowa kluczowe: zespół dziecka maltretowanego, samoocena, szkoła podstawowa, uczeń, nauczyciel

Streszczenie: Prawo do niepoddawania się przemocy domowej lub groźbie przemocy domowej jest podstawowym i powszechnym prawem człowieka. Każda forma przemocy ma długoterminowe konsekwencje dla zdrowia psychicznego i fizycznego ofiary. Przemoc i jej skutki u dzieci, tzw. zespół dziecka maltretowanego, to zjawisko złożone, obejmujące czynniki indywidualne, rodzinne, społeczne, moralne i etyczne. Zespół ten może wywoływać też określone konsekwencje zdrowotne, np. zaburzenia zdrowia psychicznego, występowanie ciągłego strachu, depresję, lęk, niską pewność siebie, obniżone poczucie własnej wartości. Celem naszych badań, prowadzonych za pomocą Skali Samooceny Rosenberga i T.S.E. CSEI (*Self-Esteem Inventory*) było wykrycie różnic w samoocenie i poczuciu własnej wartości u dzieci z zespołem CAN w porównaniu z dziećmi, u których ten syndrom nie występuje. Odkryłyśmy, iż w grupie dzieci z zespołem dziecka maltretowanego występuje niższy poziom poczucia własnej wartości, a ponadto u chłopców z tym zespołem występuje niższy poziom samooceny w porównaniu z chłopcami z grupy kontrolnej.