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Subjective determinants of social workers' readiness to help in cases of domestic violence

Abstract

The aim of study was comparing the level of readiness to intervene in domestic violence situations declared by welfare workers and laypersons and determining if such reactions depend on a person's age, level of emotional empathy and social competence, and self-assessment of one's actively reacting to situations where others need help. In this study took a part 120 welfare workers and 120 laypersons. To measure the readiness to intervene were used 72 short stories describing situations of domestic violence (based on the intervention stages of Latane and Darley model). The Social Competence Questionnaire (SCQ) by A. Matczak was used to gauge the participants' social competencies and emotional empathy level was measured using the Emotional Empathy Scale developed by M. A. Epstein. Results of study showed among others that welfare workers declare higher level of general readiness to help than laypersons. The best predictor of probability to intervene for social workers was knowledge about appropriate forms of help, and for laypersons was sense of responsibility for reacting in such situations. Social competences were more significant to decision about intervene for laypersons than for welfare workers.

Keywords: readiness to intervene in domestic violence situations, empathy, social competence, welfare workers and laypersons

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Streszczenie

Celem zaprezentowanych badań było sprawdzenie jaki udział w procesie podejmowania decyzji o gotowości do udzielenia pomocy przez pracowników socjalnych oraz osób nie zajmujących się zawodowo pomaganiem innym mają takie czynniki jak poziom empatii emocjonalnej i kompetencji społecznych obserwatora przemocy, ich wiek oraz ocena siebie jako osoby, która aktywnie reaguje na sytuacje, w których ktoś potrzebuje pomocy i na sytuacje przemocy. W badaniu wzięło udział 120 pracowników socjalnych oraz 120 osób nie zajmujących się zawodowo pomaganiem innym. Gotowość do podjęcia się pomocy badano za pomocą 72 krótkich historyjek odpowiadających etapom podejmowania decyzji o interwencji według modelu Latane'go i Darleya' Kompetencje społeczne mierzono kwestionariuszem A. Matczak, a empatię Emocjonalną skalą Empatii M.A. Epsteina. Badania wykazały m.in., że tak jak przewidywano pracownicy socjalni deklarują wyższą ogólną gotowość do podjęcia interwencji niż osoby nie zajmujące się zawodowo pomaganiem. Najlepszym predykatorem prawdopodobieństwa podjęcia interwencji przez pracowników socjalnych okazała się znajomość właściwych form pomocy (wiedza), a ludzi nie zajmujących się zawodowo pomaganiem innym- poczucie odpowiedzialności za jej podjęcie. Kompetencje społeczne odgrywają większą rolę w podjęciu decyzji o podjęciu interwencji przez laików niż pracowników socjalnych.

Słowa kluczowe: gotowość do udzielenia pomocy w sytuacji przemocy domowej, empatia, kompetencje społeczne, pracownicy socjalni i laicy

Violence is a destructive phenomenon, both in the personal lives of all the involved (victims perpetrators) and in the context of social life. Thus it seems justified and in the best interest of us all to create a statement that reacts to any indications of domestic violence .

There is a growing environment of people involved in counteracting violence in Poland. New legal forms regulating proceedings related to victims and perpetrators have been created in recent years, including definitions of duties that particular social assistance services have. Social welfare has become one of the significant elements to counteract violence in our country, and thus every welfare worker is obliged to react within his competence to any sign of violence. Moreover, 82% of society expects help primarily from municipal and communal social assistance centers in difficult social situations (Szczepańska, 2008).

Welfare workers are the direct executors of social services, which, according to the Act of Social Assistance, are supposed to help families with violence-related prob-

lems to return to social functioning. This professional group is an important link in the chain of victim support and may increase the number of violation diagnoses, as well as initiate further steps for intervening. Because of its work (possibility to contact the whole family and not just one person, creating an ongoing rather than a one-off contact, working in the environment of the person in need, etc.), the welfare staff is not only able to take up specific external actions, but also to motivate its clients to fight the problem, coordinate the actions of various institutions, and to actively support violence counteraction (Malara, 2002; Strzelecka-Lemiech, 2008). However, various studies indicate that victims and perpetrators, as well as professionals, repeatedly experience difficulties in distinguishing elements of education from violence (Firestone, 2007), and marital quarrels from abuse. It also happens, that marital rape is punished according to domestic violence laws (lower sentencing) (Jabłońska, Nowakowska, 1998). Different definitions of violence used by various social groups are also noticeable, as are inadequate (compared to the current state of psychological knowledge) evaluations of some violent outcomes. Also, victims and perpetrators receive unequal treatment depending on their gender, age and reaction to harm. Studies show, for instance, that victims who are not held responsible for the violence receive more help than those who are judged as responsible) (Bateson, 1998, a cited by: West, Wandrei, 2002).

The Health Psychology Institute in Warsaw (Instytut Psychologii Zdrowia, IPZ) conducted a project including the study of professionals dealing with violence in their work. Participants included teachers, healthcare professionals, police officers, and social assistance center employees, as well as people providing psychological-pedagogical support. Their attitudes towards violence were studied, as well as their relevant professional work with violence victims, skills in helping people touched by violence, and their subjective evaluation of work conditions. The replies given by healthcare professionals, teachers and, to a degree, policemen revealed that some shared unfavorable stereotypes, according to which domestic violence is justifiable in certain situations (5.9%, 4.8% and 10.6% respectively) and parents are free to select their educational methods, including physical punishment (7.5%, 11.3% and 10.2%). These groups had less knowledge about violence and did not perceive its intensification to the same degree as employees from other studied professional groups (Riahi, 2005). The study also revealed frequency differences in the of intervention between representatives of individual services. Policemen interviewed by IPZ, most often said that they always intervene in cases of violence, but one in five healthcare professionals did not intervene in any cases of violence towards children. Also, less than half the teachers admitted they intervened in all encountered cases of family abused children . In each of professional group there were representatives who never intervened (Riahi, 2005).

Studies conducted in other countries among social welfare workers dealing with child protection (Howe, Herzberger, Tennen, 1988; Herzberger, 2003) revealed that they also evaluated child punishment depending on gender. Women-professionals, compared to men, evaluated parental punishment as more severe. Men-professionals said that physical punishment administered by the father was more severe than that administered by the mother. Professionals also evaluated the punishment administered to boys as more severe and less adequate than that administered to girls. Other studies revealed that nurses called cases with women-victims violent more often than cases with men-victims. Women involved in mental health matters, compared to men, more often evaluated the same indicators (for instance child sexual mistreatment) as proof of abuse (O'Toole, O'Toole, Webster & Lual, 1994, as cited by: Herzberger, 2003).

The current studies of welfare professionals in Poland focused first of all on analysing general attitudes and experiences related to domestic violence, only distinguishing the type of violence towards children. Aspects have been examined including general effectiveness of actions taken, difficulties in carrying out actions (Kuna-Broniowska, Łysenko, 2003), welfare employees' beliefs relating domestic violence, professional experience with violence victims, and competence in supporting such people, as well as subjective evaluations of work conditions (Riahi, 2005). However, there still is a lack of studies to determine the welfare workers' readiness (and readiness of non-professional people) to intervene in domestic violence situations.

Only a few years have passed since responsibilities and obligations relating to counteract domestic violence have been imposed on social welfare in Poland; hence the psychological knowledge about the determinants of welfare workers' readiness to give support in situations of violence is still incomplete. As results from studies conducted by Szczepańska (2008) indicate, 82% of Polish society expect support from local authorities – municipal and communal social assistance centers – in difficult situations. These expectations do not mean just any support, but effective support. The latter, however, largely depends on professional competence and appropriate strategies resulting from constantly updated knowledge and reality-related experience (see Daro, Cohn Donnelly, 2004). There is also a lack of data regarding the readiness of ordinary Poles to help.

Therefore, learning about the welfare workers' readiness and readiness of non-professionals to intervene in domestic violence, as well as learning the factors that may determine this readiness, may contribute to an increase in social awareness in this area, in people's readiness to actively oppose any forms of violence and, consequently, limit violence.

This article will present proprietary research results concerning subjective determinants of readiness to intervene in domestic violence situations.

Subjective determinants of helping – a short overview available in various studies

Many of the currently available studies focused on helping violence victims, including either the type of violence (Follingstad, Rutledge, Berg, Hause & Polek, 1990, as cited by: Langhinrichsen-Rohling, Shlien-Dellinger, Huss, Kramer, 2004; Kuczyńska, Strzelecka-Lemiech, 2010), the relationship between supporter and supported (Karyłowski, 1975, as cited by: Wojciszke, 2000; Simon, 1995, as cited by: Langhinrichsen-Rohling, Shlien-Dellinger, Huss, Kramer, 2004; Kuczyńska, Strzelecka-Lemiech, 2010), or the availability and actions of other people (as cited by: Wojciszke, 2000).

However, the impact of subjective factors on perceiving violence and readiness to help also seems considerable. An overview of such studies is presented below.

Emotional condition of the helper

Feeling guilty significantly intensifies the disposition to help (Szuster, 2004), increasing this disposition if others know about our guilt and diminishing when we try to rid ourselves of it (for instance confessing it) (Regan, Williams and Sparling, 1972, as cited by: Wojciszke, 2000).

Also positive mood increases the chances of helping others (Isen, 1984, as cited by: Wojciszke, 2000). The improvement in mood prevents such forms of support that might destroy the mood. Negative mood intensifies the inclination to help only in particular situations: when helping is easy and does not require much effort, when reasons exist to believe that help will improve the mood, if other forms of mood improvement are unavailable, and if the initial poor mood is not too strong (Berkowitz, 1987, as cited by: Wojciszke, 2000; Szuster, 2004).

Characteristics of the supported

According to the social responsibility norm we are more willing to help people who are more dependent than we are; thus older people and children have a higher chance to receive help than adults. However, if the critical situation in which the victim finds himself/herself, is perceived by the supporter as one the victim can control, then any sort of intervention raises rather anger and dislike than sympathy, inhibiting any help (Wojciszke, 2000).

People are more willing to help those they like rather than dislike, who are more attractive, and above all – who are similar to themselves (considering personality traits, clothing, outlooks) (Wojciszke, 2000).

Age of the violence victim

When studying signs of violence towards children, the context has to be considered – social consent exists for physical punishment of children. Some 41% of Polish society accept the following statement: “*parental spanking has never done any harm*” and almost half (49%) of Poles say spanking children is an ordinary method of education (Roguska, 2008). Almost 90% of adults in Poland say that you should intervene when an adult family member or a child is beaten and humiliated, but in cases of harming children within a family, the consent for intervention of outside people or institutions depends on the type of harm. If it is sexual abuse, 100% of professionals admit the necessity for external intervention, but only 10% thinks so in case of a spanking (Sajkowska, 2001). A majority of adult Poles (51%) are against a legal ban on beating children, while 41% support such a ban (Roguska, 2008).

Gender

A. Gender differences in giving help

Eagly and Crowley (Eagly, Crowley, 1986, as cited by: Hyde, Frost, 2002) have analyzed brief meetings of people who have not known each other but that provoked “unusual acts of help” (p.300). Gender differences in giving help were higher in favor of men “in natural environments rather than in lab conditions, with other people around who could become witnesses of the help provided, when other people could participate and when the appeal for help was rather an expression of a need than a direct request.”

The impact of the help requester’s gender has also been analyzed (Eagly and Crowley, 1986, as cited by: Hyde, Frost, 2002). It turned out that men were more eager to help women, but received help from both genders to the same degree. Women, on the other hand, helped women and men to the same degree, but received support more often from men than from women.

The study also revealed that men reporting the harm they experienced are treated less seriously than women. Police in such cases less frequently file a report, less frequently direct the victim to a social welfare institution, and less frequently give support on how to protect oneself (Tjaden and Thoennes, 2000, as cited by: Herzberger, 2003). At the same time, in cases of domestic violence, men are more

reluctant to call for help than women – they select rather non-legal methods (Kelly, 2003).

B. Gender differences in perceiving violence

Many studies confirm that people perceive situations of violence through their gender. Both the observer's as well as victim's and perpetrator's gender may affect evaluating the level of violence. Experiments concerning the evaluation of punishment used towards children yielded the following dependencies: according to women, punishment of children is more severe than according to men; also, women more often assess child punishments as acts of violence (observer's gender). A daughter's punishment is evaluated as more severe, more violent and emotionally harmful than a son's (victim's gender). Punishment administered by fathers on daughters was more often perceived as violence than the same punishment administered by mothers on their daughters (perpetrator's gender) (Herzberger, 2003).

Attitude studies all over the world revealed that students have far greater acceptance towards a woman slapping a man in his face than towards a man slapping a woman (Straus, 2006). In general, female physical aggression is socially tolerated to a higher degree than that a male's (Straus, 1997, as cited by: Capaldi, Kim, Shortt, 2007).

Men accused of domestic violence are three times more often arrested by the police than are women; they are more often threatened with arrest or thrown out of the house (Heleniak, 2005, as cited by: Hamel, 2007; Gelles, Straus, 1988, as cited by: Kelly, 2003). Men are more often sentenced to prison among people who are convicted of spousal murder (94%, women – 81%). Among all those sentenced to prison, men more often receive life sentences (16%, women – 5%) (Herzberger, 2003). These results indicate that male inflicted domestic violence is treated as more severe and is seen to deserve higher social sanctioning than violence inflicted by women (Capaldi, Kim, Shortt, 2007).

Men are more inclined to accuse the aggression victims than women are (Summers and Feldman, 1984, as cited by: Langhinrichsen-Rohling, Shlien-Dellinger, Huss, Kramer, 2004; Harris & Cook, 1994, as cited by: West, Wandrei, 2002). Women less often believe that husbands have the right to apply force towards their wives (Cook and Harris, 1995, as cited by: Langhinrichsen-Rohling, Shlien-Dellinger, Huss, Kramer, 2004), and assess domestic violence as more severe than men (Mangold & Koski, 1990). Also, women perceive perpetrators less favorably, have a more positive image of the victim and more acutely evaluate physical assaults than men do (Pierce & Harris, 1993, as cited by: Langhinrichsen-Rohling, Shlien-Dellinger, Huss, Kramer, 2004). More often than women, men perceive domestic violence stereotypically (IPZ, 2004)

and are more permissive in directing violence towards their partner in a partner relationship (West, Wandrei, 2002; Beyers, Leonard, Mays & Rosen, 2000, as cited by: West, Wandrei, 2002).

In case of different types of assault and various forms of violence, female-victims are burdened with greater responsibility than male-victims. The “guilt” of women and men assaulted during jogging was evaluated in one study: Howard, 1984, as cited by: Unger and Saundra, 2002). The situation is different in cases of domestic violence – a woman’s aggressive behavior towards her partner is most often said to be a response to the spouse’s current or past violence (not necessarily physical violence) and is treated as self-defense (Swan and Snow, 2003, as cited by: Capaldi, Kim, Shortt, 2007; Dekeseredy, 2002, as cited by: Hamel, 2007; Kelly, 2003; Corry, Fiebert, Pizzey, 2001).

Proprietary research

The purpose of this study is to check the contribution of such factors as:

- violence-observers’ emotional empathy and social competence levels,
- their age,
- their self-assessments as persons actively reacting in situations where others need help,
- self-assessments as persons actively reacting in violence situations,

in the welfare workers’ willingness to help, and in people willing to intervene who do not professionally help others.

Theoretical background

A majority of the previous studies concentrated on demonstrating how specific factors impact attitudes towards violence – its intensity, effects, beliefs concerning the right to react, the number of violence acts, evaluating a victim’s responsibility for the violence, and so on. However, in order to better understand why violence witnesses decide whether to help or not, the contribution of additional specific factors should be tracked. Taking the above into account, Latane and Darley’s (1970) decisive model for crisis intervention has been selected to provide the theoretical basis for the study. This model enables one to better understand why one decides whether (or not) to intervene.

With this model one can better comprehend the aforementioned factors at each stage in deciding whether or not to help. This results in a more detailed appreciation concerning the problem of reacting to situations of violence. The adopted

approach makes it possible to obtain results that may indicate the area of actions needed to correct the way professional groups think about, and behave toward giving, support, and may indicate areas of social education.

The model, as previously mentioned, was proposed by Latane and Darley (1970). Inspiration to start research came from their observations that the number of witnesses to a critical event decreases the probability that the victim will receive help. According to the researchers, five conditions must be fulfilled before help is given. Fulfilling only one leads to failure of action. Decisions about possible support are taken on a step-by-step basis:

I. Noticing the event.

In order for the decision process to start, the situation has to be noticed. A few factors may influence not noticing, including the observer being hasty or lost in thoughts. Haste makes us less interested in what is happening around us and thus lowers the probability of helping others. This factor is more important even than personality-related factors (for instance the level of our religiousness) (Darley, Batson, 1973).

II. Interpretation of the event as a crisis situation

Just noticing the situation is not sufficient. The witness has to decide how serious the situation is and how necessary the help is. It is important for the situation to be unambiguous – the more complex the situation is, the more inclined the witnesses are to look on as just another observer of the event. Witnesses of a sudden event look at the recipient and if they do not notice signs of anxiety or any aggressive action, they ascertain that the situation does not require any intervention (this phenomenon has been called the accumulation of ignorance or the ignorance of many) (Latane, Darley, 1970). Research has revealed that the higher the number of witnesses of a critical event, the lower the chance of helping the victim. This dependence, called the phenomenon of the indifferent passer-by, disappears when the situation turns unambiguous and cannot be interpreted other than as an incident (Latane, Darley, 1968).

III. Assuming responsibility

Interpreting a situation as critical and requiring intervention is associated with a decision to assume personal responsibility to intervene and help the victim. Crucial factors at this stage are the number of witnesses and knowledge that someone has already intervened. If there are many witnesses to an incident, the diffusion of responsibility appears – individuals lose their feeling of responsibility, because there are other people present. Dispersion of responsibility decreases guilt

and shame (Kubacka-Jasiecka, 2004). Some social roles, however, may inhibit this phenomena – for instance the role of a group leader (Wojciszke, 2000). At this stage, people enjoying respect and authority may be essential. Our subjection to regulations or orders relieves us from responsibility: acting under an authority's influence may be stronger than the feeling of justice or individual value (Zimbardo, Ruch, 1997). Research indicates that casual witnesses in natural conditions have a higher readiness to help than in laboratory conditions. This probably results from the passive attitude adopted by study participants, as well as by renouncing responsibility in favor of the researcher and subjecting oneself to the experiment rules. Being responsible requires situational analysis, activating norms and rules commanding help, and turning on control mechanisms. A conflict between the necessity to react and the will to avoid costs -- manifested in a hope that someone else will act instead (Kubacka-Jasiecka, 2004) might also lead to transferring responsibility to others.

IV. Awareness of the appropriate form of support and ability to provide it

Knowledge about what form of support is appropriate, as well as ability to use it, is conducive to readiness to intervene in crisis situations.

V. Deciding to help

Even if a witness knows the appropriate form of help, other circumstances might occur that prevent him from acting. He may fear ridicule or making the victim's situation even worse. He might also fear for his own safety. Ridicule decreases if witnesses can discuss the event with each other, settle on its meaning, agree on a plan, and justify the plan after it has been seen to be taken.

Purpose of the study

The study had a number of goals:

- to compare the level of readiness to intervene in domestic violence situations declared by welfare workers and laypersons,
- to determine if such reactions depend on a person's age, level of emotional empathy and social competence, and self-assessment of one's actively reacting to situations where others need help.
- Three basic research questions have been formulated:
 1. Are there differences between welfare workers and laypersons in their readiness to intervene in domestic violence?

2. What is the contribution of previous decision stages (evaluating the level of violence, feeling responsible for and aware of the correct form of support) in evaluating probable cause for intervention in the case of welfare workers and laypersons?
3. Does intervention depend on age, emotional empathy, social competence, and self-assessment as a person who can actively react where others need help in situations of violence?

The following hypotheses have been formulated:

1. *Readiness to intervene in cases of domestic violence (general and on each stage of decision-making) should be higher in case of welfare workers than in the control group (laypersons) because of the welfare workers profession (undergone training and professional experience) as well as because welfare workers have been examined in their workplace.*
2. *Knowledge should be the best predictor of intervention in case of welfare workers, and responsibility in the control group.* Moreover, it may be assumed that the meaning of evaluation of violence level might differ between those groups. If laypersons evaluate their abilities to help as lower and the situation as more severe, they may desist from active involvement because of fear of defeat or fear of threat to themselves. Welfare workers, on the other hand, because of their professional responsibilities, might try to intervene.
3. A person's characteristics play an important role in readiness to intervene.
 - Readiness to intervene depends on the subjects' age (younger people may feel more responsible and competent about reacting because they are physically better fit);
 - Empathy, an altruistic behavior, will also be a differentiating factor – readiness to intervene significantly depends on its level;
 - Social competence determines the ability to cope; so its level is significant in the decision to intervene;
 - Participants want to maintain a consistent image of themselves. They perceive themselves as persons who actively react to situations where someone needs help and as persons who actively react to situations of violence.

Description of the study group

The study was conducted using two groups: welfare workers and laypersons.

Welfare workers employed in the Municipal Social Assistance Center in Wrocław, who agreed to participate anonymously, constituted the target study group. One hundred and thirty-eight social workers decided to participate and 14 refused. One hundred and twenty questionnaires were used in the study; 18 were rejected due to inappropriate or incomplete filling out. The welfare workers whose replies are included in the analysis, consisted of 111 women and nine men aged 23-54 ($M = 41.6$), working in their current positions from one year up to 32 ($M = 14.7$).

The control group consisted of adult Wrocław residents, characterized by secondary, incomplete higher or higher education (at least a secondary education is required to work in welfare), with ages compatible to those in the study group. One hundred and forty-eight people decided to participate, 21 refused, including four who withdrew while filling of the tests. One hundred and twenty questionnaires have been used in the study and 28 were rejected due to inappropriate or incomplete filling out. The control group included in the analysis consisted of 61 women and 59 men aged 20-60 ($M = 36.9$).

The Wrocław model, one of the Poland's largest cities, seems interesting both because of the large number of social issues arising in large groups and because of the complexity of the local Social Assistance Center – thanks to this complexity, the local center includes elements characteristic of smaller units (for instance those functioning in rural areas). And besides, the Municipal Social Assistance Center in Wrocław is one of few such institutions that have introduced specialist units responsible for supporting welfare workers in solving specific social issues (including domestic violence, addictions or mental illness).

Tools

Seventy two short stories describing situations of domestic violence were used to measure the readiness to intervene. Accuracy and comprehension of the stories were previously assessed by competent judges. The stories included types of violence (psychical, physical, and sexual) and relations between victim and perpetrator (family – the perpetrator was either a family member -- that is, a person with consanguine or marital ties to the victim – or non-family, an outsider). The subjects' goal was to take an attitude towards each of the stories based on four questions referring to the intervention stages, according to the Latane and Darley model – excluding stage 1 (noticing the event). The questions referred to evaluating the level of violence (conviction that it requires intervention), degree of one's own responsibility to react, degree of awareness about the appropriate form of help, and evaluation

of the probability to intervene. When answering, the subjects used a 5-grade scale, with 1 being the lowest the appropriate variable level and 5 the highest.

The Social Competence Questionnaire (SCQ) by A. Matczak (Kwestionariusz Kompetencji Społecznych) was used to gauge the participants' social competencies. Total points for all the diagnostic items was used to indicate social competence.

SCQ measures social competence understood as complex skills acquired by individuals in social training that determine the effectiveness of coping in specific social situations. The total number of items is 90, with 60 of them diagnostic, making up three factor scales: competence determining effectiveness of behavior in intimate situations, competence determining behavioral effectiveness in social exposure situations, and competence determining required assertiveness. The total result (between 60 and 240 points) is a sum of points received for replies to all diagnostic questions (Matczak, 2001).

Emotional empathy level was measured using the Emotional Empathy Scale developed by Mehrabian A. Epstein (Rembowska, 1989). The sum of points for all scale items was used as the indicator of empathy level. This technique measures emotional empathy perceived as emotional sensitivity to surroundings, understanding the feelings of unknown people, extreme emotional sensitivity, a tendency to be touched by positive and negative emotional reactions, and a tendency to sympathize with a willingness to contact people who experience problems. The questionnaire includes 33 statements towards which the respondents are asked to select an attitude using a 9-grade scale. Their replies are gauged on a scale of 0 to 8 with 0 being the questionnaire's lowest possible summed-up result and 264 the highest.

Self-assessment is based on the participant's replies marked on a scale of 1-5, where 1 means never reacts and 5 always reacts.

Self-assessment of the participant's reaction to violence is measured the participant's replies marked on a scale of 1-5, where 1 means never reacts and 5 always reacts.

The participant's age is given in years.

Course of the study

Examination of the target group had been conducted on the premises of the Municipal Social Assistance Center in Wrocław, in the work places of ten Social Field Work Teams. Each of participant filled in tests during their work hours, at his or her work place, in silence, in the presence of other employees of the same team, as well as a study coordinator. Control group participants received the questionnaire by e-mail and sent them back filled-in using the same channel or filled in the questionnaire in direct contact with persons conducting the study.

Table 3-1. Comparison of the level of readiness to intervene in cases of domestic violence, as presented by social services employees and people not dealing professionally with helping others in situations of violence.

Stages of readiness to intervene	welfare workers and		Control group		t
	M	SD	laypersons	SD	
Level of violence	4.33	0.15	3.99	0.15	-3.94***
Responsibility	3.57	0.16	3.1	0.16	-4.91***
Knowledge	3.47	0.17	3.07	0.17	-4.05***
Probability of intervention	3.35	0.16	2.97	0.16	-3.95***

Note * $p < .05$; ** $p < .01$; *** $p < .001$

The participants' task was to take an attitude towards six different situations of violence (described in a story), by answering four questions assigned to each of the situations. They selected a digit out of 5 available that best reflected their opinion on the given matter.

Results and interpretation

1. Readiness to intervene in cases of domestic violence, presented by welfare employees and people not related professionally to helping others.

In consistence with expectations (hypothesis 1), welfare workers declared a higher general readiness to intervene ($M = 3.68$), compared to laypersons ($M = 3.28$; $F(1,236)=23.36$; $p = 0.001$).

The correctness of this hypothesis is also confirmed by the analyses the individual stages of the intervention decision process (Table 3-1).

The results also indicate a similar attitude of the participants from both groups towards violence. In both groups all participants evaluated the level of violence they could possibly witness as the highest, with significantly weaker assessments for feeling responsible to intervene and being aware of appropriate support ($p < 0.001$), followed by the weakest assessment for intervening (the difference between stages two/three and four is significant in both groups at $p < 0.05$). These results prove that if violence is noticed (this condition was met in the study, as the participants referred to specific descriptions of events), it is usually evaluated as requiring intervention. On the other hand, the high results of violence, indicating the necessity to help, were

greatly disproportionate to one's own sense of responsibility to intervene as well as to having knowledge of which form of support was appropriate. These results prove that the process leading to intervention is complex, and suggests that different contributions need to be made at individual stages before deciding to intervene. Also there are probably other factors that were not included in Latane and Darley's theoretical model.

When explaining why social assistance employees declared a higher readiness to intervene in crisis situations compared to laypersons, it should be recalled that social assistance employees are one of the "first contact" professional groups (other groups include probation officers, healthcare professionals, and police officers) – professionals who work directly with the client and his family. Social assistance services employee's basic assignments, described in legal Acts concerning social assistance and counteracting domestic violence, include support to families with violence problems. Thus, reacting to violence is not only an issue of morality or personal choice -- which might be said about the control group's decisions to intervene or desist from intervention -- but is a legally regulated duty. Of particular importance (and thus it is expected of them by other groups) is that welfare workers, because of their relatively regular and direct contact with families, may play the role of coordinators for teamwork between separate institutions that care for the family. This distinguishing role explains their higher readiness to declare support in violence situations, as compared to the control group.

At the same time, welfare workers (and particularly employees of the Municipal Social Assistance Center in Wrocław, our study group) are a relatively well trained group regarding domestic violence: considerable internal training in this area took place between 2004-2006; then in 2007 there was the "Comprehensive education – effective support" project). This group not only more willingly (compared to other "first contact" groups) participates in training sessions (seminars, conferences), but also sees the most sense in participation (OBOP (Center for Public Opinion Research), 2007). Such training sessions also cover definitions and forms of violence, and thus social assistance employees are able to recognize violence more easily and more often than the control group. Learning about methods to help, they might also feel competent to actually help, as well as feel more responsible – as those who are professionally prepared to do so. Knowing the appropriate methods of support (see below) is the main predictor for social assistance employees to intervene in crisis situations. Such results confirm the importance of training as one of the most effective measures in counteracting violence. It is also worth remembering that the obligations related to the professional role, as well as good training in reacting to situations of violence may result in the costs of desisting from support being higher for such people than for the control group (for instance the predicted expectations of the so-

ciety or superiors or the predicted bigger feeling of guilt resulting from the stronger feeling of duty related to the profession).

Results of the study regarding differences in declarations of readiness to intervene supplement the theoretical model assumptions and facilitate its practical usage in preventive measures against violence. It turns out that if there are social assistance employees among witnesses of an event, they might be determined to show a greater openness to help. Assuming that the social worker's more frequent declaration of will to intervene result from his professional training, a conclusion may be drawn that it is possible to increase the motivation of people to help. The order of processes leading to intervention, described by Latane and Darley, indicates a range of important issues which, if discussed, might significantly increase the effectiveness of educational programs (for instance education regarding the identification of violence as an event that requires help).

In order to better understand the decision-making process, additional calculations have been done. A multiple regression analysis has been conducted for each of studied group (social assistance employees and non-professionals) in order to verify the contribution of individual decision stages to the final decision to intervene. Table 3-2 presents results of those analyses.

Table 3-2. Summary of regression for the dependent variable "Probability to intervene" in the studied groups, depending on the earlier stages of the help process.

Variables	Beta	t (116)	p
Welfare workers R square =.820 (F(3.116)=176.59; p<.001			
Level of violence	-.085	-1.839	.068
Responsibility	.382	5.383	.001
Knowledge	.608	8.501	.001
<i>Control group</i> R square =.812 F(3.116)=166.72; p<.001			
Level of violence	-.113	-2.113	.037
Responsibility	.610	9.902	.001
Knowledge	.439	7.464	.001

In line with our second hypothesis, knowledge about appropriate forms of support (Knowledge) turned out to be the best predictor of intervention by welfare workers. In the case of laypersons, it was a feeling of responsibility.

Welfare employees were asked at their workplace and during work hours -- a fact that might have had an impact on the knowledge factor. It might have activated their self-image as employees of the Municipal Social Assistance Center. They could have thus evaluated the reasonability of their reactions based on whether the reaction would be effective (which is what both clients and superiors would have expected), and not only based on moral or ethical selections, where the "I want to help" factor would be important. Consequently, anxiety concerning the evaluation of one's own support actions may induce social workers to refrain from giving support. It would thus be important to include this fact in training done for this group, as well as to study other factors that decrease social workers' readiness to intervene in situations of violence.

2. Share of subjective factors in the decision process

In order to verify what the share of individual subjective factors is in the successive stages of support decision-taking, regression analysis was performed on both groups. The results are presented in Tables 3-3, 4, 5 and 6.

Table 3-3. Regression summary for the dependent variable "Level of violence" (reflecting stage II in the decision process) in the studied groups, depending on tested subjective variables.

Variables	Beta	t (112)	p
Welfare workers R square =.141 F(7.112)=2.634; p<.015			
Reaction to situations of violence	.214	2.075	.040
Reaction to situations where help is needed	.001	.008	.993
Social competence - I scale	-.137	-1.175	
Social competence - ES scale	.139	1.088	.279
Social competence - A scale	.181	1.402	.164
Empathy level	.190	2.077	.040
Age	.116	1.262	.210
Control group R square =.157 F(7.112)=2.980; p<.007			
Reaction to situations of violence	.145	1.218	.223
Reaction to situations where help is needed	.105	.916	.362

Variables	Beta	t (112)	p
Social competence - I scale	.097	.781	.436
Social competence - ES scale	-.103	-.838	.404
Social competence - A scale	.053	.367	.714
Empathy level	.204	2.161	.033
Age	-.067	-.758	.450

Table 3-4. Regression summary for the dependent variable “Responsibility” (reflecting stage III in the decision process) in the studied groups, depending on tested subjective variables.

Variables	Beta	t (116)	p
Welfare workers R square =.201 F(7.112)=4.019; p<.001			
Reaction to situations of violence	.105	1.051	.296
Reaction to situations where help is needed	.201	2.001	.047
Social competence - I scale	.130	1.153	.251
Social competence - ES scale	.096	.834	.406
Social competence - A scale	.123	.987	.326
Empathy level	.046	.518	.605
Age	.132	1.491	.138
Control group R square =.296 F(7.112)=6.724; p<.001			
Reaction to situations of violence	.193	1.769	.080
Reaction to situations where help is needed	.197	1.875	.063
Social competence - I scale	.071	.624	.534
Social competence - ES scale	-.250	-.222	.028
Social competence - A scale	.232	1.772	.079
Empathy level	.226	2.618	.010
Age	-.090	-1.126	.263

Table 3-5. Regression summary for the dependent variable “Knowledge” (reflecting stage IV in the decision process) in the studied groups, depending on tested subjective variables.

Variables	Beta	t (112)	p
<i>Welfare workers</i> R square =.320 F(7.112)=7.536; p<.001			
Reaction to situations of violence	.125	1.366	.174
Reaction to situations where help is needed	.222	2.404	.018
Social competence - I scale	.157	1.151	.133
Social competence - ES scale	.210	1.976	.051
Social competence - A scale	.113	.989	.325
Empathy level	.031	.387	.697
Age	.133	1.634	.105
<i>Control group</i> R square =.235 F(7.112)=4.906; p<.001			
Reaction to situations of violence	.016	.139	.889
Reaction to situations where help is needed	.194	1.765	.080
Social competence - I scale	.098	.825	.411
Social competence - ES scale	-.037	-.314	.754
Social competence - A scale	.290	2.124	.036
Empathy level	.177	1.964	.052
Age	.007	.082	.935

Table 3-6. Regression summary for the dependent variable “Probability of intervention” (reflecting stage V in the decision process) in the studied groups, depending on tested subjective variables.

Variables	Beta	t (112)	p
<i>Welfare workers</i> R square =.298 F(7.112)=6.799; p<.001			
Reaction to situation of violence	.017	.178	.859
Reaction to situations, where help is needed	.344	3.671	.001
Social competence - I scale	.184	1.745	.084

Variables	Beta	t (112)	p
Social competence - ES scale	.117	1.081	.281
Social competence - A scale	.117	1.002	.318
Empathy level	-.020	-.243	.808
Age	.080	.961	.339
<i>Control group</i>			
R square =.279 F(7.112)=6.177; p<.001			
Reaction to situations of violence	.049	.442	.659
Reaction to situations where help is needed	.280	2.635	.009
Social competence - I scale	.024	.205	.808
Social competence - ES scale	-.180	-1.586	.115
Social competence - A scale	.343	2.589	.011
Empathy level	.230		2.631
Age	-.002	-.027	.978

Age and readiness to help

The conducted study demonstrated that the subjects' age does not significantly explain intervention decision-taking on any stage (hypothesis 3.1).

Currently available results were taken into account when formulating this hypothesis, indicating that older people more often acquiesce to children's physical punishment (Roguska, 2008), and subjects over 60 years of age significantly less frequently admit that violence towards children is common (Nowakowska, Paluch, Zarębińska-Szczodry, 2001). It was thus assumed that older subjects will also less frequently perceive a behavior as violent and as a result will rarely declare intervention. However, it should be noted that the research was conducted in 2007 – the first year since 2003 that a decrease in the number of domestic violence victims was noted (according to the “Blue card”), as well as the year when a the number of police interventions decreased (according to statistics provided by the Main Police Headquarters, 2008). This may indirectly confirm an increasing social awareness of domestic violence – and maybe violence in general. A hypothesis may thus be stated: the decline in domestic violence is a result of a few years of social campaigning that refutes various myths and stereotypes and that clearly name previously accepted behaviors as violent (such social campaigns, for instance as the annual “16 Days Against Violence Towards Women”; “Violence-free Childhood”, 2006; and “Spank 2005”). Let us also not forget the Act of Counter-

acting Domestic Violence, introduced in 2005. Social awareness related to domestic violence may thus be equally seen in all age groups.

Empathy level and readiness to help

The study revealed that the level of empathy plays a significant part in evaluating not only the violence level but also the sense of responsibility and the probability of intervention in the welfare workers' group. Also, this variable makes a significant contribution in evaluating the violence level, one's own responsibility to react, and probability of intervening in the control group (hypothesis 3.2).

This result is consistent with the hypothesis according to which empathy is a mediating mechanism in altruistic behaviors, as explained by the empathy-altruism hypothesis model proposed by Batson (1991). According to this model, the empathy felt by witnesses of an event towards the person in trouble is the basic factor that persuades people to help. Empathic stimulation motivates the onlooker to help such a person regardless of whether it is in the interest of the witness and even if the costs the witness incurs outweigh the possible profits. According to Batson, people may also help others when they do not feel empathy towards the person in need, but in such cases the profits coming from helping usually have to outweigh the possible loss (this hypothesis is consistent with the study results indicating that the level of empathy is only one of a number of factors that explain the probability for intervention).

Results indicate that the level of empathy is related to the evaluation of violence level in a given event – greater empathy probably facilitates noticing violence and/or increases sensitivity to its perceived intensity. The ability to empathize and understand the other's reactions may be of particular importance in this area (the easier it is for the witness to feel that the victim is undergoing distress/pain, the more willingly he will determine that the situation is violent).

It should, however, be remembered that empathy contributes significantly in explaining one's own responsibility to react in violent situations only in the case of the control group. Possibly other factors have influenced social assistance employees' declarations to help in violent situations. As previously noted, support to families stricken with violence is one of the basic assignments of welfare employees and thus reacting to domestic violence is this group's legal duty. This factor probably has a far more significant impact than empathy. Also, a person's self-image in performing social work may be an explanation. This is probable particularly because the study was done in the employees' workplace at the Municipal Social Assistance Center, during their work hours and in the presence of their colleagues. In line with the social-context primacy theory (Markus and Kunda, 1986, as cited by: Forgas, Williams, Wheeler, 2005), the "I" concept cur-

rently available within operational memory is influenced by the social situation that the given person finds himself/herself in. The part of the self-image that is cognitively more accessible at the given moment determines one's self-definition and is superior to other self-image elements. Thus it is possible that the situation's characteristics determine the social assistance employees' way of thinking about themselves as people who are supposed to help others.

Another interpretation is also possible – the social assistance employees' empathy level facilitated noticing violence in the stories, but only imagining oneself as observer of the violent situation activated the welfare employee's self-image.

However, regardless of the group, the participants' empathy level does not significantly explain how to react in violence situations. Empathy towards the victim is not related to knowledge of possible actions in such situations. Moreover, it should be remembered that emotional empathy, being an affective reaction, might not only facilitate but also hinder support. In case someone is suffering greatly, high levels of empathy may result in so much stimulation that the observer will focus on himself rather than on the actual victim (Eliasz, 2006). To deal with such high tensions, the person will not always want to help the victim, but may also try to relieve the tension by avoiding information about the sufferer or by denying signals of suffering (Kliś, 1994) – for instance by belittling the perpetrator's behaviors. Also the witness may accuse the victim of being responsible for the situation (Hoffman, 2006).

However, some level of empathy is necessary in professions related to helping others – the more we understand the feelings or the situation of others, the more willing we are to help (as cited by: Eliasz, 2006). Simultaneously, the study revealed that introducing empathy-increasing training might enhance empathy.

The results presented, apart from their importance in preventing violence, seem also to contribute significantly to the decision model itself. Not only can other witnesses' reactions interpret a particular event as an emergency, but so can such personality traits as the level of empathy. It would be interesting to examine, in further research, under what conditions this particular factor has significant meaning and in what situations we judge an event based mainly on the reactions of other witnesses. Also, it would be interesting to verify what the dependencies are between those two factors.

Social competences and readiness to help

Research has indicated that the level of social competences (Social Exposure scale) has a significant share in evaluating one's own responsibility to react in situations of violence only in the control group. The same relation was observed in the level

of social competences (Assertiveness scale): in evaluating one's own knowledge of how to react, and in evaluating the probability of reacting (hypothesis 3.3).

Overall, it may be stated that deciding to react is related to various elements of social competences. A detailed analysis demonstrates that deciding to intervene is related first of all to assertiveness-related abilities – the ability to refuse, to gain favor in the social surroundings, express positive and negative emotions, and to initiate and maintain conversation (Lazarus, 1974, as cited by: Starostka, 2008). These abilities are particularly important when helping in situations where the aspirations and needs of participants may be opposite -- and violence is such a situation. These abilities are important during the stage of evaluation where our knowledge about how to react is appropriate and then on the stage where we decide whether or not to react. It thus may be supposed that more assertive people will more often know the correct forms of support to be used and will more often be able to use them. Assertive people are able to find a solution that satisfies both sides of a conflict, using discussion and compromise (as cited by: Starostka, 2008). Such people are able to reconcile their self-interests with the interests of others (Król-Fijewska, 1993).

It should of course be remembered that only declarations to help were studied – the subjects could thus be convinced that their abilities would effectively cope with violence and could more willingly declare their readiness to help. However, this does not mean that assertiveness makes an effective reaction easier (from the point of view of the victim).

The remarkable meaning of the social exposure scale results is worth noting – these results have an impact only during one's own evaluation to react responsibly in the control group. This part of social competence relates to presenting oneself from the best possible point of view and to adjusting one's image based on the recipient's expectations (Borkowski, 2003). Thus it may be possible that the subjects with the hitherto level of this competence presented themselves as particularly moral and responsible concerning the suffering of others (this would be one of the strategies helpful in creation of an image – the moral perfectness strategy) (Jones, Pittman, 1992, as cited by: Starostka, 2008). Of course it may also be true that people with higher auto-presentation skills actually do more frequently feel responsible to help others, because, for instance, they have a stronger feeling of their own effectiveness or feel they can exert pressure on others and in this way can acquire respect or gain others' trust.

Neither social competence element had a share in explaining the welfare workers' readiness to intervene, This may be related to the fact that they had been trained to react to violence (as previously noted, a number of training programs had been conducted in recent years in the Wrocław Municipal Social Assistance

Center). Thus, perhaps welfare workers, regardless of their personal social skills, had both the knowledge and competences needed to react to violence.

Social competences that determine effectiveness of coping in interpersonal situations (for instance being able to recognize and name emotions, read others' emotions, react to the interlocutor's needs and abilities, and being sensitive to and understanding others) (as cited by: Starostka, 2008) did not impact any of the stages. Therefore, specific skills related to coping in difficult social situations (behavioral components of the social competences) probably have a stronger impact on [the witness's behavior than on his ability to react empathically, or on his sensitivity to emotions (any impact of the latter on reactions to violence may be ambiguous)].

Nonetheless we may draw the conclusion that it would be good to include social competence workshops in prevention-related activities, since some of those competences may strengthen the readiness to help.

Moreover, it should be stressed that the authors of the decisive crisis-intervention model focused on valuating situational factors (including, for instance, the number of witnesses or their response time) for deciding whether to intervene. The results presented above extend these considerations to allow for personality factors (including the observer's social competences).

3. Evaluating oneself as a person actively reacting to someone needing help and in being ready to help in violence situations

[The hypothesis according to which subjects, if they value themselves more as persons, would be more willing to help in situations where someone needs help, and in violence situations] (hypothesis 3.4).

The image of oneself as a person who actively reacts in situations of violence plays a considerable part in explaining the control group's probability of intervening. In the social workers' group this variable significantly relates to the level of violence, one's own responsibility to react, and knowledge about how to react.

The image of oneself as a person actively reacting to violence is therefore consistent with the subjects' reaction to specific violence situations – it may be stated that the subjects were able to evaluate themselves in this area accurately and coherently.

However, perhaps these evaluations were reactions to situations before reading the violence examples and before answering the questions regarding support, and therefore impacted the replies. We may assume that the information given at the beginning of the study was an important aspect of the subjects' self-image. According to the theory of cognitive dissonance, the subjects would probably feel discomfort if the initial information about themselves was inconsistent with

further declarations relating to help (see Aronson, Wilson, Akert, 1997, p.82). The further replies, therefore, could be influenced by a motive to maintain coherence between their self-image and their replies referring to specific examples of violence. Such an interpretation seems particularly interesting in the context of research conducted by Darley and Batson (1973, as cited by: Aronson, Wilson, Akert), where it is suggested that neither the religiousness of subjects nor their attention directed to the topic of helping others impacted their decisions to intervene. Such a conclusion inspires further research into this area.

However, the variable “evaluation of oneself as a person actively reacting to situations where others need help” did not significantly explain the subjects’ replies to the question about the probability to intervene in situations of violence. Why? Perhaps help in violence situations requires specific abilities or predispositions (compared to other situations where help is needed). Violence is usually characterized by some level of danger. Participants have conflicting needs and at least one of them use psychological or physical strength; so help may mean using strength or taking advantage of one’s superiority, which would not be necessary if, for instance, help is required because someone dropped their shopping.

Limitations

The study has a few drawbacks:

- it concerned only subjects’ declarations of readiness to intervene and not actual behaviors
- readiness was measured using questions asked directly, allowing for biased replies
- the welfare workers’ group was asked in their workplace, during their work hours, which could have impacted their replies

Summary

Despite its drawbacks, the study made it possible to answer the research question. Among other things, the study revealed that if a witness is a social assistance employee, the result may be a greater openness to want to help. Assuming that the welfare workers’ declarations results from their professional training, it may be concluded that it is possible to reinforce their actual readiness to help. Such actions, however, should be wider than just focusing on what sort of violence requires social reaction. Above all, actions should concentrate on providing knowl-

edge about how to determine the level of violence, on directly and indirectly supporting the victims, and on acquiring skills that would enable the best possible usage of such methods.

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