

VILNIUS UNIVERSITY

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**LINK BETWEEN SEXUAL ABUSE TRAUMA COPING AND MOTHER
COMPLEX IN ADOLESCENT GIRLS**

Summary of the Doctoral Dissertation

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VILNIAUS UNIVERSITETAS

Neringa Grigutytė

**SEKSUALINĘ PRIEVARTĄ PATYRUSIŲ PAAUGLIŲ MERGINŲ TRAUMOS
ĮVEIKOS IR MOTINOS KOMPLEKSO SĄSAJOS**

Daktaro disertacijos santrauka
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INTRODUCTION

The number of victims of sexual abuse is increasing thus making scholars and practitioners get into the subject. Sexual abuse trauma causes immediate and long-term consequences. Not all victims experience the same outcomes. They differ in duration and intensity. Though previous research (Briere et al., 2003; Kendall-Tackett, 1993) has determined a range of psychological and behavioral consequences there is a lack of understanding in etiology and theoretical background, analysis of its causes and implications. It is difficult to explain the origin of trauma symptoms (Gailienè, 2008), compare the results of studies and apply proper assessment methods as single aspects of coping process are analyzed.

Studies measure the connection between consequences and characteristics of violence mostly. Ways of managing posttraumatic difficulties are of great importance. There is no one answer which coping strategies are most effective for sexual abuse trauma coping in adolescence (Carver, 1989; Compas, 2001).

Mother's and outer support is very important for teenagers to cope with trauma. The research data show that relations with the mother are linked to their daughters' disclosure and survival of sexual abuse trauma. Some researchers state (Cook et al., 2003) that relations with the mother is a central factor in trauma coping process and even more important than objective characteristics of victimization.

Practitioners note and research findings show that quite often mothers of sexually abused children have been sexually assaulted themselves too. Despite the 'cycle of victimization' has been documented in the empirical literature, the processes underlying this cycle are not well understood. Research data show that mothers own history of abuse may be associated with the difficulties in performing their role in the family (Alexander et al., 2000). Mothers' reactions to children's disclosures are influenced by their own trauma.

It is obvious that deep intrinsic factors or mechanisms may be responsible for the sexual abuse trauma coping. The study is based on the grounds of C. G. Jung's psychoanalytic theory. Jung proposed a model of the internal world where external reality

played a vital part determining the nature of psychological reality (Jung, 1985). It is assumed that sexual abuse trauma has a deep predisposition.

In his theory, Jung brought the term *Mother Complex* into use, one of deep personality structures developed from interaction with the mother and representing basic affective attitudes and domains in life, developmental needs and difficulties. It diverts our expectations, determines our interests and influences the relations with ourselves and others. The mother complex is described as a group of feeling-toned ideas associated with the experience and image of the mother.

There is a lack of scientific research based on analytical psychological theory. Both classical (Jung, 1985) and contemporary analytical psychology (Jacoby, 1999; Kast, 1997) analyze trauma in terms of complexes. The classical analytical psychologists emphasize emotional experience while contemporary analytical psychologies put stress on relations and their internal representations with an important person. The complex theory is complemented by Stern's (1985) notion of interactions that have been generalized (RIG).

The analysis of factual, experiential and deep level of psychic functioning is based on the complex theory of analytical psychology. Finding the answers about the connections among relations with mothers, mother complex constellation and sexual abuse trauma coping in adolescence, relevant intervention strategies should be applied to help victims.

The aim of the study is to explore the coping of sexual abuse (the connection between the consequences and coping strategies of sexual abuse) and reveal how Mother complex (relationship with the mother and internal representations of relations with the mother) and mother's sexual abuse is related with the coping of sexual abuse in adolescence.

Objectives:

- to define the relationship among girls with and without sexual abuse experience and their mothers in adolescence;
- to establish the rate of mothers who have sexually abused daughters and are the victims of sexual abuse themselves and how they define the relations with their daughters;

- to compare the consequences and coping strategies of sexual abuse trauma of adolescent girls with the peers' emotional and behavior problems and coping strategies which are used;
- to establish links among the relationship with the mother, the consequences of sexual abuse and coping strategies in adolescence;
- to explore the characteristics of Mother complex of sexually abused teenage girls;
- to establish analytical assumptions about internal representations of relations with the mother and relation with sexual abuse coping in adolescent taking the intensity of consequences of trauma and mother's sexual abuse experience into account.

Scientific novelty

Scientific research usually determine the links between the consequences of sexual abuse trauma, received support and characteristics of violence such as a victim's age, duration of abuse, relations with abuser, etc., disregarding trauma subjective experience. Mother's role in coping sexual abuse trauma in adolescence, external relations and representations of internal relations with mother is analyzed in the study.

The study is based on analytical psychology which allows better to conceive trauma's etiology, explore person's deep structure and make assumptions about the connection between the constellation of Mother complex, trauma coping and its repetition. While analytical assumptions are being criticized due to the lack of their validity, a narrow clinical topic of the study contributes to the verification of the assumptions and elaboration of the theory. The combination of quantitative and qualitative analyses is a quite new area of methodology.

This is the first study in Lithuania based on a specific sample of participants when sexual abuse was identified by participants themselves and criminal proceedings were started due to sexual abuse. To reveal mothers and daughters interrelations more precisely their dyads participated in the research too.

Defended statements:

1. The relationship of sexually abused adolescent girls with their mothers is worse compared with the comparative group.
2. The relationship of sexually abused adolescent girls with their mothers is related with trauma consequences and coping strategies.
3. Sexual abuse trauma coping in adolescence is related with the Mother complex, especially with the negative internal representations of relationship with their mother.
4. Experience of sexual abuse and trauma coping of adolescents is related to their mothers' sexual abuse trauma.

METHODS

The research is based on the complex theory of analytical psychology paradigm defined by the model of psychic functioning analyzing three interactive levels:

a) fact level – factual information about the respondents (teenage girls and their mothers): age, family structure, characteristics of sexual abuse, disclosure of abuse and received help;

b) behavioral and experiential level – symptoms of sexual abuse trauma (anxiety, depression, anger, and others), coping strategies (use of social emotional support, denial, planning, mental or behavioral disengagement, etc.), relationship with the mother (strong, vague, superficial, and others);

c) deep level – internal representations of the relationship with the mother.

The research design is based on the integration of qualitative and quantitative methods to analyze all three levels. Quantitative analysis is designed to identify causal relations and general psychological dimensions, show the interaction of various factors in numbers. Qualitative research is designed to reveal the variety of subjective experience, better to conceive internal processes and their structures, estimate certain aspects of a phenomenon different in their nature (Gudaitė, 2007; Cropley, 2002).

The combination of quantitative and qualitative methods is more used in social sciences. Although quantitative and qualitative researches can complement each other, it is

hard to apply them at the same time. These methods are usually used in different stages of the research. Two analyses are combined in a particular way (Silverman, 2006):

- 1) the research begins with the quantitative part constituting the sample of the research and forming a general picture of the research object (e.g. sexual abuse trauma coping);
- 2) qualitative analysis is used to deepen the conception of chosen issues (e.g. Mother complex and its connection with sexual abuse trauma coping) with some girls from the previous sample.

Measures

- Questionnaire of social demographic data.
- List of traumatic events
- Achenbach System of Empirically Based Assessment, ASEBA:
 - o Youth Self Report, YSR 11/18;
 - o Child Behavior Checklist, CBCL 6/18.
- Trauma Symptom Checklist for Children, TSCC.
- Relationship between daughter and mother questionnaire.
- COPE questionnaire.
- Case analysis was used to analyze the Mother complex. It is based on a semi-structured interview and analysis of documents (law case and medical history).

Participants

224 participants took part in this research: 112 teenage girls from 13 till 17 years old and their mothers. The *research group* consisted of 33 sexually abused girls and their mothers. The experience of sexual abuse was identified by two ways:

1. Participants themselves indicated the experience of sexual abuse.
2. Criminal proceedings were started due to sexual abuse.

The *comparative group* consisted of 79 girls without sexual abuse experience and their mothers. The group corresponded to the research group in age, nationality and family structure.

Four girls from the research sample took part in the qualitative analysis. It was a sufficient number of cases analyzing extremes of the sample (Flick, 2007). Each adolescent girl was ranked by the intensity of trauma symptoms scoring the results of emotional and behavioral difficulties (YSR and TSCC questionnaires were filled by the girls, CBCL – by their mothers).

The criteria of participants' selection:

1. Two girls with the most intensive and two girls with the least intensive trauma consequences.
2. The mothers of sexually abused adolescent girls being sexually abused themselves.
3. The eldest adolescent girls, whose reflection possibilities and abilities to characterize the relationship with important parental figures might be better than younger ones.

Data analysis

Statistical Package for the Social Sciences SPSS for Windows 11.0 was used for the quantitative analysis. The Mann–Whitney–Wilcoxon test was used to make the comparison between the groups having estimated their emotional and behavioral difficulties, coping strategies and relationship with their mothers. Spearman's rank correlation coefficient was used to find the link among trauma consequences and coping strategies.

The interview with the participants was recorded and transcribed. Content analysis of semi-structured interview:

1. Meaningful units of the content were identified according to the theoretically based fields of analysis:
 - a) facts and dynamics of the girls relationship with their mothers revealing the fulfilled maternal functions;
 - b) ways of Mother complex expression such as basic needs and their satisfaction, expectations with the respect to the mother, dominant emotion, the differentiation and control of emotions.

2. The meaning of the unit was clarified (e.g. the emotion is identified – anger, fear, pride, etc. or what need is not satisfied - safety, reflection and so on).

3. Based on the theoretical paradigm all meanings of one area were summarized and interpreted.

4. Meanings of all analysis areas were combined to answer the question about the interrelation of the mother's fulfilled functions, not satisfied basic needs, expectations with the respect to the mother, prevalence of emotions and their differentiation, the system of relations (relations with themselves, men, and other people) and differentiation of internal structures. Data are compared with the document analysis and interpreted in psychological categories, presuming the constellation of the Mother complex.

5. Each participant experience's analysis is described as a separate case.

Principles of data analysis:

- recorded interview is *transcribed*;
- interview analysis is analyzed by 2 *experts*;
- each case is *supervised*;
- cases are summarized according to *several data sources*;
- presentation data are based on the research data and meaningful units of the interview.

RESULTS

Both quantitative and qualitative analysis was used to analyze the link between the Mother complex and coping of sexual abuse trauma in adolescence. The analysis of behavior and experience such as the relationship between a daughter and her mother, consequences and coping strategies of sexual abuse trauma was based on quantitative analysis. Qualitative analysis was used to analyze the Mother complex and its relation with coping of sexual abuse trauma in adolescence mothers being sexually abused themselves.

Relationships between adolescent girls and their mothers. Both sexually abused girls and their mothers estimate their relationship worse compared with the comparative group ($p < .05$; Mann-Whitney-Wilcoxon test). The results are presented in Figure 1.

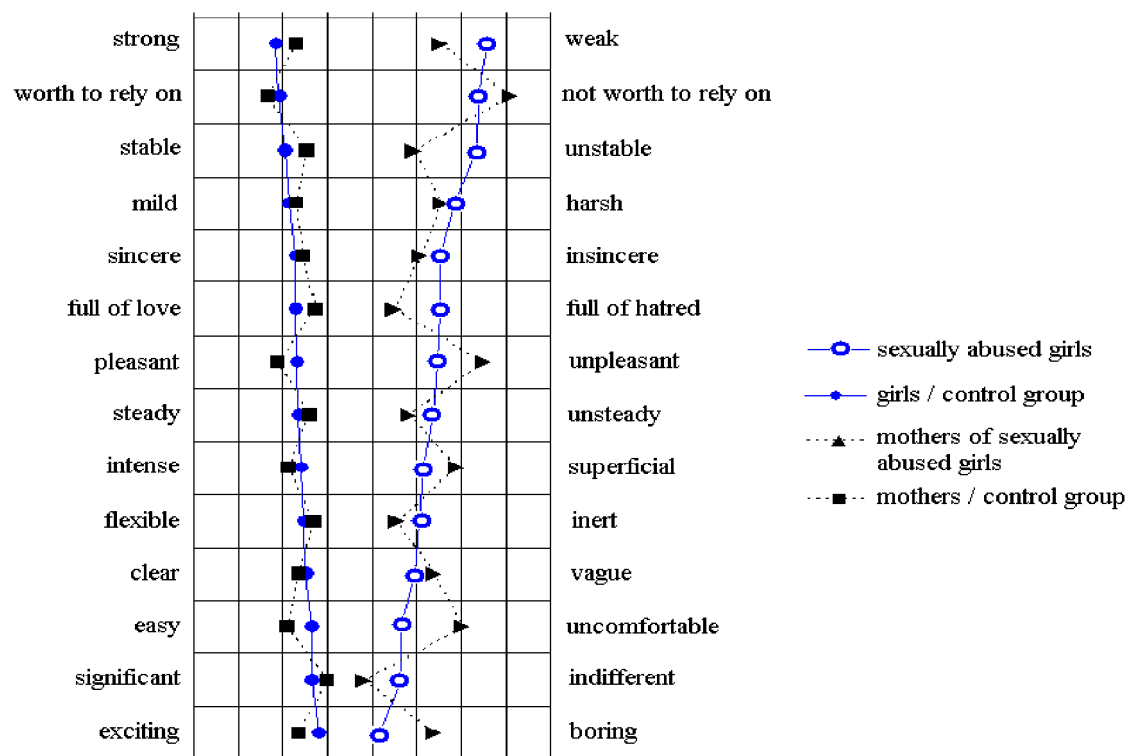


Figure 1. Relationship between adolescent girls and mothers

Sexually abused adolescent girls estimate the relationships with their mothers as more unstable, unsteady, insincere, superficial, weak, harsh, unpleasant, not worth to rely on and full of hatred in comparison with comparative group. Mothers of the girls of the comparative group evaluate the relationship with their daughters as more intense, mild, sincere, clear, easy, strong, pleasant and reliable.

Analyzing the relationship between sexually abused adolescent girls and their mothers who have been sexually abused, 10 mothers out of 33 (33,3 percent) were identified as sexually abused themselves. Though the difference is statistically irrelevant and may occur due to a small sample, the mothers tend to estimate their relations worse with their daughters compared with the mothers without being sexually abused.

Consequences of sexual abuse trauma. Three questionnaires (TSCC and YSR 11/18 filled by girls and CBCL 6/18 filled by mothers) were used to estimate the consequences of a child's sexual abuse trauma. Compared with the comparative group emotional and behavior problems such as anxiety, depression, anger, posttraumatic stress, dissociation, sexual concern as well as attention and thought problems, social complains, external and

internal problems prevail in behavior of sexually abused adolescent girls. Results are presented in table 1 and table 2.

Table 1. Emotional and behavioral problems' comparison among groups

ASEBA scales	Adolescent girls			Mothers		
	Ranks		p	Ranks		p
	Research group	Comparative group		Research group	Comparative group	
Anxious/depressed	78,94	47,13	.000*	77,33	47,80	.000*
Withdrawn/depressed	75,36	48,62	.001*	75,06	48,75	.000*
Somatic complaints	70,70	50,57	.003*	69,26	51,17	.007*
Social problems	74,44	49,01	.000*	72,89	49,65	.001*
Thought problems	69,50	51,07	.006*	72,00	50,03	.001*
Attention problems	77,21	47,85	.000*	77,95	47,54	.000*
Aggressive behavior	71,32	50,31	.000*	77,05	47,92	.000*
Rule-breaking behavior	74,92	48,80	.002*	83,06	45,51	.000*
Internal problems	77,47	47,74	.000*	77,29	47,82	.000*
External problems	74,50	48,98	.000*	81,76	45,95	.000*
Total problems	78,38	47,36	.000*	81,02	46,26	.000*

* statistically significant difference, $p < .05$ (Mann-Whitney-Wilcoxon test)

Having analyzed the rates of mothers and girls, statistically significant differences were found only in the research group: rating the girls scores of anxiety / depression, withdraw / depression and social problems are higher. Thought problems are higher in the rates of mothers ($p < .05$; Mann-Whitney-Wilcoxon test).

Table 2. TSCC results' comparison between groups

TSCC scales and critical items	Ranks		p
	Research group	Comparative group	
Total score	84,71	44,72	.000*
Depression	82,39	45,68	.000*
Anxiety	84,95	44,61	.000*
Anger	76,26	48,25	.000*
Posttraumatic stress	84,74	44,70	.000*
Dissociation	81,48	46,06	.000*
Sexual concern	75,33	48,63	.000*
Wanting to hurt myself	73,64	49,33	.000*
Wanting to hurt other people	60,95	54,64	.141
Feeling scared of men	70,77	46,36	.000*
Feeling scared of women	57,15	56,23	.821
Not trusting people because they might want sex	77,55	47,29	.000*
Getting into fights	72,53	49,80	.000*
Feeling afraid of being killed	73,97	49,20	.000*
Wanting to kill myself	69,44	51,09	.002*

* statistically significant difference, $p < .05$ (Mann-Whitney-Wilcoxon test)

The highest differences are found in the scales of anxiety, posttraumatic stress and depression. These results coincide with the YSR questionnaires' findings that the highest differences are in anxiety / depression scale. The data confirm the results of other research (Howe, 2005; Briere, 2003) that anxiety, depression, posttraumatic stress, dissociation and sexual concerns are determined as main consequences of sexual abuse and may last for 1 – 3 years. These results are equally revealed in case analysis.

The rates of sexually abused girls are statistically higher in wanting to hurt themselves, feeling scared of men, not trusting people, because they might want sex, getting into fights, feeling afraid of being killed and wanting to kill themselves compared with the comparative group. Suicidal intentions were confirmed analyzing the list of traumatic events: 42 percent (14 from 33) of sexually abused adolescent girls have tried to commit a suicide whilst only 2,6 percent of the girls without sexual abuse indicated they had tried to kill themselves. The results corresponds with the data of other research (Howe, 2005), that compared with peers sexually abused girls try to harm or kill themselves more often.

Coping strategies of sexual abuse trauma. Sexually abused girls use significantly more coping strategies such as mental and behavior disengagement, focusing on and venting of emotions, denial, substance use, acceptance and self-blame and less humor to cope with trauma in comparison with the compared group ($p < .05$; Mann-Whitney-Wilcoxon test).

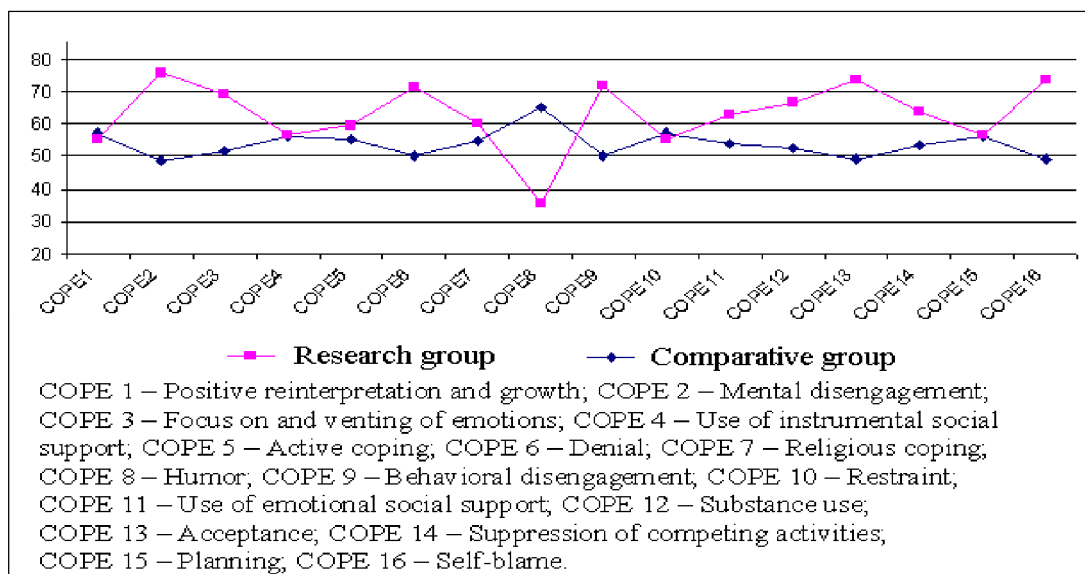


Figure 2. Coping strategies used by the participants of different groups

Most of the strategies used to cope with sexual abuse trauma are classified as less adaptive coping. The results confirm the data of other research (Lazarus et al., 1984), that the use of coping strategies depends on traumatic event and compared with peers less adaptive coping is used for sexual abuse trauma in adolescence. Nevertheless they may be beneficial for some time and help to survive.

The link between the consequences of sexual abuse and relationship with the mother. Relationships of sexually abused adolescent girls with their mothers are significantly linked with trauma consequences. There is a connection among worse relationships between adolescent girls with their mother and higher results scaling anxiety / depression and aggressive behavior (YSR 11/18), also anxiety, depression, anger, posttraumatic stress and dissociation (TSCC). Results are presented in table 3 and table 4.

Table 3. The correlation between the consequences of trauma measured by YSR 11/18 and relationship with the mother

Relationship	Scales of YSR 11/18									
	Anxiety/depression	Withdraw/depression	Somatic complaints	Aggressive behavior	Thought problems	Rule-breaking behavior	Attention problems	Social problems	Internal problems	External problems
Total score	.384*			.462*						
Vague	.384*	.426*		.404*						
Full of hatred	.367*			.443*					.382*	
Insincere				.437*						.395*
Inert		.380*								
Not worth to rely on							-.366*			

** p < .01; * p < .05

The ratings of the relationship of the adolescent girls with their mothers have stronger correlations with the results of TSCC questionnaire most likely due to this questionnaire being designed to evaluate the consequences of trauma, but not general emotional and behavioral problems.

Table 4. The correlation between the consequences of trauma measured by TSCC and relationship with the mother

Relations	TSCC scales and critical items												
	Anxiety	Depression	Anger	Posttraumatic stress	Dissociation	Sexual concern	Total score	Wanting to hurt myself	Feeling scared of men	Not trusting people because they might want sex	Getting into fights	Feeling afraid being killed	Wanting to kill myself
Total score	.383 *	.589 **	.665 **	.501 **	.375 *		.528 **	.471 **	.376 *		.397 *		.534 **
Weak	.364 *	.548 **	.565 **	.410 *	.368 *		.484 **	.371 *	.438 *				.491 **
Full of hatred	.404 *	.537 **	.546 **	.372 *	.419 *		.505 **		.469 **		.374 *		.359 *
Boring	.387 *	.585 **	.681 **	.452 **	.434 *		.524 **	.391 *	.437 *		.419 *		.488 **
Vague		.661 **	.702 **	.430 *	.467 **		.524 **	.510 **	.397 *		.478 **		.646 **
Unpleasant		.500 **	.563 **	.511 **			.462 **	.367 *			.364 *		.460 **
Insincere		.487 **	.525 **	.432 *			.391 *	.489 **			.528 **		.569 **
Inert		.381 *	.564 **								.460 **		
Unsteady		.474 **	.514 **								.386 *		.576 **
Not worth to rely on			.368 *					.354 *			.409 *		.459 **
Harsh		.416 *						.409 *					.421 *
Indifferent			.391 *										.372 *
Unstable			.423 *										.358 *
uncomfortable			.361 *										
Superficial			.420 *										

** p < .01; * p < .05, the strongest correlations are marked in black.

Anger and depression are two consequences linked with the worse relationship of adolescent girls with their mothers. The strongest correlation is between vague relationship and anger. Anger is related with a boring, unsteady, uncomfortable, inert, insincere, weak and full of hatred relationship with their mother. Depression has the link with vague, boring, weak, uncomfortable and full of hatred relationships with their mothers. Vague relationship with mothers is linked with a wish to hurt or kill oneself. Wanting to kill oneself is also related with unsteady and insincere relationships with mother.

The link between the consequences of sexual abuse trauma and coping strategies.

Most interrelations were estimated among for coping strategies – 1) focusing on and venting of emotions, 2) behavior disengagement, 3) substance use, and 4) self-blame and the consequences of sexual abuse. Some other coping strategies positively correlates with several emotional and behavioral problems. There is only one negative correlation between planning and somatic complaints. The results are presented in table 5.

Table 5. The correlations among the consequences of sexual abuse trauma and coping strategies

Coping strategy Consequences		COPE 2	COPE 3	COPE 4	COPE 6	COPE 9	COPE 10	COPE 12	COPE 14	COPE 15	COPE 16
ASEBA scales	Anxiety/depression		.380*					.356*			.354*
	Withdraw/depression		.467*								
	Somatic complaints					.528**				-.443**	
	Aggressive behavior		.425*								
	Thought problems			.357*		.398*		.462**			
	Rule-breaking behavior							.593**			
	Attention problems				.346*				.387*		
	Social problems						.396*				
	Internal problems		.455**			.434**					
	External problems							.463**			
TSCC scales and critical items	Anxiety		.499**								.524**
	Depression		.489**			.417*		.440**			
	Anger		.48**			.420*		.481**			
	Posttraumatic stress		.456**								.469*
	Dissociation	.447*	.409*			.361*					.446*
	Sexual concern		.380*								.379*
	Total score		.505**			.376*		.398*			.48*
	Wanting to hurt myself		.357*			.471*		.441**			.383*
	Feeling scared of men		.540**								.388*
	Not trusting people because they might want sex	.439*									
	Getting into fights		.422*								
	Feeling afraid somebody will kill me										
	Wanting to kill myself		.407*					.48**			

** p < .01; * p < .05, the strongest correlations are marked black.

Scales: COPE 2 – mental disengagement; COPE 3 – focusing on and venting of emotions; COPE 4 – use of instrumental social support; COPE 6 – denial; COPE 9 – behavior disengagement; COPE 10 – restraint; COPE 12 – substance use; COPE 14 – suppression of competing activities; COPE 15 – Planning; COPE 16 – self-blame.

Coping strategy of focus on and venting of emotions correlates with ASEBA scales such as internal problems, anxiety / depression, withdraw / depression and aggressive behavior, as well as with all TSCC scales. The strongest correlation is with TSCC total score and the item “Feeling scared of men”. Behavior disengagement coping strategy correlates with internal problems and TSCC total score. The strongest correlation is with the scale of somatic complaints. Substance use coping strategy is related with external problems, especially with rule-breaking behavior, with TSCC total score and scales of depression and anger.

Self-blame coping strategy correlates with almost all scales of TSCC questionnaire and only with one scale of ASEBA questionnaire, that is anxiety / depression. It may happen due to this questionnaire is designed to measure general emotional and behavioral problems.

External and internal problems are more vivid as the coping strategies of focus on and venting of emotions, behavioral disengagement, substance use and self blame are used. The results corresponds with the data of other research (Compas et al., 2001) that less adaptive and focused on emotion coping strategies correlates with the prevalence of more consequences of sexual abuse, especially internal ones, and poor adaptation.

Not every coping strategy is related with emotional and behavioral problems. Bruce Compas et al. (2001) have shown that not all the links are detected if the research samples are rather small. Moreover, cope questionnaire may not include all the ways of coping, e.g. defense mechanisms, which are considered as coping as well (Parker, 1996). The process of coping is complex and includes a lot of factors difficult to assess by questionnaires.

The link between coping strategies and relationship with the mother. The strongest correlation is among poor relations with the mother and two coping strategies – focusing on and venting of emotions and substance use. The results are presented in table 6.

The results of various research show that good relations with parents are linked with the less substance use in adolescence and the hostility or ignorance of parents predict substance use and related problems (Moore et al., 2004). The research showed that substance use coping is used more often when the girls’ relationship with their mothers is insincere, unsteady, boring, vague and uncomfortable.

The results also show that the coping strategy of focus on and venting of emotions is used more often if the relation between the girl and her mother is superficial and the mother is not able to help her daughter to manage difficult emotions after sexual abuse trauma. The data reflects the notion (Cook et al., 2003) that the role of mother is very important for child's ability to regulate his or her emotions. If the mother's reaction to sexual abuse disclosure is adequate and she helps her daughter to cope with trauma, this process is more smooth. This research shows that the use of coping strategy of acceptant is linked with intense and easy relationship with the mother.

Table 6. The correlations among coping strategies and relationship with the mother

Relations (negative correlation)	Coping strategies												Relations (positive correlation)
	COPE 2	COPE 3	COPE 5	COPE 6	COPE 7	COPE 9	COPE 10	COPE 11	COPE 12	COPE 13	COPE 14	COPE 15	
Significant		.352*			-.406*		-.361*						Indifferent
Strong		.539**				.351*							Weak
Flexible		.374*											Inert
Clear		.501**				.356*			.381*				Vague
Pleasant		.480**					.385*		.385*				Unpleasant
Exciting				-.360*	-.370*				.395*				Boring
Steady								.478**	.449**				Unsteady
Sincere									.455**				Insincere
Easy	-.445*									-.381*			Uncomfortable
Intense			-.360*							-.574**			Superficial
Full of love											-.361*	-.350*	Full of hatred

** p < .01; * p < .05, the strongest correlations are marked black.

Scales: COPE 2 – mental disengagement; COPE 3 – focusing on and venting of emotions; COPE 5 – active coping; COPE 6 – denial; COPE 7 – religious coping; COPE 9 – behavior disengagement; COPE 10 – restraint; COE 11 – use of social emotional support; COPE 12 – substance use; COPE 13 – acceptance; COPE 14 – suppression of competing activities; COPE 15 – Planning.

Deep level analysis. Four cases were selected for the qualitative analysis: two girls with the most intensive and two girls with the less intensive trauma's consequences. It was revealed that the coping with trauma is restricted and has connection with negative Mother complex in both cases, when the consequences of sexual abuse trauma are vivid. When insufficient differentiation of Mother complex and other inner structures prevail, the abilities of coping with trauma are restricted. Negative relationship representations which reflect unstable relations with the mother may disturb the coping process of sexual abuse

trauma and acceptance of help even if the external mother's reaction to disclosure is adequate. Direct loan of coping ways of their mothers and the huge possibility of trauma's reoccurrence in the future are characterized for these two cases.

In both cases, when the prevalence of the consequences of sexual abuse trauma is minimal, the possibility of the relation between Ego and Mother complex exist, Ego participates solving difficulties, Mother complex is less autonomic and girls have more internal sources in the trauma coping process. The internal representations of relationship with the mother are more positive, reflecting the functions of care and awareness how to behave (more in the instrumental, outer-social, not inner-emotional level). Due to the integration of maternal functions girls are able to trust themselves and to accept other's help in the process of coping with trauma. Though more protective factors were identified analyzing these two cases, still the possibility of sexual abuse trauma occurrence in the future exists.

In summary, qualitative analysis revealed that external relationship with mothers, their reaction to the disclosure of abuse, as well as internal representations of relations with the mother are very important for girls to cope with sexual abuse trauma in adolescent.

CONCLUSIONS

1. A connection between sexual abuse and relationship with the mother during adolescence has been identified: sexually abused girls and their mothers estimate their relationship worse compared with the comparative group.

2. Emotional and behavioral difficulties of sexually abused girls are more vivid in adolescence compared with the peers who never experienced sexual abuse. Sexually abused girls use mental disengagement, focus on and venting of emotions, denial, substance use, acceptance and self-blame coping strategies more and humor coping strategy less than girls from comparative group.

3. The consequences of sexual abuse trauma are closely interrelated with the coping strategies and the relationship with the mother in adolescence:

- a) Having experienced sexual abuse trauma in adolescence most emotional and behavioral difficulties are related to four coping strategies such as focus on and venting of emotions, behavior disengagement, substance use and self-blame;
 - b) Emotional and behavioral disorders especially anger and depression have strong correlation with worse relationship with the mothers;
 - c) Use of coping strategies of focus on and venting of emotions and substance use is linked to worse relationship with the mothers.
4. A negative Mother complex of sexually abused girls is related with more intensive trauma symptoms, especially with the disturbed emotional development such as emotional differentiation and regulation.
5. Based on the qualitative case analysis we could presume that internal representations of the relationship with the mother are important for coping of sexual abuse trauma:
- a) insufficient differentiation of Mother complex can have influence on sexual abuse not to be disclosed in adolescence and possibilities of trauma coping could be restricted;
 - b) prevalence of negative relationship representations which reflect unstable relations with the mother may disturb the coping process of sexual abuse trauma and acceptance of help even if the external mothers reaction to disclosure is adequate;
 - c) prevalence of more positive relationship representations which reflect more or less fulfilled mother functions and satisfied basic child's needs, a possibility occurs to make use of internal sources in the trauma coping process.
6. There has been determined that one-third of mothers whose daughters are sexually abused have been the victims of sexual abuse themselves. Adolescent girls' sexual abuse trauma coping may be related to their mothers' sexual abuse experience if:
- a) sexually abused mothers have not asked for, and / or haven't received any help;
 - b) mothers have not fulfilled maternal functions and do not respond to their daughters needs;

- c) daughters' internal structures are not differentiated sufficiently and negative representations of the relationship with the mother dominate in the Mother complex;
- d) daughters having identified themselves in their mothers, unconsciously take over the models of dysfunctional relations.

7. To reveal and understand coping of sexual abuse trauma is not enough only to identify the consequences and coping strategies by quantitative analysis. Based on the case analysis the main areas have been determined for intervention to benefit trauma coping process and prevent possible trauma recurrence in the future:

- a) emotions most difficult to manage;
- b) unsatisfied needs in the mother-child relationship;
- c) unfulfilled mother functions;
- d) expectations in the dyadic relations.

REFERENCES

- Alexander P. C., Teti L., Anderson C. L. Childhood sexual abuse history and role reversal in parenting // *Child Abuse and Neglect*, 2000, Vol. 24, No. 6, p. 829–838.
- Briere J., Elliott D.M. Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women // *Child Abuse and Neglect*, 2003, Vol. 27, p. 1205–1222.
- Carver Ch. S., Scheier M. F., Weintraub J. K. Assessing Coping Strategies: A Theoretically Based Approach // *Journal of Personality and Social Psychology*, 1989, Vol. 56, p. 267–283.
- Compas B. E., Connor-Smith J. K., Saltzman H., Thomsen A. H., Wadsworth M. E. Coping With Stress During Childhood and Adolescence: Problems, Progress, and Potential in Theory and Research // *Psychological Bulletin*, 2001, Vol. 127, No. 1, p. 87–127.
- Cook A., Spinazzola J., Ford J., Lanktree C., Blaustein, Cloitre M., DeRosa R., Hubbard R., Kagan R., Mallah K., Olafson E., Van der Kolk B. Complex Trauma in Children and Adolescents // *Psychiatric Annals*, 2005, Vol. 35, No. 5, p. 390–398.

- Cropley A. Qualitative Research Methods. An Introduction for Students of Psychology and Education. Riga: University of Latvia, Zinatne, 2002.
- Flick U. Managing quality in qualitative research. Los Angeles: Sage Publication, 2007.
- Gailienė D. Ką jie mums padarė. Lietuvos gyvenimas traumų psichologijos žvilgsniu. Vilnius: Tyto Alba, 2008.
- Gudaitė G. Klinikinis psichologinis vertinimas: užduotys ir taikymo principai. Vilnius: Vilniaus universiteto leidykla, 2007.
- Howe D. Child Abuse and Neglect: Attachment, Development and Intervention. New York: Palgrave, 2005.
- Jacoby M. Jungian psychotherapy and contemporary infant research. Basic patterns of emotional exchange. London: Routledge, 1999.
- Jung C. G. The Structure and Dynamics of the Psyche, Collected Works, Vol. 8, Bollingen Series XX, Princeton University Press, 1985.
- Kast V. Father-Daughter, Mother-Son. Freeing Ourselves from the Complexes that Bind Us. Dorset: Element Books, 1997.
- Kendall-Tackett, K. A., Williams, L. M., Finkelhor D. Impact of sexual abuse on children: A review and synthesis of recent empirical studies // Psychological Bulletin, 1993, Vol. 113, No. 1, p. 164–180.
- Lazarus R. S., Folkman S. Stress, Appraisal and Coping. New York: Springer, 1984.
- Moore K. A., Guzman A., Hair E., Lippman L., Garrett S. Parent-Teen Relationships and Interactions: Far More Positive than Not // Child trends, 2004, Vol. 25. Prieiga per internetą: http://www.childtrends.org/Files/Parent_TeenRB.pdf.
- Parker J. D., Endler N. S. Coping and Defense: A Historical Overview // Handbook of Coping: Theory, Research, Application. Eds. M. Zeidnes, N. S. Endler. New York: John Wiley & Sons, 1996, p. 3–15.
- Silverman D. Interpreting qualitative data. London: Sage publications, 2006.
- Stern D. The interpersonal world of the infant. New York: Basic Books, 1985.

RESUME

IVADAS

Darbo aktualumas. Vis didėjantis asmenų, atskleidžiančių seksualinės prievartos patirtį vaikystėje, skaičius nurodo, kad tai išties yra aktuali problema, kelianti tiek mokslininkų susidomėjimą, tiek praktikų, siekiančių padėti nukentėjusiesiems, susirūpinimą. Vaikystėje patirtos seksualinės prievartos trauma sukelia daug psichinės sveikatos problemų, kurioms įvertinti yra atlikta nemažai tyrimų. Ir, nors dažniausiai atliekant tyrimus nustatoma didelė psichologinių ir elgesio traumos padarinių įvairovė, stokojama teorinio pagrindimo, nepakankamas padarinius sukeliančių veiksnių ar vystymosi etiologijos atskleidimas. Tiek remiantis moksliniais tyrimais, tiek praktiniais pastebėjimais konstatuojama, kad laiku neįveikta trauma sutrikdo raidą, sukelia ilgalaikius padarinius ir yra linkusi kartotis.

Seksualinės prievartos traumos tyrimų rezultatus sunku palyginti tarpusavyje, išryškėja nemažai metodologinių sunkumų apibrėžiant, kas yra seksualinė prievarta, sudarant tiriamųjų imtį bei pasirenkant vertinimo metodus. Dažniausiai tyrimais analizuojant traumos įveiką bandoma nustatyti patirtos seksualinės prievartos charakteristikų ir traumos padarinių sąsajas. Tačiau tyrimai šioje srityje nepateikia vieno atsakymo, kurios įveikos strategijos yra veiksmingiausios paauglystėje, patyrus seksualinės prievartos traumą.

Seksualinės prievartos, patirtos vaikystėje, traumos įveikai labai svarbi aplinkinių parama, ypač motinos. Nuo santykių su motina priklauso seksualinės prievartos atskleidimas ir traumos padarinių stiprumas paauglystėje. Manoma, kad būtent santykių su motina išgyvenimas yra svarbiausias veiksnys traumos įveikos procese, ir net svarbesnis už objektyvias patirtos seksualinės prievartos charakteristikas.

Santykių su motina patirtis yra pirmoji vaiko patirtis, nuspalvinanti visus tolesnius santykius gyvenime. Pirminiai santykiai su motina yra unikalūs ir gali būti atspirties taškas gerai savijautai ateityje. Praktinė patirtis rodo, kad dažnai seksualinę prievartą patyrusių

merginų motinos prasitaria pačios vaikystėje patyrusios kažką panašaus, kaip ir jų dukros. Atrodo, kad seksualinės prievartos patirtis kartojasi iš kartos į kartą. Tačiau tyrimai, kurie remiasi išorinių santykių su motina vertinimu, to nepaaiškina. Trūksta supratimo, kokias būdais trauma gali būti perduodama, kaip tai yra susiję su vidinėmis asmens struktūromis, kiek svarbi pačių motinų patirta seksualinės prievartos trauma ir jos įveika. Atsakius į šiuos klausimus, būtų galima parinkti tam tikras intervencijos priemones, siekiant apsaugoti aukas nuo galimo traumos pasikartojimo.

Apibendrinant moklinę literatūrą ir tyrimus galima pažymėti, kad santykiai su motina paauglystėje išskiriami kaip vienas iš svarbiausių veiksnių įveikos procese. Nors tyrimais analizuojamos išorinių santykių su motina savybės, tačiau lieka neaišku, kaip patyrusios seksualinę prievartą paauglės išgyvena ir priima santykius su motinomis. Kyla tokių klausimų: koks yra motinos vaidmuo įveikiant seksualinės prievartos traumą, kaip santykiai su motina ir vidinės santykių su motina reprezentacijos yra susijusios su seksualinės prievartos atskleidimu ir traumos įveika paauglystėje, ar skiriasi ir kaip skiriasi traumos įveika, kai motinos kompleksui būdingos skirtingos santykių reprezentacijos.

Keliant prielaidas apie gelmines traumos sąlygas, pasirinkta analitinės psichologijos teoriją, kuri skiria daug dėmesio gelminėms struktūroms. Carlas Gustavas Jungas, analitinės psichologijos teorijos pradininkas, gelminėms asmens struktūroms aprašyti naudojo komplekso sąvoką, nemažą svarbą skirdamas *motinos kompleksui*. Motinos kompleksas formuojasi sąveikoje su mama ir atspindi žmogaus vidinę bazinę emocinę nuostatą, nurodo svarbiausias temas gyvenime, vystymosi poreikius, sunkumus. Jis sąlygoja mus, nukreipia mūsų lūkesčius apie save ir pasaulį, lemia mūsų interesus bei turi įtakos mūsų santykiams su pačiu savimi, kitais žmonėmis, aplinka.

Mokslinių tyrimų, kurie būtų grįsti analitinės psichologijos teorine paradigma, nėra daug. Dažniausiai mokslininkai remdamiesi atvejų analize tiria vaikystėje patiriamas traumas bandydami suprasti vidinį asmens pasaulį. Tiek klasikinis, tiek šiuolaikinis požiūris traumą analitinės psichologijos paradigmoje apibrėžia kompleksų samprata. Klasikinė analitinė psichologija analizuojant kompleksus labiau pabrėžia emocinius išgyvenimus, šiuolaikiniai analitinės psichologijos atstovai kompleksą apibūdina kaip

santykių su reikšmingais žmonėmis atspindį ar vidinę reprezentaciją. Remiantis analitinės psichologijos paradigmos kompleksų samprata analizei prieinami faktinis, elgesio bei išgyvenimų ir gelminis psichinio funkcionavimo lygmenys, sąveikaujantys tarpusavyje.

Tyrimo tikslas – tirti seksualinės prievartos traumos įveiką (traumos padarinių ir naudojamų įveikos strategijų sąsajas), atskleidžiant, kaip motinos kompleksas (santykiai su motina bei vidinės santykių su motina reprezentacijos) ir motinų patirta seksualinė prievarta susijusi su seksualinės prievartos traumos įveika paauglystėje.

Tyrimo uždaviniai:

- Nustatyti, kaip tarpusavio santykius vertina patyrusios seksualinę prievartą ir jos nepatyrusios paauglės merginos ir jų motinos.
- Nustatyti, kokia dalis motinų, auginančių seksualinę prievartą patyrusias paaugles merginas, pačios yra patyrusios seksualinę prievartą, ir kaip jos vertina tarpusavio santykius su dukromis.
- Palyginti seksualinės prievartos traumos padarinius ir naudojamas įveikos strategijas su bendraamžių, nepatyrusių seksualinės prievartos, išgyvenamais elgesio ir emociniais sunkumais bei naudojamomis įveikos strategijomis.
- Nustatyti naudojamų traumos įveikos strategijų ryšį su seksualinės prievartos traumos padariniais ir santykių su motinomis vertinimu paauglystėje.
- Atskleisti seksualinę prievartą patyrusių paauglių merginų motinos komplekso raiškos charakteristikas.
- Kelti analitines prielaidas apie vidines santykių su motina reprezentacijas ir seksualinės prievartos traumos įveikos sąsajas paauglystėje, atsižvelgiant į traumos simptomatiką ir motinų seksualinės prievartos patirtį.

Mokslinis naujumas. Vaikų patirtos seksualinės prievartos tyrimai dažniausiai apsiriboja traumos simptomų ir jų sąsajų su viktimologinėmis charakteristikomis (pvz., vaiko amžius, prievartos trukmė, ryšiai su prievartautoju ir pan.) ar socialinės paramos ir gautos pagalbos kiekio nustatymu, neatsižvelgiant į vaiko subjektyvų traumos išgyvenimą. Šiame tyrime analizuojamas motinos vaidmuo įveikiant seksualinės prievartos traumą

paauglystėje, atsižvelgiant ne tik į išorinius santykius su motina, bet ir į vidinių santykių reprezentacijas.

Tyrimas remiasi analitinės psichologijos paradigma, kuri leidžia geriau suprasti traumos etiologiją ir ieškoti sąsajų su gelminių asmens struktūrų raiška, kelti prielaidas apie motinos komplekso konsteliacijos poveikį seksualinės prievartos traumos įveikai ir traumai pasikartoti. Kadangi analitinės teorijos prielaidos kritikuojamos dėl nepakankamo pagrįstumo, jas svarbu patikrinti atliekant mokslinius tyrimus. Tyrimui pasirinkta nagrinėti siaura klinikinė problema, leidžianti ne tik tikrinti, bet ir plėtoti analitines prielaidas. Be to, kiekybinės ir kokybinės analizės derinimas yra nauja ir inspiruojanti metodologinių ieškojimų sritis.

Tai pirmasis tyrimas Lietuvoje sudarius specifinę seksualinę prievartą patyrusiųjų imtį: paauglės merginos atrinktos remiantis ne tik jų pačių teigimu, bet ir teisėsaugos institucijų duomenimis. Be to, tyrime dalyvavo paauglių merginų ir jų motinų diados, sudarant galimybę nuodugniau atskleisti tarpusavio santykių ypatybes.

TYRIMO METODIKA

Kiekybinio ir kokybinio tyrimų derinimas. Tyrimas remiasi analitinės psichologijos paradigmos kompleksų teorija, apibrėžiama psichinio funkcionavimo modeliu, analizuojančiu tris tarpusavyje sąveikaujančius lygmenis:

a) faktinis lygmuo – tai faktinė informacija apie respondentus (paaugles merginas ir jų motinas): amžius, šeimos sudėtis, patirtos seksualinės prievartos pobūdis, prievartos atskleidimas, gauta pagalba;

b) elgesio ir išgyvenimų lygmuo – pasireiškiantys traumos simptomai (nerimas, depresija, pyktis ir kt.), naudojamos traumos įveikos strategijos (socialinės emocinės paramos siekimas, neigimas, planavimas, elgesio ar mąstymo pakeitimas ir kt.), santykiai su motina (tvirti, gilūs, migloti, paviršutiniški ir kt.);

c) gelminis lygmuo – vidinės santykių su motina reprezentacijos.

Siekiant analizuoti visus tris lygmenis, darbe derinami kiekybinis ir kokybinis tyrimai. Nors kiekybinis ir kokybinis tyrimai iš esmės gali papildyti vienas kitą, vienu metu juos taikyti sudėtinga. Dažniausiai išskiriami keli kiekybinio ir kokybinio tyrimų derinimo

būdai. Vienas iš jų pasirinktas šiam darbui, – pradėti nuo kiekybinės dalies sudarant tiriamųjų imtį ir suformuojant bendrą vaizdą apie tiriamą objektą, tada atliekamas kokybinis tyrimas, kai giliau analizuojamos pasirinktos charakteristikos, naudojant kai kuriuos ankstesnės imties tiriamuosius. Šiame darbe kiekybiniu tyrimu nustatomi seksualinės prievartos traumos padariniai ir jų sąsajos su naudojamomis traumos įveikos strategijomis bei santykiais su motina paauglystėje, taikant koreliacinę strategiją ir gretinant tiriamosios ir lyginamosios grupės duomenis. Kokybiniu tyrimu siekiama atskleisti sąsajas tarp vidinių santykių su motina reprezentacijų ir seksualinės prievartos traumos įveikos paauglystėje, atsižvelgiant į traumos simptomatikos intensyvumą ir motinų patirtą seksualinę prievartą.

Tyrimo dalyviai. Tyrime dalyvavo 224 tiriamosios: 112 paauglių merginų nuo 13 iki 17 metų ir jų motinos. *Tiriamąją grupę* sudarė 33 seksualinę prievartą patyrusios merginos ir jų motinos. Seksualinės prievartos patirtis buvo nustatoma dviem būdais: pačios tiriamosios nurodė patyrusios seksualinę prievartą ir dėl patirtos seksualinės prievartos buvo pradėtas baudžiamasis procesas.

Lyginamąją grupę sudarė 79 seksualinės prievartos nepatyrusios paauglės merginos ir jų motinos. Apklausus 120 paauglių merginų ir jų motinų, lyginamoji grupė sudaryta taip, kad atitiktų tiriamąją grupę pagal amžių, tautybę ir šeimos sudėtį.

Atliekant kokybinę analizę dalyvavo 4 paauglės merginos iš seksualinę prievartą patyrusių tiriamųjų grupės. Tyrėjai tai nurodo kaip pakankamą atvejų skaičių kokybiniam tyrimui analizuojant imties kraštutinius. Visos seksualinę prievartą patyrusios tiriamosios paauglės išranguotos pagal traumos simptomų intensyvumo laipsnį nuo silpniausio iki stipriausio, sumuojant emocinių ir elgesio sunkumų įverčius.

Tyrimė naudotos metodikos: socialinių demografinių duomenų anketa; trauminių įvykių sąrašas; ASEBA (angl. *Achenbach System of Empirically Based Assessment*) grupės klausimynai: 11–18 metų jaunuolio savęs vertinimo lapas ir 6–18 metų vaiko elgesio aprašas, kurį pildė tėvai; Traumos požymių klausimynas vaikams (angl. *Trauma Symptom Checklist for Children, TSCC*).; Santykių tarp motinos ir dukters vertinimo anketa; Įveikos strategijų klausimynas COPE; Atvejų analizė, kurios pagrindas – pusiau struktūrinantis giluminis interviu ir dokumentų analizė:

TYRIMO REZULTATAI IR IŠVADOS

1. Nustatytas ryšys tarp patirtos seksualinės prievartos ir santykių su motina paauglystėje: seksualinę prievartą patyrusios merginos ir jų motinos tarpusavio santykius vertina prasčiau, lyginant su kontroline grupe.

2. Seksualinę prievartą patyrusių merginų emociniai ir elgesio sunkumai yra labiau išreikšti paauglystėje, lyginant su bendraamžėmis, nepatyrusiomis seksualinės prievartos. Jos daugiau naudoja mąstymo pakeitimo, koncentravimosi į jausmus ir jų reiškimo, neigimo, elgesio pakeitimo, alkoholio, narkotikų ar vaistų vartojimo, priėmimo ir savęs kaltinimo įveikos strategijas ir mažiau naudoja humorą.

3. Seksualinės prievartos traumos padariniai yra susiję su naudojamomis įveikos strategijomis ir su santykių su motina vertinimu paauglystėje:

- a) paauglystėje daugiausiai emocinių ir elgesio sunkumų, patyrus seksualinės prievartos traumą, yra susiję su keturiomis įveikos strategijomis – koncentravimusi į jausmus ir jų reiškimu, elgesio pakeitimu, alkoholio, narkotikų ar vaistų vartojimu ir savęs kaltinimu;
- b) prastesnis paauglių merginų santykių su motina vertinimas yra susijęs su labiau išreikštais emociniais ir elgesio sunkumais, ypač su pykčiu ir depresija;
- c) koncentravimosi į jausmus bei jų reiškimo ir alkoholio, narkotikų ar vaistų vartojimo įveikos strategijos yra stipriausiai susijusios su paauglių merginų prasčiau vertinamais santykiais su motinomis.

4. Seksualinę prievartą patyrusių paauglių merginų neigiamas motinos kompleksas yra susijęs su intensyvesne traumos simptomatika, ypač su sutrikusia emocine raida – emocijų diferenciacija ir reguliacija.

5. Kokybinė atvejų analizė leidžia kelti prielaidas, kad paauglių merginų seksualinės prievartos traumos įveikai svarbios vidinės santykių su motina reprezentacijos:

- a) nepakankama motinos komplekso diferenciacija gali turėti įtakos tam, kad seksualinės prievartos patirtis bus neatskleista paauglystėje ir bus apribotos traumos įveikos galimybės;

- b) motinos komplekse vyraujant labiau neigiamoms santykių reprezentacijoms, kurios rodo nestabilų santykį su motina, net esant adekvačiai išorinei motinų reakcijai, seksualinės prievartos traumos įveika gali būti apsunkinta dėl kylančių sunkumų susidorojant su ilgalaikiais traumos padariniais ir priimant pagalbą;
- c) motinos komplekso raiškoje vyraujant labiau teigiamoms santykių su motina reprezentacijoms, kurios atspindi daugiau ar mažiau atliktas motiniškas funkcijas ir patenkintus esminius vaiko poreikius, atsiranda galimybė naudotis vidiniais ištekliais traumos įveikos procese.

6. Nustatyta, kad trečdalis motinų, kurių dukros yra nukentėjusios nuo seksualinės prievartos, pačios yra patyrusios seksualinę prievartą. Paauglių merginų patirta seksualinė prievarta ir traumos įveika gali būti susijusi su jų motinų seksualinės prievartos išgyvenimu, jei:

- a) patyrusios seksualinę prievartą motinos nesikreipė ir / ar negavo pagalbos;
- b) motinos nerealizuoja motiniškų funkcijų reaguodamos į dukrų poreikius;
- c) dukrų vidinės struktūros nepakankamai diferencijuotos, o motinos komplekse vyrauja neigiamos santykių su motina reprezentacijos;
- d) dukros tapatindamosi su motinomis nesąmoningai perima disfunkcinius santykių modelius.

7. Seksualinės prievartos traumos įveikos procesui atskleisti ir suprasti neužtenka kiekybinės analizės nustatant traumos padarinius ir naudojamas įveikos strategijas. Remiantis atvejų analize nustatytos pagrindinės gelminės sritys, į kurias turi būti kreipiamos intervencijos priemonės, padedančios įveikti seksualinės prievartos traumą bei užkirsti galimą traumos pasikartojimą ateityje:

- a) emocijos, kurias sunkiausia atlaikyti;
- b) poreikiai, kurie nebuvo patenkinti santykiuose su motina;
- c) neatliktos motinos funkcijos;
- d) lūkesčiai diadiniuose santykiuose.

ABOUT DOCTORAL STUDENT

Neringa Grigutytė studied psychology in Vilnius University from 1997. She got a Bachelor's degree in Psychology in 2001 and a Master's degree in Clinical Psychology in 2003. In 2002 Neringa got an award for the scientific thesis from Munster University. From 2005 until 2009 she studied for PhD at Vilnius University in the Department of Clinical and Organizational Psychology and was granted for the scientific research by the Lithuanian state science and studies foundation.

While studying psychology Neringa got interested in the area of a child abuse and together with the partners established a nongovernmental organization „Child House“. She provided assistance for sexually abused children and their family members as well as was running trainings for practitioners and is one of the co-authors of few methodological recommendations for psychologists, social workers, police officers and other professionals.

Neringa Grigutytė completed a basic program of Gestalt psychotherapy in 2004 and the course of the Psychodynamic group psychotherapy in 2008. Analytical psychology and psychotherapy are the area of her interests.

Her research interests are trauma psychology, analytical psychology and developmental psychology.

TRUMPOS ŽINIOS APIE DOKTORANTĘ

Neringa Grigutytė Vilniaus universitete studijavo psichologiją nuo 1997 metų. 2001 metais įgijo psichologijos bakalauro, o 2003 metais – klinikinės psichologijos magistro laipsnį. 2002 metais už mokslinį darbą gavo Miunsterio universiteto premiją. Nuo 2005 iki 2009 metų Vilniaus universiteto Klinikinės ir organizacinės psichologijos katedros doktorantė, kuriai buvo teikiama Lietuvos valstybinio mokslo ir studijų fondo mokslinių tyrimų stipendija.

Studijų metais susidomėjusi vaikų prievartos tema, 2002 metais kartu su kolegomis įkūrė nevyriausybinių organizaciją „Vaiko namas“, teikė pagalbą nuo seksualinės prievartos nukentėjusiems vaikams ir jų šeimos nariams, vedė mokymus specialistams, yra keletą metodinių rekomendacijų, kaip dirbti su prievartą patyrusiu vaiku ir šeima, skirtų

psichologams, socialiniams darbuotojams, policijos pareigūnams ir kitiems specialistams, bendraautorė.

2004 metais baigė Gešaltinės psichoterapijos bazinio lygmens mokymosi programą, nuo 2005 iki 2008 metų mokėsi ir baigė Vilniaus universiteto nenuosekliųjų studijų kursą Psichodinaminė grupinė psichoterapija. Domisi analitine psichologija ir psichoterapija.

Mokslinių interesų sritys – vaikų ir paauglių traumų psichologija, analitinė psichologija, raidos psichologija.

AUTORĖS PUBLIKACIJOS DISERTACIJOS TEMA

Grigutytė N. How Does Mothers' Sexual Abuse Trauma Beget Trauma in Daughters? The Constellation of Mother Complex // Understanding Violence: Contexts and Portrayals. Ed. by M. Guggisberg, D. Weir, United Kingdom, Oxford, Inter-Disciplinary Press, 2009, p. 233-242. (eBbook: ISBN: 978-1-904710-65-3; <http://www.inter-disciplinary.net/publishing/id-press/ebooks/understanding-violence-contexts-and-portrayals/>).

Grigutytė N., Gudaitė G. Seksualinės prievartos padariniai ir jų sąsajos su traumos įveikos strategijomis paauglystėje // Visuomenės sveikata, 2009, t. 1(44), p. 56–69.

Grigutytė N. Vaikystėje patirtos seksualinės prievartos įveika ir sąsajos su motinos kompleksu // Santykis ir pokytis. Tarpasmeninių ryšių gelminės prielaidos ir psichoterapija (sudarytoja G. Gudaitė). Vilnius, VU leidykla, 2008, p. 102–133.

Grigutytė N. Adolescent girl's coping: sexual abuse trauma versus imprisonment trauma // International journal of psychology. 2008, vol. 43 (3/4). Abstracts of the XXIX international congress of psychology, Berlin, July 20–25, 2008, p. 674.

KITOS PUBLIKACIJOS IR PRANEŠIMAI MOKSLINĖSE KONFERENCIJOSE

Grigutytė N. Peculiarities of Mother complex constellation in girls with experience of sexual abuse trauma. Pranešimas Pirmojoje Europos Analitinės psichologijos konferencijoje „Dialogue at the threshold between east and west: cultural identity past, present and future“. Vilnius, birželio 25–27, 2009.

Eitminavičiūtė A., Grigutytė N., Juozaponytė M., Skučaitė V. Kompleksinių paslaugų teikimo ir organizavimo nuo smurto nukentėjusiems vaikams bei jų šeimos nariams aprašas. Vilnius: Lietuvos Respublikos socialinės apsaugos ir darbo ministerija, 2009.

- Uscila R., Grigutytė N., Karmaza E. Metodinės rekomendacijos policijos pareigūnams, sprendžiantiems konfliktų šeimoje atvejus. Vilnius: Policijos departamentas prie VRM, 2008.
- Uscila R., Grigutytė N., Karmaza E. Atmintinė policijos pareigūnams, sprendžiantiems konfliktų šeimoje atvejus. Vilnius: Policijos departamentas prie VRM, 2008.
- Čėsniienė I., Grigutytė N. Peculiarities of investigative interviews in child sexual abuse cases: Lithuanian perspective // International journal of psychology. 2008, vol. 43 (3/4). Abstracts of the XXIX international congress of psychology, Berlin, July 20–25, 2008, p. 266.
- Karmaza E., Grigutytė N., Karmazė E. G. Smurtas mokykloje: prevencija ir pagalba. Metodinės rekomendacijos. Vilnius: Lietuvos Respublikos švietimo ir mokslo ministerija, 2007.
- Grigutytė N. Vaiko apklausa // Nepilnamečių justicija Lietuvoje: teorija ir praktika. Nusikalstamumo prevencijos Lietuvoje centras, 2007, p.158–170.
- Grigutytė N., Čėsniienė I., Karmaza E., Valiukevičiūtė J. Psichologinės rekomendacijos ikiteisminio tyrimo pareigūnams, dirbantiems su nepilnamečiais. Vilnius: Lietuvos Respublikos vidaus reikalų ministerija, 2006.
- Grigutytė N., Valiukevičiūtė J. Seksualinę prievartą patyrusių vaikų psichologinio saugumo užtikrinimas baudžiamojo proceso metu // Jurisprudencija. Mokslo darbai, 2006, Nr. 2 (80), p. 24–33.
- Čėsniienė I., Grigutytė N. Child investigative interviews in Lithuania: problems and perspectives // Socialinis darbas. Mokslo darbai, 2006, Nr. 5 (1), p. 58–62.
- Grigutytė N., Karmaza E., Kemerienė S. Vaikų, patyrusių seksualinę prievartą, ir jų artimųjų reabilitacija ir reintegracija. Metodinės rekomendacijos socialiniams darbuotojams ir socialiniams pedagogams. Vilnius: Lietuvos Respublikos socialinės apsaugos ir darbo ministerija, 2004.
- Grigutytė N., Karmaza E., Kemerienė S. Vaikų, patyrusių seksualinę prievartą, ir jų artimųjų reabilitacija ir reintegracija. Metodinės rekomendacijos psichologams. Vilnius: Lietuvos Respublikos socialinės apsaugos ir darbo ministerija, 2004.
- Grigutytė N. Apie vaikų seksualinę prievartą. Vilnius, 2003.
- Grigutytė N., Radušis M., Kasperavičiūtė E., Karmaza E. Lietuvos specialistai – apie vaikų seksualinę prievartą. Vilnius, 2002.