

**THE SOCIAL EFFECTS OF THE EXPOSURE TO DOMESTIC VIOLENCE DURING
CHILDHOOD: A SOCIO-EDUCATIONAL PERSPECTIVE**

by

CHANTELLE MANUELA ALHO

submitted in accordance with the requirements for the degree of

MASTER OF EDUCATION

in the subject of

SOCIO-EDUCATION

at the

UNIVERSITY OF SOUTH AFRICA

**SUPERVISOR: DR HJ KRIEK
CO-SUPERVISOR: PROF A DICKER**

OCTOBER 2015

A Childhood Lost

*I am the eldest one of three,
I have two brothers younger than me.
When we were growing up our lives were sad,
Living at home with our mum and our dad.*

*We had no money and very little food,
He spent it on drink and came home in a mood.
The teachers at my school said how well I did,
They must have known the secrets I hid.*

*How many pairs of glasses can one woman break?
The bruises, the marks, the lives at stake.
That's why we slept out on the streets at night,
For me it was safer, so we had to take flight.*

*Away from the man supposed to protect,
Out into the darkness, did anyone suspect?
For if we stayed I knew what it would mean,
A beating for mum would be heard or seen.*

*I envied my friends, they had happy lives,
With dads who actually loved their wives.
I am now older with kids of my own,
My dad's 56 and now lives alone.*

*He's lost his kids, his home and his wife,
He's dying of cancer, now he's losing his life.
He's no longer scary, he's no longer bad,
He's a granddad who's dying, but he's still my dad.*

Anonymous

DECLARATION

Student number 45354952

I declare that **THE SOCIAL EFFECTS OF THE EXPOSURE TO DOMESTIC VIOLENCE DURING CHILDHOOD: A SOCIO-EDUCATIONAL PERSPECTIVE** is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

Alho, CM

Date

ABSTRACT

Despite the growing recognition of the prevalence of domestic violence worldwide, there is an increasing number of women reporting abuse, and there are those who have died at the hands of their abusers. Many of these domestic violence situations involve children who grow up carrying the physical and/or emotional scars of abuse into adulthood, which also has negative implications for their social well-being. This study adopts a qualitative approach to analysing emerging themes relating to the experiences of eight adult participants (four men and four women) who have lived in domestically violent homes during their childhood. The study deals with definitions of abuse, the social, physical, emotional, cognitive, behavioural and psychological effects of abuse and identifies the social consequences of growing up in a violent home. With reference to the research interviews, it is the researcher's finding that if there is violence in the home, children's socialisation will be impaired. The results of the study support the hypothesis that the socialisation of adults and their ability to form healthy relationships are hindered by being exposed to domestic violence during childhood. In terms of the goals of intervention, the basic principle is that children need to be provided with a safe environment, appropriate discipline and a secure relationship with an attentive caregiver. The ultimate goal of intervention is to prevent further harm and promote recovery. Socio-educational goals include being taught to communicate and settle differences without the use of violence, to promote the development of well-adjusted social beings.

Key words: abuse, batterer, domestic, violence, socialisation, intervention

FOREWORD

Five years ago, I began extensive research in order to understand adults who have been exposed to domestic violence during childhood, and how these experiences have had an impact on their lives and their ability to form healthy relationships. Although the potential traumatic effects of physical and emotional abuse on children are widely recognised, the literature in this field does not focus extensively on the social impact of domestic violence on children. The community appears to accept the misconception that children who have been removed from the abusive situation will not suffer any further trauma. Indeed, the removal of the child from the abusive situation is a step in the right direction, but further intervention is required to help the child cope with the trauma experienced so as to enable him/her to develop healthy social relationships with other people.

A far greater range of services and training needs to be offered to communities to empower its members to intervene on behalf of children exposed to domestic violence. I hope that this study will become required reading for educators, child protection workers and anyone involved in working with children in situations of domestic violence.

In the literature consulted, findings have increasingly indicated that the behaviour of men who batter their wives and/or children has many destructive consequences on the lives of families that are far more complex than have commonly been recognised. Bancroft, et al (2012) explain it well, in terms of the level of violence perpetrated. The first level of violence originates from a batterer's day-to-day behaviour towards his partner, which has implications for the children in the home. The second level develops from the batterer's approach to interacting with the children, which is often built upon the same set of selfish and dehumanizing attitudes that influence his treatment of his partner. The third level reverberates in every direction, for it has to do with the family's interaction patterns which a batterer engenders, affecting all relationships in the home.

A grasp of these dynamics is critical to the task of an educator or counsellor wishing to provide guidance to a battered mother to promote recovery and healing in a family affected by domestic violence.

The literature on children's recovery from the effects of domestic violence has grown over the years, but it has received much less attention than other aspects of domestic violence.

The contents of this study are directed to domestic violence professionals, therapists, child protective personnel, battered mothers, and anyone who is in a personal or professional position to touch the lives of children of battered women. It is hoped that they can all draw from what has been written and that the insights that have been shared, combined with the recommendations, will increase the effectiveness of interventions on behalf of the children of battered women.

While interviewing the participants of the study, I was moved by the narratives and I was struck by the way the stories were told. There were moments when the participants were comfortable and relaxed, then without any warning, they would reveal a memory from the past which would bring complex emotions to the surface. There was chuckling, there were tears; voices would rise and fall as the participants recalled events long suppressed. There were often fragments of silence that seemed to say more than words.

In listening to how the participants told their stories, I was struck by the energy that went into rebuilding their lives within the context of our social system. As the violent phase of their lives came to an end, a regeneration of spirit had taken place. They would not have been able to form relationships with the people who eventually became their spouses, and other family members, had a renewal of spirit not taken place. After listening to the participants describe their own married lives and home environments, which fortunately in all these cases, have been better than those they grew up in, I truly believe that even though one has had a difficult and unpleasant childhood, with the correct guidance and continued support, one can lead a more fulfilling life.

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation and gratitude to the following people:

- Dr Henri Kriek, my supervisor, for his professional guidance, constant encouragement and for his never-ending belief in my ability to complete this study.
- Prof Anne-Marie Dicker, for her advice in the initial stages of my study and for starting me off in the right direction, before she was placed on sick leave.
- Prof Cecelia Jansen, for her valuable opinions, words of wisdom and assistance with the layout of my chapters.
- My aunt, Eunice Da Conceicao, for the excellent editing of my work.
- All eight participants for their willingness to be part of the study, and for their honesty and openness when conveying extremely sensitive information.
- My parents, Jose and Manuela Da Conceicao, for all the care, unconditional love and motivation.
- My four precious, young children: Storm, Chase, Levi and Skyla, for understanding when Mommy had to work and for always showering me with hugs and kisses, when I needed them the most. My love for you and my urge to fiercely protect you has made me all the more passionate about this study.
- Lastly and most appreciatively, to my very special husband, Julian, for his absolute support, love and encouragement.

DEDICATION

This study is dedicated to my father,

José Fernandes Da Conceicao who despite having been exposed to domestic violence during his childhood, has always been a loving, caring and supportive father to me.

**THE SOCIAL EFFECTS OF THE EXPOSURE TO DOMESTIC VIOLENCE DURING
CHILDHOOD:
A SOCIO-EDUCATIONAL PERSPECTIVE**

TABLE OF CONTENTS

A Childhood Lost	ii
Declaration	iii
Abstract	iv
Foreword	v
Acknowledgements	vii
Dedication	viii
Table of Contents	ix

CHAPTER 1: ORIENTATION

1.1	INTRODUCTION	1
1.2	RATIONALE	4
1.2.1	Domestic violence statistics	5
1.2.2	The identification of the problem of domestic violence in the home	7
1.2.3	The experiences of a child who has been exposed to domestic violence	9
1.2.4	The social adjustment of the child who has been exposed to domestic violence	10
1.3	THE PROBLEM STATEMENT	11
1.3.1	Main research problem	11
1.3.2	Sub problems	11
1.4	THE AIMS OF THE STUDY	12
1.5	THE PARADIGMATIC PERSPECTIVE	11
1.6	Overview of the research methodology	13
1.6.1	The research design	13
1.6.2	The selection of participants	14
1.6.3	Data generation strategies, analysis and interpretation	14
1.7	CONCEPT CLARIFICATION	15
1.8	DIVISION OF CHAPTERS	18
1.9	CONCLUSION	20

CHAPTER 2

THE POSSIBLE CAUSES AND EFFECTS OF DOMESTIC VIOLENCE DURING CHILDHOOD

2.1	INTRODUCTION	21
2.2	THEORIES OF DOMESTIC VIOLENCE	22
2.2.1	Social-cognitive theory	22
2.2.2	Ecological theory	22
2.2.3	Anti-social personality or genetics theory	24
2.2.4	Family systems theory	24
2.2.5	Feminist theory	25
2.3	THE ROLE OF ALCOHOL AND SUBSTANCE ABUSE IN DOMESTIC VIOLENCE	28
2.4	HOW CHILDREN EXPERIENCE DOMESTIC VIOLENCE	33
2.4.1	The home environment	34
2.4.2	When batterers use the children to gain control	35
2.4.3	The effects of the exposure to domestic violence	37
2.4.4	How children may try to cope with domestic violence	41
2.5	TYPES OF ABUSE	47
2.6	THE CYCLE OF ABUSE	51
2.7	CHILDREN LIVING IN A DOMESTICALLY VIOLENT HOME	57
2.7.1	The link between domestic violence and child abuse	59
2.7.2	How to identify children living in a domestically violent home	62
2.7.3	Classifying the children who have been exposed to domestic violence	66
2.7.4	The disturbed behaviour of children who have been exposed to domestic violence	68
2.7.5	The lessons that children of violent parents are likely to learn	70
2.8	THE SOCIAL, EMOTIONAL, PHYSICAL, PSYCHOLOGICAL, COGNITIVE AND BEHAVIOURAL EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN	71
2.8.1	The social effects of domestic violence on children	73
2.8.2	The emotional effects of domestic violence on children	76
2.8.3	The physical effects of domestic violence on children	77
2.8.4	The psychological effects of domestic violence on children	79
2.8.5	The cognitive effects of domestic violence on children	80
2.8.6	The behavioural effects of domestic violence on children	82
2.8.7	Summary of the effects of domestic violence on children	83
2.9	THE POSSIBLE LONG-TERM EFFECTS OF DOMESTIC VIOLENCE THAT CONTINUE INTO ADULTHOOD	86
2.10	SUMMARY OF THE CHAPTER	92

**CHAPTER 3
THE EFFECTS OF DOMESTIC VIOLENCE ON THE SOCIALISATION
OF CHILDREN**

3.1	INTRODUCTION	95
3.1.1	Socialisation	95
3.1.2	The family's role in the socialisation of children	96
3.1.3	The social development of the child who has been exposed to domestic violence	97
3.1.4	Anti-social behaviour	99
3.2	DEVELOPMENTAL THEORIES	101
3.2.1	Nature versus nurture	101
3.2.2	The social-learning theory	101
3.3	THE INTERGENERATIONAL TRANSMISSION OF ABUSE	105
3.3.1	The possible transmission of abuse into adulthood	105
3.3.2	The inversion of probabilities	106
3.3.3	The effect of emotional and social responses on the intergenerational transmission of abuse	107
3.3.4	Summary	109
3.4	MYTHS AND REALITIES REGARDING DOMESTIC VIOLENCE	110
3.5	TRAUMA SUFFERED BY CHILDREN EXPOSED TO DOMESTIC VIOLENCE	112
3.5.1	Post-traumatic stress	114
3.5.2	Emotional trauma	115
3.6	TRAUMA THERAPY TREATMENT APPROACHES	117
3.7	LEVELS OF INTERVENTION	121
3.7.1	Primary intervention	121
3.7.2	Secondary intervention	121
3.7.3	Tertiary intervention	121
3.8	THE ROLE OF THE SCHOOL IN OFFERING SUPPORT	122
3.8.1	Providing a positive educational environment	124
3.8.2	School specific behaviours that the child exposed to domestic violence may exhibit	127
3.8.3	Conflict resolution	129
3.9	STRATEGIES AND TOOLS FOR INTERVENTION	130
3.9.1	Batterer intervention programmes	130
3.9.2	Publicising domestic violence	131
3.10	SUMMARY OF THE CHAPTER	134

**CHAPTER 4
RESEARCH DESIGN AND METHODOLOGY**

4.1	INTRODUCTION	136
4.2	PARADIGMATIC PERSPECTIVE	137
4.2.1	An interpretivist perspective on qualitative research	138
4.3	RESEARCH METHODOLOGY	140
4.4	RESEARCH DESIGN	142
4.4.1	Case study research design	144
4.5	THE SELECTION OF PARTICIPANTS	147
4.6	DATA COLLECTION STRATEGIES	148
4.6.1	Observation	148
4.6.2	Field notes	151
4.6.3	Interviews	151
4.6.4	Audio recordings	154
4.7	DATA ANALYSIS	155
4.7.1	Coding of the data	156
4.7.2	Narrative analysis	156
4.7.3	Content analysis	157
4.8	INTERPRETATION OF THE DATA	157
4.9	QUALITY CRITERIA	159
4.9.1	Trustworthiness (reliability)	159
4.9.2	Credibility	160
4.10	THE ROLES OF THE RESEARCHER	160
4.11	ETHICAL CONSIDERATIONS	161
4.11.1	Informed consent and voluntary participation	162
4.11.2	Participants in the interviews	162
4.11.3	Protection from harm	163
4.11.4	Privacy, confidentiality and anonymity	163
4.12	SUMMARY OF THE CHAPTER	164

**CHAPTER 5
ANALYSIS, INTERPRETATION AND PRESENTATION OF THE
RESEARCH INTERVIEWS**

5.1	INTRODUCTION	165
5.2	INTERPRETATION OF THE SEMI-STRUCTURED INTERVIEWS	166
5.2.1	Background and history	166

5.2.2	The relationships between the children who have been exposed to domestic violence and their parents: both the perpetrating parent and the victimised parent	168
5.2.3	The social experiences of the participants during their childhood	173
5.2.4	The role of addictions in the abusive family	179
5.2.5	Isolation from family members and members of society	181
5.2.6	Counselling	184
5.2.7	The intergenerational transmission of abuse	187
5.2.8	The lasting social effects of domestic violence	189
5.2.9	The participants' social relationships during childhood and adulthood	192
5.2.10	Emotional scars	197
5.3	REFLECTION	199

CHAPTER 6

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1	INTRODUCTION	204
6.2	COMPARISON OF THE LITERATURE STUDY AND THE EMPIRICAL RESEARCH	204
6.2.1	Internal and external protective factors	210
6.3	RECOMMENDATIONS FOR FURTHER RESEARCH	211
6.3.1	School support	211
6.3.1.1	The role of the educator	212
6.3.2	Therapies and counselling	215
6.3.2.1	Trauma therapy approaches	216
6.3.2.2	Play therapy	217
6.3.2.3	Art therapy	218
6.3.2.4	Talking about the problem	220
6.3.3	Domestic violence and the community	221
6.3.3.1	Community support	223
6.3.3.2	The shelter movement	226
6.3.3.3	Batterer intervention programmes	228
6.3.3.4	Child welfare workers versus domestic violence activists	228
6.3.3.5	Publicising domestic violence	229
6.3.4	Summary of recommendations	230
6.4	LIMITATIONS	232
6.5	CONCLUSION	233

BIBLIOGRAPHY	235
---------------------	------------

APPENDICES

A	Content Letter: Adult Participants	253
B	Semi-structured Interview Schedule	256

LIST OF TABLES

1	The behavioural and emotional factors affecting children who have been exposed to domestic violence	38
2	Barriers to disclosure by women who are exposed to domestic violence	48
3	Different types of behaviour exhibited by children living in the domestically violent home	64
4	The social, emotional, physical, psychological, cognitive and behavioural effects of domestic violence	84
5	Trauma model of abusiveness	113
6	The paradigmatic perspective	138
7	The case study research design: strengths and limitations	145
8	Strengths and limitations of observation as a data collection strategy	150
9	The effects of exposure to domestic violence suffered by the participants during childhood	205
10	The socio-economic costs of domestic violence: A typology	222

LIST OF DIAGRAMS

1	The four level SEM	23
2	Types of abuse in intimate relationships	50
3	The Power Wheel: The tactics used by abusers to emotionally manipulate the victim and exert their power	51
4	The six steps in the cycle of abuse	52
5	The three general stages in the cycle of abuse	54
6	The relationship between the child's behaviour and the social environment	74
7	The relationship between abuse in childhood and being battered in Adulthood	88
8	The Adverse Childhood Experiences (ACE) pyramid	91
9	Three main factors to consider when making an assessment of the impact of domestic violence on children	118
10	Summary of the research process	136
11	Graphical summary of interpretivism	140
12	Types of qualitative case studies	146
13	Media that can be used when recording an observation	151
14	The funnel design of the discussion guide	153
15	The iterative process of qualitative data analysis	155

16	The process of inductive data analysis	158
17	The Community Accountability Wheel	224

CHAPTER 1: ORIENTATION

1.1 INTRODUCTION

Domestic violence is a pattern of abusive and threatening behaviours that may include physical, emotional, economic and sexual violence as well as intimidation, isolation and coercion. Domestic violence is intentional behaviour; its purpose is to establish and exert power and control over another person (Basinskaite, Berg and Blache, 2011:16).

Exposure to domestic violence is defined as viewing the abuse, hearing it from another room or seeing evidence of abuse such as bruises or other physical indicators (Parker, Stewart and Gantt, 2006:47). Domestic violence, a serious societal problem, affects the lives of millions of children every year (Parker et al, 2006:45), and is often thought to include only physical violence, but the conduct that constitutes violence varies in nature and frequency. Different studies around the world have shown that wife-beating is the most common form of violence (Veer, 2004:157).

The US Bureau of Justice statistics reported the following statistics compiled from their data (2014): There were 696 known spousal murders, and of those murders, 82% were husband-to-wife killings. Over half of the women in one enquiry had been stabbed, strangled, beaten, kicked, burned, punched, hit or thrown from windows (LaViolette and Barnett, 2014:7).

Every fifteen seconds, a woman is battered by someone who tells her he loves her (Wilson, 1997:396). One in every six women who dies in Gauteng, South Africa is killed by an intimate partner (People Opposing Women Abuse, 2010). 92% of women surveyed listed reducing domestic violence and sexual assault as their top concern (Humm, 2014). In 75% to 90% of incidents of domestic violence, children are in the same or the next room (Women's Aid, 2006). In homes where domestic violence occurs, fear, instability and confusion replace the love, comfort and nurturing that children need. Different studies confirm that these children live in constant fear of physical harm from the person who is supposed to protect and care for them. They may feel guilt for loving the abuser or blame themselves for causing the violence.

The US Department of Justice ascertained that of 3.5 million violent crimes committed against family members, 49% were crimes against spouses (LaViolette and Barnett, 2014:6). Of crucial social significance was the fact that in 67% of the cases, at least one child was physically present during the murder, in 26% of the incidents, at least one other person was killed, and in 44% of these murders, the other person was a child (LaViolette and Barnett, 2014:7).

In this study, the discussion of domestic violence includes physical assault, sexual assault and homicide committed, threatened or attempted by spouses, common-law spouses or cohabitants toward their partners. As early as the 1990's, Reiss and Roth (1994:118) identified other harmful behaviours that occur as part of the natural history of domestic violence, such as psychological abuse, economic deprivation, threats to others in the family and threats as a method of coercion.

An abusive relationship is a pattern of control, domination and humiliation through the use of physical violence and threat of being hurt. It includes emotional abuse: inducing fear for oneself and loved ones, attacks upon self-esteem and dignity, signifying the degradation of the person (Johnston, 2006:17).

Definitions of maltreatment, violence and exposure to violence vary depending upon the system discussing or dealing with the issue. Within the legal profession, definitions tend to focus on the documentation and investigation of a crime to determine culpability (Wallace, 2002:143). Within the medical profession, definitions are composed largely on the basis of observable physiological consequences and effects of maltreatment or violence (Hamberger and Phelan, 2004:135). In comparison, in mental health and social services, definitions focus on psychological consequences and effect, and emphasise determining the types of service to be provided (Roberts, Hegarty and Feder, 2006: 45).

Researchers studying relationship violence may view couple therapy as an important step to ending violence, others focusing on criminal behaviour may point to jail as the solution, while those focusing on power dynamics may see a primary need for resources to aid in removing women from their batterer's control (Arriaga and Oskamp, 1999:5)

Domestic violence has been broadly defined as a pattern of abusive behaviour by one or both partners in an intimate relationship such as marriage, family or cohabitation. The focus of this educational study will be on the social consequences of the exposure to domestic violence during childhood.

An interest was developed for this topic after having informal discussions with the children in my class. I work with children aged between five and eight years of age. 'Family' was the theme for the week and I noticed that just by casually talking to them about their families that many of them, at some stage, had been confronted with some form of domestic violence. I went on to explain how one's family should be their place of safety and love. One child in particular grew rather quiet and seemed to withdraw from the discussion.

Something about his sudden mood change bothered me, as I found myself frequently thinking about him. I then decided to review his profile. I learnt that he had been exposed to the physical and emotional abuse of his mother just a year earlier. I started to observe him closely and noticed behaviour that I may have overlooked had I not been struck by the sad expression on his face during that class discussion. I noticed that he seemed to fare rather well academically, but withdrew from social interaction. When forced to be in a social group, he would normally exclude himself quietly by remaining in the background, but if his peers insisted on involving him, he became aggressive. This behaviour often got him into trouble at school.

I took a keen interest in this child and set out to understand his contrasting behaviour. It was my need to understand him that motivated me to study this topic. More importantly, I wanted to learn how to identify a child who has been exposed to domestic violence so that I may educate other teachers to notice the warning signs, and to enable them to provide the support and socio-educational guidance that a victim of domestic violence needs, in order to form healthy social relationships with others.

Even though I do not have first-hand experience of being involved in domestic violence, I know of people from all walks of life living with this form of abuse in their homes on a daily basis. The tragedy of abused women and/or children will touch most of us, at some time in our lives, in a very personal way. Battering could happen to

anyone, directly as a result of our own intimate relationships with lovers, or indirectly through the experience of other family members or friends.

1.2 RATIONALE

Social and behavioural research is crucial for securing environmental sustainability and improving human living environments (Vlek and Steg, 2007:1). In the field of domestic violence, literature is inundated with evidence that this is a global social problem (Giardino and Giardino, 2010:130; Japan Times Online, 2001; Correy, 2000:1; Wilson, 1997:13). Correy (2000:1) argues that those who abuse and batter their spouses and children come in every shape and size, from every income level and social strata, of either sex, irrespective of sexual orientation.

This topic is worth studying in depth because the same 'rules' do not apply to each family. According to Jansen (1992:1), 'Every act of violence has a detailed and complex history that precedes it.' Each case is unique and must be dealt with individually because there have been cases where two or three children living in the same environment can turn out very differently with regard to the way they interact socially. The way each child responds to violence depends on his/her life history, personality, emotional development, state of mind, coping skills, social and familial support and the ability to detach and deny intense effect (Shannon, 2009:297-298). Humphreys and Stanley (2006:60) agree that the impact domestic violence has on a child's social ability depends on the individual child's level of understanding, personality, circumstances, coping strategies and degree of support. Individual children in the same family, despite living through the same events, may each react entirely differently.

In a case study (as cited by Humphreys and Stanley, 2006:60) in a household with three sons, the eldest physically fights his father, the youngest becomes withdrawn, while the middle boy has taken to staying in his room and has developed mental health problems. Aggression, withdrawal and isolation are all anti-social behaviours, so it is clear that domestic violence does in fact, negatively affect one's ability to socialise. Later studies have indicated that childhood abuse also increases the risk of antisocial personality disorders in adults (LaViolette and Barnett, 2014:37). Humphrey and

Stanley's study, however, show that some children can recover completely once they are safe and that some appear to have the resilience to survive without particular lasting negative effects.

The truth is that, while children are definitely affected by exposure to domestic violence, many children who grow up in an abusive home can still go on to have happy and productive lives. The most important message is that, once the abuse stops, the healing can start (Iwi and Newman, 2011:69). It has been found that whilst some children have poor social skills, others attain a high level of social skills development with an ability to negotiate difficult situations (Shipway, 2004:117).

1.2.1 Domestic violence statistics

The estimates presented are taken from a wide range of resources (National Coalition Against Women Abuse; People Opposed to Women Abuse; The US Department of Justice, 2013) just to name a few. These organisations have conducted studies throughout the world and they have presented their findings in the form of statistics.

An expanding body of literature supports the fact that domestic violence is a common, frequent and persistent form of violence throughout the world. Surveys indicate that a quarter to half of women throughout the world have suffered violence at the hands of an intimate partner at some point in their lives (Giardino and Giardino, 2010:130).

- In Zimbabwe, domestic violence accounts for more than 60% of murder cases that go through the high court in Harare (ZWRCN, 2012).
- In South Africa, a study of people aged 13 to 23 years found that 42% of females reported being a victim of physical violence whilst on a date (Schnall, 2012).
- Around the world, at least one in every three women has been beaten, coerced into sex or otherwise abused in her lifetime. Most often the abuser is a member of her own family (Domestic Violence Statistics, 2012).
- In South Africa, emotional abuse – either as a category on its own or in combination with other types of abuse – was referred to by 63% of women as

being the most serious (POWA, 2010; Monyela, 2010).

- Based on reports from ten countries, between 55% to 95% of women who have been physically abused by their partners, have never contacted non-government organisations, shelters or the police for help (Domestic Violence Statistics, 2012).
- Domestic violence victims lose nearly eight million days of unpaid work per year in the US alone – the equivalent of 32 000 full-time jobs (Domestic Violence Statistics, 2012).
- The costs of intimate partner violence in the US alone exceed 5.8 billion dollars per year. It is estimated that 4.1 billion dollars are for direct medical and health care services while productivity losses account for nearly 1.8 billion dollars (US Department of Justice, Bureau of Justice Statistics, 2013).
- Approximately half of all South African women murdered in 1999 were killed by intimate partners. This translates into a prevalence rate of 8.8 per 100 000 women aged 14 and older, or a woman killed every six hours (Mathews, Abrahams, Martin, Vetten, Van Der Merwe and Jewkes, 2004:2).
- Intimate partner violence kills 1 500 women per year and sends millions to local emergency rooms for medical treatment (Bureau of Justice Statistics, 2003, as cited in Hattery, 2009:3).
- Children who witness domestic violence are six times more likely to attempt suicide (Humm, 2014).
- In a study of juvenile offenders, 63% of those incarcerated for murder, had killed the men who had beaten their mothers (Humm, 2014).
- It has been estimated that in more than half of the kidnappings of children by parents, the abductions occur in the context of domestic violence (Humm, 2014).
- Abusive male partners injured 62% of sons over the age of 14 when they attempted to protect their mothers from attacks (Humm, 2014).
- More than 50% of children exposed to domestic abuse in the home suffer from anxiety and post-traumatic stress disorder (Meyer, 2011).

Statistics on domestic violence clearly challenge the notion that women and children are safest in their own homes. Given the pervasiveness of and the harm caused by

domestic violence, prevention efforts cannot be postponed any further. Early identification of an abusive home situation would certainly help as a preventative measure.

1.2.2 The identification of the problem of domestic violence in the home

Domestic violence has been part of the fabric of many societies and cultures worldwide (Asay, De Frain, Metzger and Moyer, 2014:xiv). It is so commonplace, in fact, that it has often gone unnoticed and failed to receive the level of concern it deserves in light of the devastating effects it can have on children and families (Wolfe and Jaffe, 1999:1).

There is no way to tell for certain if someone is experiencing domestic violence. Those who are victims of abuse, and those who abuse, come in all personality types. Victims of violence are not always passive with low self-esteem and perpetrators are not always violent or hateful to their partners in front of others. Most people experiencing relationship violence do not tell others what goes on at home (Basinskaite et al, 2011:19).

Both the adult and child health care systems can serve as gateways for the identification of domestic violence. Abusive behaviour is frequently on-going and can vary in expression, so women in violent relationships often have long medical histories with multiple visits for problems ranging from trauma to depression (Culross, 1999:111-121).

Health care providers attending to the needs of battered women rarely inquire about, or address the health care needs of dependent children living in the same household (Roberts et al, 2006:82) despite the fact that research has found overlaps between domestic violence and child maltreatment in 30% to 60% of the families studied (Murphy, 2009).

Waalén (Roberts et al, 2006:82) reviewed twelve quantitative studies that identified barriers to domestic violence screening as perceived by health care providers. The main provider-related barriers include:

- Lack of education regarding domestic violence
- Lack of time
- Lack of effective interventions

Early detection of an abusive situation is crucial. The first five years of life are the most vital in the development of self-image and relationships with other people (Honor, 2005:206; McKendrick and Hoffman, 1990:210). The earlier an abusive situation is detected, the better the prognosis is for the child to develop a positive self-image and normal relationships with peers and older people.

The identification of abuse is the first step in a long process, involving all the relevant disciplines, aimed at correcting the psychosocial dynamics of the family, thereby ensuring that the victim can grow up to be a satisfactory member of society (Asay et al, 2014:xviii).

Those working with children should be aware that the failure to recognise family violence results from two main circumstances: the prevalence of violence in society which desensitizes people to its presence (Asay et al, 2014:5), and the secrecy which surrounds some settings in which violence occurs, such as the privacy of the home. In general, domestic violence is seen as a private family issue, rather than a social problem or crime that requires societal intervention (Asay et al, 2014:83).

In spite of the relatively comprehensive legislative framework to recognise children as direct and indirect victims of domestic violence, identification of children as victims and the provision of protection and other necessary services to children traumatized and victimised in this context is problematic (Waterhouse and Nagia-Luddy, 2009:3).

If the aim is to reduce violence, the appropriate response is to expose the possibilities of violence or violence itself, and to educate people about the negative and damaging consequences (Roberts et al, 2006:66-67). When violence is invisible, it will never be addressed. When people are made aware of it, its reduction becomes a possibility. 'The progressive nature of domestic violence, along with such consequences as

substance abuse, depression and attempted suicide, underscores the importance of early recognition and intervention.’ (LaViolette and Barnett, 2014:169).

Children who witness domestic violence may become traumatized and experience a host of negative symptoms (Ross, 2010:81), such as an increased risk for:

- Child abuse and neglect
- Mental disorders
- Aggressive behaviour
- Drug use
- Physical problems
- School difficulties
- Teenage pregnancy
- Relationship problems with peers and adults
- Engaging in criminal behaviour (violent and non-violent) during adolescence and adulthood.

1.2.3 The experiences of a child who has been exposed to domestic violence

There has been an increase in acknowledgement that children who are exposed to domestic violence during their upbringing will suffer in their developmental and social welfare. Some emotional and behavioural problems that can result due to domestic violence include increased aggressiveness, anxiety and changes in how children socialise with friends, family and authorities (Sawyer and Burton, 2012:21).

Problems with attitude and cognition at school can start developing, along with a lack of skills such as problem-solving (Crowe, Wack and Schaefer, 1996:59), which will later result in inadequate conflict resolution. Conflict resolution is an essential social skill (Bornman, Van Eeden and Wentzel, 1998:395). In social terms, we need to teach children to respond to conflict, whenever it arises, in ways that tend to build rather than damage relationships (Shannon, 2009:387).

Children living with abuse have shown deficiencies in interpersonal areas such as solving problems and interpreting their feelings. This may lead to problems such as depression, anxiety and withdrawal. Socially inappropriate behaviour such as destructiveness and aggressiveness is common (Wexler, 2006:184). If relationships are not established effectively, there is a danger of persisting distortion as children grow. It ought to be noted that whilst there is a spectrum of possible negative social outcomes for children exposed to domestic violence, not all children manifest adverse characteristics in their later life (Shipway, 2004:118).

1.2.4 The social adjustment of the child who has been exposed to domestic violence

The socially skilled person is one who should be able to adapt well to his/her surroundings, and should be able to deal with conflict positively through effective communication with others (McCarthy and Edwards, 2011:184). According to Lemerise and Arsenio (David and Murphy, 2007:15), emotion regulation abilities are believed to influence what individuals notice about social situations and the meanings they attribute to them.

It is difficult to overstate the importance of relationships for children's on-going developmental outcomes (Trinder, 2009:20). Children are also active participants in their relationships with their parents. They are not simply recipients of parenting activities and tasks, but are attentive to and reflective about what is happening (Trinder, 2009:32). 'It is important to remember that children are individuals with unique internal resources which enable them to draw their own conclusions and develop their own interpretations of the world around them.' – Corrigan (as cited in Shipway, 2004:121).

The emotional climate of the family, parenting behaviours related to children's emotions and children's observational learning about emotionality and regulation, all affect children's regulation and emotional security, which in turn, could be expected to impact children's adjustment (Morris, Silk, Steinberg, Myers and Robinson, 2007:380).

O'Brien et al (Katz, Hessler and Annett, 2007:530) have reported that children exposed to domestic violence have better outcomes if they use avoidant and withdrawing coping strategies such as tuning out or extricating themselves from the conflict. Although this may be an effective strategy for coping with an uncontrollable stressor such as domestic violence, these same responses may not be equally effective in dealing with interpersonal stress in the peer arena. The focus of the study is on the child's social circumstances, such as the social interaction at home, in the classroom and with peers on the playground.

1.3 THE PROBLEM STATEMENT

Johnson and Christensen (Sanders, 2006:6) declare that a specific problem statement enables the researcher to communicate the research problem to others and guides the research process, for example, by indicating how and by what methods data will be collected, what will be required to conduct the study, and how the information gained from it will be presented.

1.3.1 Main research problem

The main purpose of the study is to determine the effects of domestic violence on the social behaviours of children. The proposed study will be guided by the following primary research problem:

'How does being exposed to domestic violence during childhood affect one's ability to socialise and form healthy relationships?'

1.3.2 Sub problems

The sub problems that emerge from the above main research problem are as follows:

- What effects do the participants experience as a result of having been exposed to domestic violence during their childhood?

- How has the socialisation of the participants been hindered by their exposure to domestic violence?
- What kind of relationships have the participants formed with the perpetrating parent and the victimised parent?

1.4 THE AIMS OF THE STUDY

After having explored the childhood experiences of adult participants who have lived in domestically violent homes, the researcher's main aim is to be able to identify and support learners who may also be exposed to domestic violence. In order to achieve this aim, the following sub aims will be pursued:

- Explore the current literature on domestic violence with regard to the possible causes of domestic violence and the problems experienced due to having been exposed to domestic violence during childhood.
- Determine to what extent the effects of domestic violence can be carried into adulthood.
- Determine how adults who have been exposed to domestic violence during childhood relate to and socially interact with others.
- Explore the current therapies and intervention strategies that are being used to lessen the effects of this social problem.

1.5 THE PARADIGMATIC PERSPECTIVE

For the purpose of this study, a qualitative research approach is used, as the personal opinions, attitudes and beliefs of adult participants, who have been exposed to domestic violence during childhood, are explored. Qualitative researchers rarely try to simplify what they observe. Instead, they recognise that the issue they are studying has many dimensions and layers, so they try to portray the issue in its multifaceted form (Leedy and Ormrod, 2010:135).

The observations and activities of the researcher will be organised and reasoned from an interpretive paradigm, which allows the researcher to treat human activity as text,

explaining the subjective meanings and reasons regarding social actions. According to Cohen, Manion and Morrison (2005:22), the central endeavour in the context of the interpretive paradigm is to understand the subjective world of human experience. The ultimate aim of interpretivist research is to offer a perspective of a situation under study to provide insight into the way in which a particular group of people make sense of their situation or the phenomena they encounter (Maree, 2007:60).

1.6 OVERVIEW OF THE RESEARCH METHODOLOGY

1.6.1 The research design

In a case study, a particular individual, programme or event is studied in depth for a defined period of time. Sometimes researchers focus on a single case, because its unique or exceptional qualities can promote understanding or inform practice for similar situations. In other instances, researchers study two or more cases, often cases that are different in certain key ways – to make comparisons, build theory, or propose generalisations; such an approach is called a multiple or collective case study (Leedy and Ormrod, 2010:137).

Collective case studies have been used for the purpose of this study. Case studies open the possibility of giving a voice to the powerless, like victims of abuse. Many researchers (Maree, 2007:75) have studied individuals as the unit of analysis and have used the case study method. Using this method enables researchers to develop rich and comprehensive understandings about people. A case study may be especially suitable for learning more about a little known or poorly understood situation. It may also be useful for investigating how an individual changes over time, perhaps as a result of certain circumstances or interventions (Leedy and Ormrod, 2010:137).

People are individuals, and need to be understood as such. They cannot, however, be understood only as individuals, but also in relation to a social context (Clandinin and Connelly, as cited by Rossi, 2010:19). An in-depth analysis is an important aspect in collective case studies, as it enables the researcher to gain an understanding of the participants' individual life experiences as victims of domestic violence. In this study, common themes have been identified and an understanding of the participants'

experiences in relation to a social context, have been made. This is very important if the researcher is to achieve the aims of the study, namely to determine how adults, who have been exposed to domestic violence during childhood, relate to and socially interact with others.

1.6.2 The selection of participants

The participants for this study have been selected by means of purposive sampling. The participants have been chosen to participate in individual face-to-face semi-structured interviews (See Chapter 4 for more detail).

Participants for the study have been selected according to a set of specific criteria. Most importantly, participants must have been victims of domestic violence during childhood. They were required to be consenting adults, over the age of 21. They have to reside in the Pretoria area as they need to be available for face-to-face interviews.

The researcher's aims are to ascertain which effects of domestic violence have been experienced by the participants, to what extent these effects have lasted into adulthood and how being exposed to domestic violence during childhood has affected their socialisation.

1.6.3 Data generation strategies, analysis and interpretation

The data have been generated from the individual semi-structured interviews and observations. Face-to-face semi-structured interviews are the most flexible form of the data collection method. The main advantages of the face-to-face interview are the availability of the researcher to structure the interview situation and motivate the participants. Furthermore, the face-to-face setting allows for optimal communication, as both verbal and non-verbal communication is possible (Alasuutari, Bickman and Brannen, 2008:317). These interviews elicited the participants to share their own social experiences of living in a domestically violent home during their childhood. The researcher also made use of observation and audio recordings during the semi-structured interviews, allowing flexibility in gaining sufficient information for the qualitative study. The data have been classified into themes and categories,

according to the diagram (Hennink, 2007:50) presented in Chapter 4. By using a qualitative approach, the data have been analysed and interpreted. The data have been explored thoroughly by means of thematic analysis to identify themes, sub-themes and categories.

1.7 CONCEPT CLARIFICATION

It is important for the researcher and the readers to have a clear understanding of the principal concepts utilised throughout this study. Thus, in each case, the definition of the concepts for the purpose of this research will be expanded upon.

- ***Abuse***

Verb: 'To hurt or injure by maltreatment or to assail with contemptuous, coarse or insulting words'

Noun: 'Physical maltreatment (physical spousal abuse) or insulting or coarse language' (verbal abuse) (Free Dictionary, 2013).

Abuse can be emotional, financial, sexual or physical (Baran, 2016).

For the purpose of this study, the term *abuse* will refer to the physical or verbal/emotional maltreatment of the victims in the domestically violent home.

- ***Perpetrator***

The perpetrator is 'someone who perpetrates wrongdoing' (Free Dictionary, 2013).

The term 'perpetrator' is used to describe the person who is exerting coercive control against a person they have or have had a relationship. Such 'intimate terrorism' usually involves the perpetrator being violent, using various types of abuse, likely to escalate and to result in serious injury (Hester, 2009:4).

For the purpose of this study, the *perpetrator* will be referred to as the person committing the wrongful acts of violence in the domestically violent home. Other terms, such as abuser and batterer are also used to describe the perpetrator.

- ***Victim***

The victim is 'one who is harmed by or made to suffer from an act, circumstance, agency or condition' (Free Dictionary, 2013).

The 'victim' refers to the recipient of the interrelated range of abusive, coercive and controlling behaviour causing psychological, sexual or physical harm, which often accompanies or precedes the use or threat of physical force (Barnish, 2004:6).

For the purpose of this study, the *victim* will refer to the person on the receiving end of the violent abuse, namely the women and children living in the domestically violent home.

- ***Domestic violence***

Domestic – (relating to family) – 'Relating to or involving a family or the people living together within a household' (Encarta Dictionary, 2010).

Violence – 'Violence is used to mean the oppressive use of power. This includes acts of physical and emotional maltreatment, as well as psychological abuse' (Crowe et al, 1996:4).

Domestic violence, also known as relationship abuse, is a pattern of abusive and coercive behaviour used to maintain power and control over a former or current intimate partner (Baran, 2016).

For the purpose of this study the term *domestic violence* will refer to violence or physical abuse directed toward the spouse or domestic partner, usually violence by men against women and/or children.

- ***Social, physical, emotional, psychological, cognitive and behavioural effects***

Children exposed to domestic violence are more likely to develop social, physical, emotional, psychological, cognitive and behavioural problems than those who are not.

Effects – ‘Something brought about by a cause or agent; a result’ (Free Dictionary, 2013).

Social – Relating to interaction of people: ‘Relating to the way in which people in groups behave and interact’ (Encarta Dictionary, 2010).

Physical – ‘Of or relating to the body as distinguished from the mind or spirit’ (Free Dictionary, 2013), such as a bodily injury that has resulted from a violent assault/incident.

Emotional – ‘Affected or characterized by emotion, especially sadness’ (Encarta Dictionary, 2010).

Psychological – Affecting the human mind: ‘Affecting or intending to affect the mind or mental processes’ (Encarta Dictionary, 2010).

Cognitive – Relating to cognition: ‘The mental process of knowing, including aspects such as awareness, perception, reasoning and judgment’ (Free Dictionary, 2013).

Behavioural – Psychology response: ‘The way in which a person, organism or group responds to a specific set of conditions’ (Encarta Dictionary, 2010).

For the purpose of this study, the above terms will refer to the type of negative results domestic violence has on children.

- ***Socio-educational guidance***

Socio – (prefix) Referring to ‘social’ or the ‘society’ (Encarta Dictionary, 2010).

Educational – ‘Of or pertaining to education’ (Definitions Online Dictionary, 2010).

Guidance – ‘Advice or counselling given to learners on academic matters’ (Encarta Dictionary, 2010).

For the purpose of this study, socio-educational guidance will refer to the assistance given by educators to the primary school learner living with domestic violence, in terms of academic, emotional, social and psychological support.

An overview of the chapters will now be presented. The purpose of this is to orientate the reader to the research that follows.

1.8 DIVISION OF CHAPTERS

The six chapters comprising this dissertation are briefly outlined in this section.

- **Chapter One: Orientation**

The first chapter is the introductory orientation and statement of the problem. It orientates the reader to the research study by providing an overview, and explaining the rationale and aims of the study. The main research problem and sub problems are clearly stated and the relevant key concepts clarified. An overview of the paradigmatic perspective and the research methodology are also provided.

- **Chapter Two: The possible causes and effects of domestic violence during childhood**

In the second chapter, the literature review guiding this study is presented. Current literature pertaining to children who have been exposed to domestic violence and the various contributions to their social experiences will be addressed, as well as the possible causes and effects of domestic violence.

- **Chapter Three: The effects of domestic violence on the socialisation of children**

The third chapter includes intervention strategies and some common myths and realities associated with domestic violence. The conceptual framework is discussed, with particular reference to the concepts of social identity and social relations.

- **Chapter Four: Research design and methodology**

The fourth chapter consists of a discussion regarding the research design, methodology, paradigmatic perspective, data generation strategies, analysis and interpretation. The quality criteria used in this study to meet the requirements necessary for validity and reliability are also described. This chapter concludes with an overview of the ethical considerations adhered to in the research process.

- **Chapter Five: Analysis, interpretation and presentation of the research interviews**

The fifth chapter consists of a presentation of the data analysis and interpretation conducted in the study. The results are depicted in terms of themes, sub-themes and categories which have emerged from the data generated. The findings of the study are discussed with reference to existing literature, as introduced in the second and third chapters. The conceptual framework is revisited to further validate the findings of the study.

- **Chapter Six: Conclusions, limitations and recommendations**

The sixth and final chapter is a summary of the themes identified in the fifth chapter. This final chapter also relates the findings of this study to research questions posed in the first chapter. This leads to an integration of the conceptual framework, as well as a consideration of potential contributions and limitations of the study. The research study concludes with possible recommendations for further training, *practice and

research in the fields related to the social experiences of the adult exposed to domestic violence during childhood.

1.9 CONCLUSION

This chapter has been critical for orientating and setting the focus of the research, as well as ensuring that it remains focused on its major theme, namely the social effects of domestic violence during childhood and the affect it has on the socialisation of its victims. The orientation function was accomplished by outlining the rationale, the main research problem, the subsequent sub-problems, research aims, definitions of key concepts and a description of the research methodology and design. The following chapter of this study is a literature review of the possible causes of domestic violence and the effects of domestic violence during childhood.

CHAPTER 2
THE POSSIBLE CAUSES AND EFFECTS OF DOMESTIC VIOLENCE
DURING CHILDHOOD

2.1 INTRODUCTION

Domestic violence crosses all socio, economic, ethnic, racial, educational, age and religious lines (Shannon, 2009:10). Family violence may also be associated with a lack of tolerance or the expression of negative effect. Crowe and Zeskind (Katz et al, 2007:530) state that child abusers or those with high potential for child abuse show a greater increase in heart rate and report more aversion and less sympathy to the sound of babies crying than non-abusers or those with low potential for child abuse.

Physical violence by men against women may involve anything from threatening behaviour, slaps and being pushed about, through black eyes, bruises and broken bones, to extremely serious incidents of multiple assaults. It can be life-threatening, resulting in internal injuries, permanent handicaps, and disabilities or death (Hague and Malos, 2005:7).

Family crimes such as domestic violence have commonly been associated with a number of causal factors and determinants (Flowers, 2000:177). These include:

- Social and economic elements such as poverty, class and education
- A history of child abuse, neglect or sexual abuse
- A cycle of familial violence or criminality
- Substance abuse
- Mental illness
- Depression
- Stress
- Sexual problems in the marriage
- Illegitimate, unwanted and special needs children
- Predisposing familial violent personality characteristics in abusers or abused.

There is general agreement among researchers that research into the cause and consequences of domestic violence should not and cannot be limited to any single ideological theory (Davis, 2008:198). There are, however, principal theories that reappear in the literature and these will be mentioned.

2.2 THEORIES OF DOMESTIC VIOLENCE

Most researchers and professionals over the last 24 years, agree that there are theories that attempt to explain the reason so many people who profess to love, protect and care for each other often choose to neglect, abuse and beat their spouse or child (Goldstein and Brooks, 2013; Giardino and Giardino, 2010; Twohey, 2009; Davis, 2008; Wolfe and Jaffe, 1999; Cunningham, Jaffe and Baker, 1998; Reiss and Roth, 1994; Pence and Paymar, 1993; Pernanen, 1991).

Prior research provides an integrated conceptualisation of the ethology of co-occurring domestic violence and child abuse within a given family. Proposed theoretical frameworks (Giardino and Giardino, 2010:77) describing this overlap include (though are not limited to) the following:

2.2.1 Social-cognitive theory

In domestic violence research, the social-cognitive theory proposes that a triadic relationship exists between behaviour, the person and the environment. Within this dynamic relationship, each facet actively affects the other two. Considering the ethology of family violence, the social-cognitive theory suggests that those that have been exposed to violence, model this behaviour as a means to resolve conflict. The perpetrator then learns through operant reinforcement that the violence works, thereby reinforcing further abusive acts (Giardino and Giardino, 2010:77).

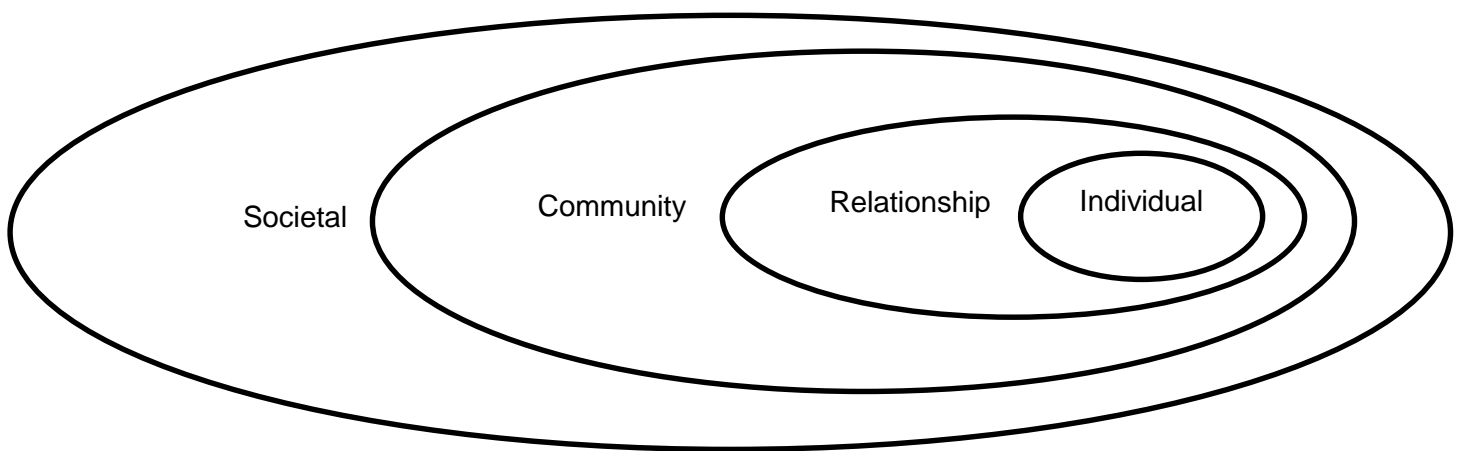
2.2.2 Ecological theory

According to the ecological theory (Giardino and Giardino, 2010:78), violence in the home is rooted within the greater context of societal violence. Stressors are combined with a lack of protective factors, which lead to domestic violence. A four-level social-

ecological model (SEM) has been developed to better understand and prevent violence (Krug, Dahlberg, Mercy, Zwi and Lozano, 2002:12-13).

Violence results from a combination of multiple influences on behaviour. It is about how individuals relate to those around them and to their broader environment. The SEM considers the complex interplay between individual, relationship, community and societal factors.

Diagram 1: The four-level SEM (Krug et al, 2002:12-13)



- Individual level: identifies biological and personal history factors such as age, education, income, substance use, or history of abuse that increase the likelihood of becoming a victim or perpetrator of violence.
- Relationship level: examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator; a person's closest social circle peers, partners and family members influence an individual's behaviour and contribute to a range of experiences.
- Community level: explores the settings, such as schools, work places, and neighbourhoods in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- Societal level: considers broad societal factors such as health, economic, educational and social policies that engender a climate in which violence is

encouraged or inhibited, which assists in maintaining economic or social inequalities between groups in society.

2.2.3 Anti-social personality or genetics theory

The origin of family violence in anti-social personality or genetics theory lies with a usually male perpetrator who has been afflicted with an anti-social personality disorder (Giardino and Giardino, 2010:78). This perspective proffers that personality disorders, early traumatic life experiences, or other individual dysfunctions predispose some people to use violence in family relationships. This perspective emphasizes psychological and psychiatric intervention, sometimes for both the victim and the perpetrator (Davis, 2008: 198).

Empirical evidence in support of this view takes the form of surveys of populations of batterers within which high levels of certain psychiatric diagnoses are found, specifically borderline and anti-social personality disorders (Cunningham et al, 1998:3). In this view, because those with anti-social personality disorder have the inability to feel guilt, it is with relative ease that dangerous and harmful acts can be committed (Mignon, Larson and Holmes, 2002:222), so treatment must be intensive and individualized.

2.2.4 Family systems theory

The family systems theory maintains a bidirectional view. This theory asserts that all family members contribute to general conflict within a family. However, those espousing this view emphasize that each individual, in particular the perpetrator, is accountable for his or her own behaviour (Giardino and Giardino, 2010:78).

The abuse is the result of family stresses or the acceptance of conflict to resolve disputes in the family. Abusers strive for a predominant role in the family. In this view, any family member may contribute to the escalation of conflict. The emphasis here is to provide services which take into account everyone's needs and desires while holding the perpetrator accountable (Davis, 2008:198).

The theoretical position of programmes with this approach is often a family systems model. All family members are seen as part of a 'system' of violence, with roles in maintaining that violence. Solutions are believed to require 'treating' all members, and the treatment approach is typically based on the supposition that early intervention will be able to head off severe violence before criminal justice sanctions are necessary (Reiss and Roth, 1994:128). The family systems theory locates the source of abuse within the dynamics of the family (Mignon et al, 2002:120). Prevention efforts are the most common and emphasize the identification of domestic violence, its perpetrators and victims, control of the behaviour and its harmful effects, punishment of and/or treatment for the perpetrators, and support for the victims (Wolfe and Jaffe, 1999:4).

Social control interventions – in sharp contrast to empowerment models – are predicated on the notion that the authority of the legal system will exercise control over the 'disputants' and coerce or influence the family members to stop the violence (Reiss and Roth, 1994:128-129).

Thus, social control approaches may underestimate the severity of risk to victims from the insistence on working with the family as a co-responsible unit, exacerbating patterns of rationalisation and threats already present in the situation (Reiss and Roth, 1994:129).

2.2.5 Feminist theory

The feminist theory states that all forms of violence originate from conflict generated through gender roles and men's need for power and control (Giardino and Giardino, 2010:78).

This approach explains that domestic violence mirrors the patriarchal organisation of society and that it is men who use violence to create a dominant role in the family. The behaviour of the male is a result of sexism and culturally learned norms. This perspective emphasizes legal victim protection and criminal sanctions for the perpetrators. This theory focuses on the men's use of violence in abusive relationships, rather than the behaviour of all parties concerned.

The Duluth Model was introduced to help men to change their behaviour in order to

be non-violent in any relationship. An American nationwide study published in 2002 in the Chicago Tribune found that batterers who complete programmes based on the Duluth Model are less likely to repeat acts of domestic violence than those who do not. The curriculum used in the Duluth Model can lead to true empowerment in men. It challenges men to take the risk to resist controlling behaviour and to relinquish the need to have all the power in a relationship. It asks men to give women the choice to love them. It asks them to respect women and to give up the privileged status our society has given them. The curriculum gives each of the men the choice to be in an equal relationship with a woman. Making that choice allows the man to be fully human (Pence and Paymar, 1993:181).

Shannon (2009:396) agrees that an abuser should become aware of his pattern of violence and learn techniques to maintain non-violent behaviour such as 'time-outs', support groups, relaxation techniques and exercise.

Every aspect of the Duluth intervention process and the curriculum is designed to challenge a lifelong pattern of thinking, rationalizing and acting that leads to violence and other forms of abuse (Pence and Paymar, 1993:7-8), but it is important to note that there are no guarantees that the abuser will change his violent behaviour (Shannon, 2009:395). The abuser is the only one who can make that decision.

The Duluth Model is not without criticism. Donald Dutton (Twohey, 2009: 2), a psychology professor at the University of British Columbia who has studied abusive personalities, states that, 'The Duluth Model was developed by people who didn't understand anything about therapy.' He also insists that gender does not play a role in domestic violence. The fields of psychology, psychiatry and social work all provide for application of skill learning, improved social understanding and practised behavioural mastery to provide for corrected and alternative behaviours. By contrast, the Duluth Model presents the construction, 'once an abuser, always an abuser,' to this grave social problem (Twohey, 2009:2).

Edward W. Gondolf (Pence and Paymar, 1993:200), a psychiatric researcher and sociology professor, and author of *Men who Batter, Battered Women as Survivors* and *Psychiatric Response to Family Violence*, is of the opinion that the Duluth Model has

pioneered an approach based on the experiences of abused women and has consequently been tailored to their circumstances. He feels that it tackles the social dimensions of women abuse more directly and decisively than any of the psychological or skill-building approaches currently circulating in the field of domestic violence. The Duluth programme is widely used but clear evidence of success is limited. One of the most burning debates in the domestic violence field centres around the effectiveness of batterer programmes and how to improve them. E.W. Gondolf's more recent book titled *Batterer Intervention Systems* responds to this debate with research from a multi-site evaluation of batterer programmes. It critiques current experimental evaluations and presents alternatives to assessing effectiveness. A four-year follow-up of programme participants reveals a surprising de-escalation of abuse, a subgroup of unresponsive repeat re-assaulters, and the difficulty in identifying the most dangerous men (Gondolf, 2002). Conventional batterer counselling appears to be appropriate for the vast majority of men.

Alone, none of these theories (Giardino and Giardino, 2010:78) fully explains the complicated underpinnings of family violence. However, when viewed collectively, they offer a rich foundation for better understanding of the complexity of domestic violence.

Belsky (Goldstein and Brooks, 2013:128) formulated a developmental-ecological model to explain child maltreatment. This model can be generalised to other forms of family violence, such as domestic violence. According to the developmental-ecological model, factors that influence whether an individual will be abusive operate at and across several levels of the ecology from the most proximal to the most distal. These include the level of the individual (individual personality or mental illness), the level of the micro system (family-level factors including poverty, single parenthood or unemployment), the level of the ecosystem (community-level violence, unemployment rates or social cohesion) and the level of the macro system (cultural attitudes to violence, regional policy on family violence).

The developmental-ecological model underscores the fact that family violence is determined by multiple factors. As Belsky concluded, there appears to be no necessary or sufficient causes of family violence (Goldstein and Brooks, 2013:128).

As far back as the early 1990's, researchers have connected alcohol to domestic violence. In a study conducted by Pernanen (1991:127), marital violence had the highest rate of drinking of all known relationships. Domestic violence generally showed the well-documented pattern of a drinking assailant and a sober victim.

Pernanen (1991:130) gives a brief presentation of three of the most common clusters of hypotheses regarding the determinant role of alcohol in human aggression.

- First, the 'severity' hypothesis argues that with alcohol use, aggressive acts will become more severe or extreme.
- Related to this idea is the 'persistence' hypothesis, or the assumption that acts of aggression will be more persistent after the use of alcohol.
- The 'indiscrimination' hypothesis states that acts of aggression after drinking will not be as well attuned as acts of sober aggression to the requirements of the situation and the social norms applying to it; these include the restraints (or 'inhibitions') related to the location, the types of acts performed, the characteristics of the target of aggression, and so forth (Pernanen, 1991:131).

The concept that drugs and alcohol (or any addiction for that matter) contribute to family violence continues to be a popular and enduring belief among both victims and abusers (Wallace, 2002:19).

2.3 THE ROLE OF ALCOHOL AND SUBSTANCE ABUSE IN DOMESTIC VIOLENCE

The motives for drinking, in truth, are complex and inscrutable, with no single explanation sufficing for all circumstances. Many studies demonstrate a strong relationship between alcohol abuse and domestic violence. More specifically, various research studies have found a high rate of alcohol abuse amongst men who batter

their female partners (Roberts, 2007:457; Mignon et al, 2002:225; Lipsey, Wilson, Cohen and Derzon, 1997:245).

The apparent association between alcohol abuse and domestic violence has been noted by a number of writers (LaViolette and Barnett, 2014; Johnston, 2006; Mullender, Hague, Imam, Kelly, Malos and Regan, 2002; Pryke and Thomas, 1998; Wilson, 1997; Bennett, 1997; Lipsey et al, 1997; Pernanen, 1991). Being drunk and being violent often go hand-in-hand. Other studies seem to suggest that the association is weaker. Research indicates that even when a batterer stops drinking, the battering continues (Murphy, 2009; Hopkins and McGregor, 1991; Pernanen, 1991; Goodwin, 1981). Once violence is an established norm within the family, it will re-occur even under conditions of total abstinence of alcohol or substance abuse (Roberts, 2007:410).

The information gathered from Goodwin (1981), considered to be a relatively old source, is still useful and worth referring to. Much of his work has been reiterated by more recent researchers (Roberts, 2007; Pryke and Thomas, 1998; Bennett, 1997). Any drug response that involves thinking and mood is bound to be influenced by expectation. In medicine, this is called the placebo effect: drugs tend to do for people what they expect them to do (Goodwin, 1981:14). According to Roberts (2007:407), subjects receiving placebo manipulations did not respond aggressively to the stimuli, those whose intoxication was real, typically did so. It seems to indicate that one's behaviour when drunk is more than a result of social expectations.

Men who have a predisposition to physical violence and who drink alcohol are more likely to be more violent on the days they drink alcohol (Bennett, 1997). This means that it is possible for a violent man to want to have a few drinks before beating his spouse because he expects to be more violent after having those drinks. If his mood is bad, it may become worse (Roberts et al, 2006:134). Goodwin (1981:14) says that this refers to set, that is, the psychological and physical state of the person at the time he proceeds to drink. Although recognising that many alcoholics are never

violent and many aggressors are sober, research findings (Roberts, 2007:401-402) reveal the following:

- Approximately one half of clinically treated batterers have significant alcohol problems.
- A study of men in treatment for domestic violence showed that severe aggression was eleven times higher on days when the male partners were intoxicated than on other days.

Men who beat their wives when drunk may be fully aware of what they are doing. They may avoid hitting their partners in front of other people. They often have the presence of mind to beat a woman where it will not show. Some men may even get drunk with the intention of beating their wives while intoxicated (Hopkins and McGregor, 1991:116). All such men are making choices and can reasonably be held responsible for their behaviour.

The emerging view, in this context, seems to be that men get drunk in order that they might be violent, or they get themselves into a situation in which they know there is a strong likelihood that they will become violent (Roberts, 2007:411). Getting drunk therefore becomes part of the denial of responsibility – or at least a declaration of only partial responsibility on the man's part (Pryke and Thomas, 1998:52). For an alcoholic, getting drunk is the goal. For a spouse abuser, getting drunk is the mechanism; hitting or assaulting is the goal (LaViolette and Barnett, 2014:107).

Substance abuse and violence are behaviours that are learned, reinforced and characterised by denial (Roberts, 2007:406). In these circumstances, a man has two problems: his violent behaviour and his problem of addiction. There is a Japanese proverb that indicates how quickly an addiction to alcohol can become uncontrollable: 'First the man takes a drink, then the drink takes a drink, then the drink takes the man' (Goodwin, 1981:61). There appears to be a very strong relationship between alcohol/substance abuse and domestic violence. One should not confuse this with the argument that someone's alcoholism or drug addiction

cause the violence (Roberts, 2007:457). Alcoholism treatment does not 'cure' battering behaviour; both problems must be addressed separately.

It is important to point out that many male alcoholics do not batter their female partners and numerous men who batter their female partners do not drink excessively (Murphy, 2009). Alcohol consumption is neither a necessary nor a sufficient condition for violence to occur (Hopkins and McGregor, 1991:116). It is evident that other contingencies must be present for drinking to result in the instigation of open conflict and violence (Pernanen, 1991:128). Alcohol's role in producing violence may be in association with other variables stemming from personality traits, or as an indirect factor in violence in that alcohol impairs the drinker's social judgment (Roberts, 2007:408).

Alcoholism and battering, however, do share some similarities (Shannon, 2009:88) including the following:

- Both may be centred on control and power.
- Both can be transmitted from one generation to another.
- Both involve denial or the attempt to downplay the problem.
- Both can involve the isolation of the family, the perpetrator or the victim.

The relationship between alcohol abuse and domestic violence is both confusing and complex. Gondolf (as cited in Roberts, 2007:410) explains that three theories currently surround this association (Wallace, 2002:186; Wilson, 1997:59-60):

- The first, the 'disinhibition' theory, states that drinking breaks down people's inhibitions and leads to anti-social behaviour. The evidence for this theory is that people often behave differently when they are drunk than when they are sober. The implication is that violence is caused by alcohol abuse.
- The 'disavowal' theory emphasizes the role of social learning in the alcohol/violence relationship. Alcohol abuse, accompanied by violence, provides the opportunity for socially learned rationalisations or excuses for

the violent behaviour. In this theory, alcohol abuse is used as an excuse for deliberate acts of violence.

- The third explanation, the 'interaction' theory, suggests that the interaction of a variety of physiological, psychological and social factors explains the relationship between alcohol abuse and violence. That is to say, the combination of these influences on an individual determines the degree to which he will be violent when drinking. Gondolf argues effectively that the key to the link between alcohol abuse and wife assault is in the man's craving for power and control. Gondolf has also found that batterers have verbal deficits and poor communication skills. Drinking to gain a sense of power, therefore, comes naturally to physically aggressive men. The effect of alcohol, in turn, contributes to a misreading of social cues through cognitive impairment and violence may provide some sense of immediate gratification.

It is generally agreed that there is often a correlation between family abuse and substance abuse. However, it is inappropriate to assume that one is the cause of the other (Mignon et al, 2002:225). Numerous research studies (LaViolette and Barnett, 2014; Johnston, 2006; Mullender et al, 2002; Pryke and Thomas, 1998) demonstrate a relatively strong relationship between alcohol abuse and domestic violence, but since the evidence does not support a cause-and-effect relationship between the two problems, it is unlikely that there is a causal link between alcohol abuse and domestic violence (Murphy, 2009). Hamberger and Phelan (2004:137) agree that a direct causal association between alcohol use and domestic violence cannot be established. The relatively high occurrence of alcohol abuse by men who batter women, though correlated, must be seen as the overlap of two separate, but frequently occurring, social problems. It is important to remember that alcohol abuse and battering are not causally related, but are both underlying manifestations of a bid for power and control (Roberts, 2007: 410-411). Efforts to link alcohol abuse and domestic violence reflect society's tendency to view battering as an individual deviant behaviour. Moreover, there is a reluctance to believe that domestic violence is a pervasive social problem that happens amongst all kinds of families.

A battering incident, coupled with alcohol abuse, may be more severe and could result in greater injury. A real-life corollary of both the severity and persistence hypotheses

is that more violent acts will be committed and that the rate and extent of injuries will be more serious when the assailants have been drinking than would be the case under similar conditions when the assailants are sober (Pernanen, 1991:131). Many people do not realise how powerful the effects of alcohol can be on their behaviour, actions and even brain chemistry. People may drink or use drugs to escape stress, sadness or depression, to appear confident or to numb feelings of guilt, shame, anger or loneliness (Shannon, 2009:88). Bornstein (as cited in Johnston, 2006:23), states that alcohol and drug use by the abuser increases the likelihood of all forms of child abuse and neglect and renders these family environments all the more chaotic.

For the abused woman, the link between alcohol consumption and violence often offers a way for her to understand her partner's abusive behaviour and gives her false hope that if the man would only stop drinking, the violence would cease (Wilson, 1997:61). Although alcohol abuse and violence often occur together, one does not cause the other (Shannon, 2009:87).

The above discussion shows how alcohol abuse may contribute to harsher abuse and battering in the family context (Mullender et al, 2002:91). The occurrence of this socially unacceptable behaviour torments the children witnessing it. Children living with domestic violence require negotiating, making sense of, and managing a number of complex and overlapping issues. Some of these issues include the behaviour of the abuser, the responses of their mother and siblings, and the impacts on their mother and siblings. More personal issues are the danger and risks to themselves, their own emotions and friendship relations.

With domestic violence, the child is intruded upon through the eyes and ears by seeing and hearing violence inflicted upon a key person in their lives by another key person. This can create a state in the child's inner world which has profound effects on his/her ability to live a reasonable life and to make healthy developmental progress (Keeling and Mason, 2008:55).

2.4 HOW CHILDREN EXPERIENCE DOMESTIC VIOLENCE

Human interaction is another fundamental requirement of an ideal home (Magano,

2004:20) and children who live with domestic violence do not experience healthy human interaction. Children do not have to be abused themselves in order to be impacted by violence in the home (Stewart, 2012). Domestic violence has an effect on every member of the family, including the children. In domestically violent homes, there is likely to be a lack of routine, structure and consistency, all of which are important factors for children's sense of security, confidence and boundaries (Sawyer and Burton, 2012:19). For any child living with domestic violence the basic need for a safe, secure home goes unmet.

The home environment, the use of power and control, consequences of domestic violence and the coping strategies children may use in this regard, will now be discussed.

2.4.1 The home environment

Domestic violence is perpetrated at higher rates towards mothers than towards women who do not have children (Bancroft, Silverman and Ritchie, 2012:1).

Domestic violence creates a home environment where children live in constant fear. Exposure to fighting makes children more sensitive. Although it is commonly believed that children who are exposed to parent's fighting 'get used to it', studies actually indicate that the more they are exposed to the fighting, the more sensitive to violence they are (Wexler, 2006:184).

The experience of living in a home where domestic violence exists is different for each child. Some children may primarily hear (Roberts et al, 2006:129) or sense the violence while others may witness physical, emotional and/or sexual abuse perpetrated most often against their mothers.

Children know when domestic violence is happening in their households. The majority of children see or overhear it and almost all see their mothers upset or crying (Humphreys and Stanley, 2006:58). Wolak and Finkelhor (Sterne and Poole, 2010:4) state that 'Children hear their parents, the adults they love and depend on, screaming in anger, pleading in fear and sobbing in pain. The children hear fists hitting bodies,

objects thrown and shattered, people thrown against walls and knocked to floors. They may see blood, bruises and weapons. Some children even witness domestic rapes.' Sunderland and Hancock (as cited in Sterne and Poole, 2010:4), assert that 'The force of a shouting adult can feel like a terrible tidal wave to a child.'

Mullender et al (2002:118) found that children knew of incidents of which their parents thought they had been unaware. Although women work hard to hide the abuse, this is rarely completely possible. Children in battering relationships face immediate risk of becoming co-victims during an assault on their mother as well as suffering psychological consequences (Hamberger and Phelan, 2004:137) because of the exposure to violence. Many children try to offer protection or to seek help, either actively or passively. Responses, even from small children, include pleading with their fathers to stop, screaming, crying or trying to hide (Sawyer and Burton, 2012:21).

Half or more of children who have been exposed to domestic violence become directly involved in violent incidents through yelling at their parents during the assault, calling for help or physically intervening. Children have been found to be present at nearly half of all police calls relating to domestic violence (Bancroft et al, 2012:2).

Children who have witnessed domestic violence, but who are not physically abused themselves, often suffer from living in a stressful, hostile environment (Murphy, 2009). They lose all sense of security, especially when the abusing father manipulates (Wallace, 2002:184) or forces them into directly or indirectly hurting their mother, either physically, emotionally or psychologically.

2.4.2 When batterers use the children to gain control

At the heart of domestic abuse lie issues of power and control (Wallace, 2002:191). Often a woman is most vulnerable to extreme violence at the point of separation, when her partner realises he is losing control of her (Sterne and Poole, 2010:14-15).

Batterers use a number of tactics beyond physical abuse to hold women in abusive relationships. According to Judith Herman (Wilson, 1997:17), the methods of establishing control over another person are grounded on the 'systematic, repetitive

infliction of psychological trauma.' Batterers frequently use the children to intimidate and control the mother, another common source of harm to the children (Wallace, 2002:184). Even if the children themselves are not direct targets of the abuse, they are profoundly affected by the violence, the attitude of the abuser and their own feelings as to what is going on in the home (Mullender and Morley, 1994:218).

Threatening to take children away can invoke strong protective feelings and may deter a woman from taking action that is in her best interests (Wallace, 2002:184). Unfortunately, children often get caught in the middle when violence and abuse occur in a relationship. They are frequently confused, torn and traumatized as they are forced to choose one parent or the other (Pence and Paymar, 1993:149) and may find it difficult to talk to either one of them (Shannon, 2009:11). Many children retain a degree of loyalty to the abusing father as they have good memories as well as the bad ones (Shipway, 2004:119). For some children, loving the abusive parent can feel like betraying the victimised parent (Roberts et al, 2006:135).

Battering changes the nature of children's crucial relationships with their mother through mechanisms that include undermining her authority and interfering with her ability to provide care. Batterers can engage in efforts to create divisions within the family and can be highly manipulative (Bancroft et al, 2012:2-3). Victimised parents have little power to make decisions or choices for their families. Some children may adopt an abusive style towards the victimised parent. Altering this mentality is challenging, but not futile. Children seek boundaries, consistency and fairness. Even though they might initially be resistant to new limitations or rules, with persistence they will adjust. Victimised parents need to restore their position in their families before established dysfunctional patterns and mindsets can be modified (Hamel and Nicholls, 2007:545).

Domestic violence abusers create havoc in families by trying to alienate the child from the other parent's affection, and use child access as a weapon to hurt, punish and harass the victim parent (Johnston, 2006:23). Children who are consistently treated as an inanimate object, with only a functional or symbolic value, are at risk of developing a surreal sense of non existence; they feel and act as though they are non-persons (Johnston, 2006:23).

Widom's research (Magano, 2004:14) indicates that observing hitting between parents is highly related to later marital aggression. He concludes that witnessing marital violence may be as damaging to children as their own physical abuse. Under such demoralizing and hazardous conditions, an individual's self-esteem, dignity and sense of hope are at stake. Children living in an environment where the threat of violence is ever present learn survival skills or techniques (Magano, 2004:14). Exposure to violence during childhood may lead to elevated rates of violent offences by the child, substance and alcohol abuse, suicide attempts, taking on the role of a victim of violence and development of mental health problems (Helander, 2008:136).

2.4.3 The effects of the exposure to domestic violence

Children who have been exposed to domestic violence exhibit somatic, psychological and behavioural dysfunctions. It has been found that if the batterer has a non-violent relationship with the children, their response is limited to psychiatric problems. In instances in which children attempted to intervene and became surrogate victims, they became more aggressive in their other relationships (Bergen, 1998:27). Exposure to domestic violence could develop the following characteristics (Hamel and Nicholls, 2007:546-550) in victims:

- Depression manifests through a sense of helplessness and/or hopelessness.
- Anxiety or hyper vigilant reactions are reflected in hyperactivity or learning difficulties.
- Poor self-image in victims means that they will behave the way they feel, unwilling to excel or be self-reliant.
- Incompetence is exacerbated since inadequacy is created through constant berating or emotional brow beatings.
- Fear of failure is manifested in victims as they learn that making mistakes has grave consequences, so they avoid any attempt at performing well in any activity for fear of eliciting attention.
- Poor social skills lead to inadequate relationship skills.

- Poor eye contact generates detachment issues and potential pathologies.
- Over-reactive startle responses are evident in victims who fear severe repercussions because of relentless abuse; the body is held in a high state of arousal.
- Inadequate protective factors reinforce the fact that victims believe they cannot protect their children or themselves, or minimise the danger.
- Poor impulse control manifests itself when internal needs are met through external sources that can never be satiated.
- Melt-downs are regular occurrences since victims react inappropriately because of an inability to cope with stress.
- Regressive behaviour is common, that is, reversion to a younger age that may be inappropriate, e.g. bedwetting or thumb-sucking.
- Passive or passive-aggressive behaviour manifests in victims expressing self-defeating or improper behaviour because of low self-esteem and self-worth; they believe they do not deserve to have their needs met appropriately.

Table 1: The behavioural and emotional factors affecting children who have been exposed to domestic violence (Roberts, 2002:347)

IMPACT FACTORS	MEDIATING/ MODERATING FACTORS	PROTECTIVE FACTORS
Behavioural/emotional responses: Internalising, externalising and social competency problems.	Child factors: Age, type of exposure, singular versus multiple exposure, child exposure to maltreatment, community violence and media violence, time since last violent event and child temperament.	Child factors: Intelligence, interpersonal skills, emotion and problem-focused skills, temperament, child's appraisal of events and child's knowledge of safety.
Cognitive functioning: Academic difficulties, approval of violence and poor thinking-skills associated with problem-solving.	Family factors: Intensity and chronicity of maternal exposure to violence, maternal impairment, co-occurrence of substance or alcohol abuse, single-parent household, poverty, and the importance of a cultural context.	Family factors: Strong and positive parental or family support, no history of multiple victimisation, emotional availability of the mother and the role of the extended family.

IMPACT FACTORS	MEDIATING/ MODERATING FACTORS	PROTECTIVE FACTORS
Physical functioning: Somatic complaints, physical complaints and developmental delays.	Secondary/associated factors: Legal difficulties, multiple moves (homes and schools), inappropriate law enforcement, already existing school and/or community-related problems.	Community factors: Availability of community safe homes or shelters, response of community providers and school intervention projects.
Long-term behaviour and emotional functioning: Adult depression and reduced self-esteem, poor interpersonal skills, intergenerational transmission of violence and adult criminal behaviour.		

The table above represents a summary of behavioural and emotional responses typically observed in children exposed to domestic violence. There is great consistency in the findings of many research studies in that children exposed to domestic violence are at risk of exhibiting a host of internalising (anxiety, depression, withdrawal, confusion, self-blame), externalising (aggression, delinquency-related problems) and social competency (difficulty making and keeping friends, school-related problems and poor problem-solving skills) problems. It is suggested in the literature addressing cognitive functioning that exposure to violence acts as a form of modelling for present or future behaviour (Roberts, 2002:346). There is certainly a close relationship between exposure to violence and physical well-being, as victims of domestic violence have more physical and health-related problems. Of critical significance is the notion that violence is a learned behaviour that affects all individuals in the family. This could have consequences for their future relationships in adulthood.

Even though the summary of the impact factors shows that many children are affected by exposure to domestic violence in some way, each child is an individual and no two children are likely to experience the impacts in the exact same manner. Therefore, the literature has begun to focus on what might differentiate each child. To this end, the

focus falls on mediating or moderating and protective factors to further delineate differences in each child (Roberts, 2002:346-347). Mediating factors refer to variables that occur between the event (exposure to violence) and the outcome (behavioural or emotional factors), whereas moderating factors refer to conditions that exist prior to exposure.

For example, child maltreatment could be a mediating factor, whereas age or poverty could moderate the outcome.

Protective factors are variables that may lessen children's vulnerability to overall negative adjustment. These may be either internal or external resources that may reduce impact. Findings have generally pointed to child, family and community support. These variables rarely function independently; they should always be considered as part of a systematic interaction within the child's life (Roberts, 2002:346-347).

Research also points to an important degree of variability in how children are harmed by their exposure to domestic violence, including children who show mostly behavioural effects, children who show emotional effects and children who do not appear to be strongly affected in either category (Bancroft et al, 2012:3). These findings indicate the importance of developing well-informed responses that avoid, for example, increasing stress for children who are functioning fairly well.

The impact on children of exposure to domestic violence is also unique to each child and depends on the existence and strength of a number of environmental factors (Sawyer and Burton, 2012:29-32). These can be either a source of strength/resilience or a source of risk in determining how the violence will have an impact on their lives.

Violence between parents is estimated to be as frequent as, or more frequent than violence toward children. Women who are victims of severe violence are more likely to use severe violence in resolving conflicts with their children than women who are not (Hampton, 1991:75). In a more recent study, Shannon (2009:312) found that 79% of perpetrators of child maltreatment were parents, and women comprised a larger percentage of all perpetrators than men, 58% compared to 42%. However, research

conducted by Mullender et al (2002:118) shows clearly that most children found their mothers to be crucial sources of support, typically far more so than professionals such as psychologists and counsellors (Humphreys and Stanley, 2006: 54-56).

A child's ability to cope positively with exposure to domestic violence may in part be determined by the quality and quantity of family or parental support (Roberts, 2002:348). The issue of support is crucial in the overall process of empowering children to come to terms with their own situation. Social support theory assumes that exposure to environmental duress leads to personal stress and that social support may act as a buffer after the event occurs (LaViolette and Barnett, 2014:104-105).

2.4.4 How children may try to cope with domestic violence

Coping refers to cognitive and behavioural strategies that children use to manage the demands of a situation when it is stressful or overwhelming. Coping is a way of reducing the stress, or making the situation feel less overwhelming (LaViolette and Barnett, 2014:155).

Children are not affected uniformly by their exposure to domestic violence. Several factors in the lives of children may affect their resilience, including their development of talents and interests (such as athletics, scholastic or artistic capabilities), their access to close relationships with trustworthy adults, their ability to accept self-blame and the strength of their peer relationships (Bancroft et al, 2012:51). Resilience is one's capacity to adapt successfully in the presence of risk and adversity (Jenson and Fraser, 2006:8).

Sawyer and Burton (2012:29-32) have drawn on a range of sources to compile the list of resilience-enhancing factors below:

- Positive relationship with a family member or parental figure.
- Influence of another stable adult figure or figures.
- Positive social support networks and a social role.
- Positive school experiences.

- A sense that one's own efforts can make a difference.
- Personal or 'inherent' qualities, such as good verbal skills, good cognitive abilities, sociability and good self-esteem.
- A child's own 'coping' skills.
- A child's view of him/herself.
- Plans for the future.
- Early and compensatory experiences.

Studies suggest that the mother does not routinely discuss the violence with her children, making it more difficult for them to articulate their feelings and thoughts. These children often also avoid talking about their violent experiences with outsiders for fear of being removed from their homes and taken into foster care (Shipway, 2004:119).

Gorin (Sawyer and Burton, 2012:21) identifies four ways in which children cope in domestically violent situations. These coping responses are more likely to emerge unconsciously than as deliberate strategies, and it is likely that ways of coping will change over time. These responses include:

- *Avoidance or distraction:* This can include physically avoiding the parents or the home environment. Avoidance can also be psychological with children ignoring or refusing to think about their problems. Some children become loners and refuse to discuss their feelings. Others use distractions such as music, television or computers. Some children appear to throw themselves into their school work or a hobby, and some deflect attention from their real lives by making things up to their peers about their home life. Younger children tend to talk to soft toys and pets and create imaginary worlds.
- *Protection or inaction:* Children may start to feel responsible for the well-being of the abused parent. One way this manifests itself in children is through the urge to keep 'watch' for signs of difficulty, which for some children can lead to staying away from school or avoiding going out. In all cases, when children do not take protective action, they may experience feelings of guilt and distress, particularly, but not exclusively, when there is domestic violence or abuse of

their younger siblings.

- *Confrontation or intervention or self-destruction:* The most common way for children to intervene or confront their parents is by shouting at them (this is more likely than physical intervention in domestic violence situations). Few children may try to change their parent's aggressive behaviour by appealing to them.
- *Help-seeking and action:* Telling others about their situation or asking for advice from external sources is not common in domestic violence situations. However, there may be some children who try to do so. Where children are able to discuss their situation, this helps them to make sense of their own feelings and to be involved in considering the best way forward, both of which are factors known to increase their resilience. Unfortunately, when there is pressure to keep things secret within families, this undermines the potential for children to utilise this important coping behaviour.

In the general literature, two overarching issues are highlighted in respect of both self-esteem and coping. First, most research accounts suggest that secure attachment to a non-violent parent is an important protective factor (Sawyer and Burton, 2012:29). In specific relation to domestic violence, strong relationships with mothers can play a protective role in terms of children coping with the situation (Roberts et al, 2006:134). McGee and Jaffe (Harne and Radford, 2008:65) agree that having a close relationship with their mothers has been found to be a major protective factor in lessening the impacts of violence on children. Bancroft et al (2012:51) is also in agreement that children's resilience to any type of traumatic event has been linked to the presence of a 'good' parent or parent-like figure in their lives. For children who have been exposed to domestic violence, this points to the importance, in most cases, of a child's relationship with his or her mother. The second general issue that recurs repeatedly throughout the literature as an important element in coping with domestic violence is having someone to turn to for emotional support (Mullender et al, 2002:119). Children with secure attachment representations cope somewhat better with parental conflict than those with insecure attachment representations (Shaffer, 2005:369).

The role of other relatives is significant; extended family members often provide considerable support (Sawyer and Burton, 2012:16). However, victims of domestic violence may experience difficulties in maintaining positive relationships with extended family members due to the isolating nature of domestic violence. In support, Levendosky (Parker et al, 2006:46) has reported few negative outcomes for adolescents exposed to domestic violence if they have a close relationship with another adult family member. Poor social skills, a direct consequence of being isolated from external interaction, can be enhanced when adult and child victims are educated on how to select friends and establish healthy relationships. They may perceive abusive relationships as 'normal' and may feel some discomfort when relating to a new style of interaction. They should be taught to verbalise their needs and include themselves in the relationship – this will be the key to changing how they relate to others (Hamel and Nicholls, 2007:547).

According to the evidence of Mullender's study (2002:239), children who have witnessed domestic violence want to be listened to, taken seriously and involved in the decision-making process. Wide-ranging coping strategies used by children include helping their mothers deal with the practical and emotional impacts of the violence, intervening directly or getting help, calling the police and taking responsibility for looking after younger siblings, protecting them (Sawyer and Burton, 2012:21) and keeping them away from the violence.

The disruption or loss of supportive emotional attachments has debilitating consequences, not only for the child's immediate psychological well-being, but also for his/her later development (Coplan, Cirardi, Findlay and Frohlick, 2007:391). This is most apparent in the case of young children whose parents are victims of violence. These children frequently experience difficulty in developing an orientation of trust toward others. Emotional effects may include fear, insecurity, anxiety, trauma, withdrawal, anger, difficulty trusting others, conflicted loyalties, depression, stress, feelings of responsibility for the abuse, feelings of shame and guilt, school-related problems, post-traumatic stress disorder and suicidal feelings (Sawyer and Burton, 2012:21; Alabama Coalition Against Domestic Violence, 2010; Johnson, 2008; Pryor and Pattison, 2007; Hampton, 1991). These children are consequently at risk of developing a range of psychological problems predisposing them to deviant behaviour.

This deviant behaviour may ultimately lead to the individual becoming a socially maladjusted member of society.

A positive aspect is that not all children are negatively affected in the same way by witnessing parents in conflict. The better the relationship between child and parent (even just one parent), and the greater the capacity to talk honestly about the child's feelings about the home situation, the more effective the buffer to some of the negative effects. Roberts (2007:219) agrees that despite the increased risk of poor outcomes, some children display remarkable resilience in the face of exposure to violence. Such resilience may be moderated by the level of violence, degree of exposure, the child's exposure to other stresses and his or her innate coping skills. This resilience may also be attributed to children being able to talk about the problem and the presence of another adult who can both mediate the experience and encourage coping skills. Thus, for reasons that cannot quite be explained, some children are simply constitutionally more adaptive to negative situations (Wexler, 2006:184). Some children just have better coping strategies and therefore, have more resilience (Roberts et al, 2006:133). While there is a clear link between being exposed to domestic violence during childhood, development of mental disorders and engaging in violent behaviours as an adult, many maltreated children do not demonstrate violent behaviour as adults (Ross, 2010:82).

It is useful to understand the concept of resilience, not as some form of innate toughness inherent in only a few individuals, but as a human capacity that can be developed and strengthened in all people. Resilience can be developed through relationships, specifically through growth-fostering relationships. This understanding is useful in determining the differential patterns of response that can be observed in situations of domestic violence (Itzin et al, 2010:41).

One sibling group revealed the differences that age and the children's own choices can make in dealing with domestic violence. The eldest child, a boy, reported having seen little of the violence. As he became older, he chose to leave the house. The next eldest, a girl, had the greatest awareness of the violence, but had tried to avoid witnessing it and had attempted to protect her younger sisters. The youngest child interviewed, also a girl, had clearly seen more than the other two, partly because she

had tried to protect her mother and another much younger sister, by being present (Mullender et al, 2002:94).

Denial, rationalisation (making excuses for the abuser or self-blame) and minimization (pretending that the abuse is not as bad as it really is) are coping skills developed in order to survive a confusing and painful experience (Rosenberg, 2007:187). Temperament is another factor which can buffer children against adverse experiences or increase their risk of poor adjustment. Child development research (Roberts et al, 2006:136) suggests that children with 'easy' temperaments are sensitive to the positive aspects and less responsive to the more negative aspects of their social environment.

Children's responses may alter over time as circumstances change and children adopt different coping strategies (Cleaver and Nicholson, 2007:22). Lazarus and Folkman (Shelton and Harold, 2007:498) have defined coping as a 'constantly changing cognitive and behavioural effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.'

On-going parental conflict can damage children in many ways. The dysfunctional lifestyles of parents in partner abuse situations are a cause of concern for their children (Moloney, 2006:42). Some children cope with overwhelming feelings by dissociating; this is a protective response, where, unconsciously, children temporarily shut down or disengage from their environment so they do not have to feel hurt any longer (Sterne and Poole, 2010:33). In school, children who dissociate may even present as being in their own world, unresponsive to unpleasant things that are happening around them. When their primary caregivers have been violent, children try to cope by emotionally numbing themselves and avoid thinking about or even resort to forgetting the worst incidents (Kagan, 2004:39). Yet, they have a tremendous capacity to survive and heal. A little love can go a long way.

Children may experience different types of abuse (Roberts et al, 2006:22-23), each of which may contribute differently to their behaviour and choice of coping mechanisms. The types of abuse will be discussed in the following section.

2.5 TYPES OF ABUSE

It is notoriously difficult to estimate the full extent of domestic violence. Incidents often go unreported, compounded by women's fears and shame about having experienced domestic violence, and by widely held beliefs about privacy and the myth of the happy nuclear family (Hague and Malos, 2005:10).

It is easier to measure incidents of physical and sexual abuse compiled from police reports than it is to measure incidents of verbal abuse, intimidation, possessiveness, isolation and the like. Nevertheless, psychological abuse (Hamberger and Phelan, 2004:122) is a severe form of mistreatment that should not be overlooked (Crowe et al, 1996:28). Lack of support (both personal and social) creates a dilemma for battered women, which keeps them trapped in their relationships (LaViolette and Barnett, 2014:105). Psychological abuse can be more damaging than physical attacks because the psychological abuse can lead to traumatic bonding (Wallace, 2002:188), which tends to keep the victim in a relationship, therefore exposing the children to further episodes of domestic violence.

It is quite common to hear the questions, 'Why do women stay in abusive relationships?' or 'Why don't the wives leave?' The fact is that reasons for staying are very complex, and can be dangerous. The victim is usually afraid of the social price she may have to pay, namely, what people will say when they find out (Asay et al, 2014:100). Leaving could mean living in fear of being stalked, fear of losing custody of any minor children, losing financial support and experiencing harassment at work. Moreover, if the abuser is economically abusive and withholds all family money, leaving a relationship can lead to additional hardships (Basinskaite et al, 2011:25).

Permanently breaking the cycle of violence by leaving the abusive partner is difficult and challenging. One of the most difficult challenges is finding a safe place for the battered woman and her children to stay temporarily while she is transitioning to more stable housing, obtaining crisis-orientated support, securing a divorce and custody of the children, finding a career and establishing a caring support system (Roberts, 2007:110).

Many women are too afraid to trust law-enforcement officers. In South Africa, there is widespread corruption among law-enforcement officers. This corruption is evident in the recurrent disappearance of dockets, low conviction rates, bribery and police assertions that many women lie about abuse (Asay et al, 2014:5). Women and children have reported many barriers to disclosure at individual, family and societal levels. Reasons given by women for not disclosing their abuse can be understood from both an internal and an external perspective, presented in the table below.

Table 2: Barriers to disclosure by women who are exposed to domestic violence (Roberts et al, 2006:82)

Internal barriers	External barriers
<ul style="list-style-type: none"> • Embarrassment and shame. • Denial or minimisation of abuse. • Emotional bonds to partner. • Hope for change. • Staying for the sake of the children. • Normalisation of violence. • Fear of reprisal from their partners. • Depression. • Feeling that they will not be believed. 	<ul style="list-style-type: none"> • Social isolation. • Perception that crisis support services will not be able to help often due to previous negative experiences. • Perception that health professionals are there for physical problems only. • Concern about confidentiality of information given to health care professionals. • Racism and culturally inappropriate services.

The nature of abusive relationships can be lethal. Without effective early intervention, abuse in relationships can escalate in severity and sometimes lead to death. When battered women are killed by their partners it frequently occurs after they have taken action to leave the relationship. Women who leave their abusive partners are at a 75% greater risk of being killed than those who stay (Wilson, 1997:29).

Unfortunately, when a batterer murders his partner, the tragedy is often portrayed as an unintentional ‘crime of passion’ that has been caused by the man’s overwhelming love for the woman. Murder is, however, the ultimate expression of the batterer’s need to control his partner’s behaviour. Research indicates that when women kill it is much

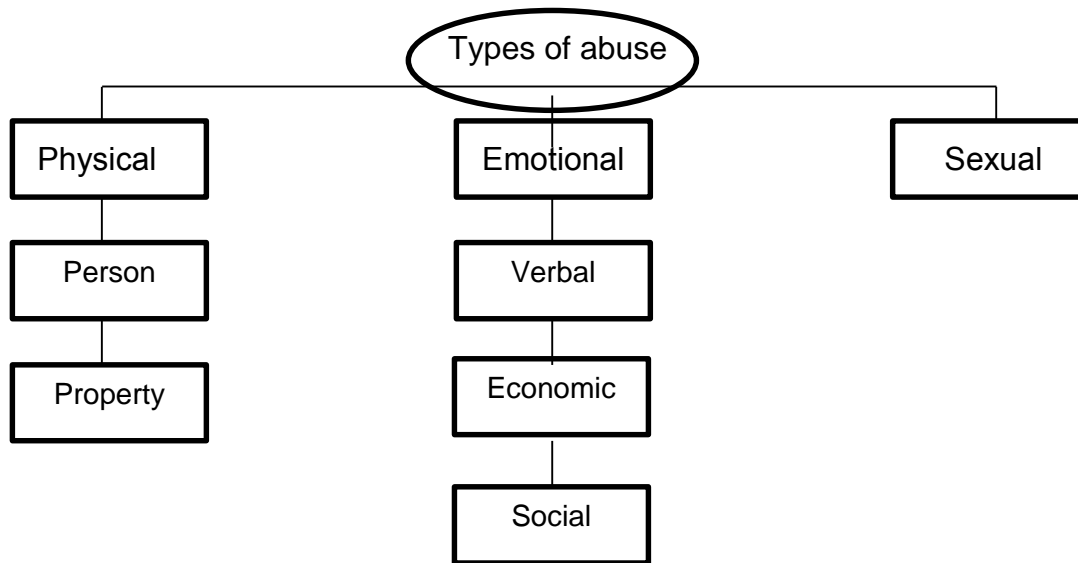
more likely to be in self-defence than when men kill. Battered women who resort to homicide have tried, often repeatedly and unsuccessfully, to obtain protection from their batterers (Wilson, 1997:29). Only a very small percentage of battered women kill their abusers to end the violence (Shannon, 2009:152).

Not all abusive relationships involve physical violence. Many families suffer from emotional abuse, which is no less destructive. Emotional abuse of children remains the least understood and exposed because its effects are insidious and are not necessarily visible in the form of physical scarring. Emotionally abusive relationships can destroy self-worth, may lead to anxiety and depression, and may make the victim feel helpless and alone. Unfortunately, emotional abuse is often minimized or overlooked, even by the victim (Smith and Segal, 2014).

The Australian Public Health Association employs a broad definition that includes abuse of a physical, emotional or sexual nature, with examples (Roberts et al, 2006:22-23) as outlined below:

- Physical abuse causing pain and injury, denial of sleep, warmth or nutrition, denial of needed medical care, sexual assault, violence to property or animals, disablement and murder.
- Verbal abuse in private or in public, designed to humiliate, degrade, demean, intimidate, subjugate, including the threat of physical violence.
- Economic abuse, including deprivation of basic necessities, seizure of income or assets, unreasonable denial of the means necessary for participation in social life.
- Social abuse through isolation, control of all social activity, deprivation of liberty, or the deliberate creation of unreasonable dependence.

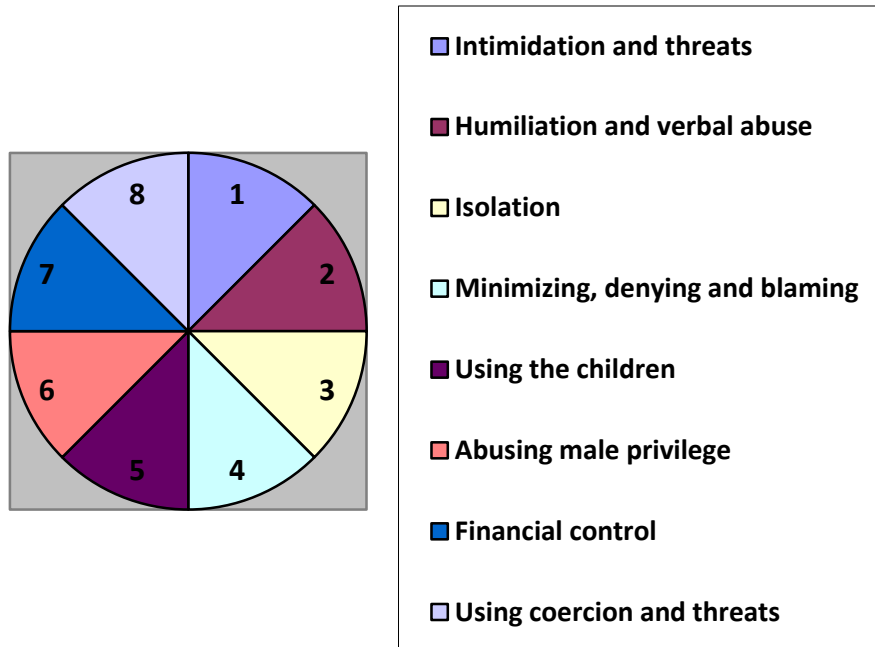
Diagram 2: Types of abuse in intimate relationships (Roberts et al, 2006:22)



The aim of emotional abuse is to chip away at the victim's self-worth and independence (not just the spouse, but the children as well). Despite what many people believe, domestic violence and abuse are not due to the abuser's loss of control over his behaviour. In fact, abusive behaviour and violence are a deliberate choice that has been made by the abuser in order to control the victim (Asay et al, 2014:203).

The Power Wheel depicted overleaf comprises tactics that are used by the abuser to manipulate his victims and exert his power. It identifies behaviours that an abuser uses to exert control and power over an intimate. He exerts his sense of power in a calculated way, one which may not seem to have any logic, but it does - in his mind. Furthermore, he has a sense of order and disorder that he chooses to impose on his partner, and he expects her to submit (Rosenberg, 2007:6). The cycle of abuse in a family context will be discussed in the section that follows.

Diagram 3: The Power Wheel: The tactics used by abusers to emotionally manipulate the victim and exert their power (Wallace, 2002:184)

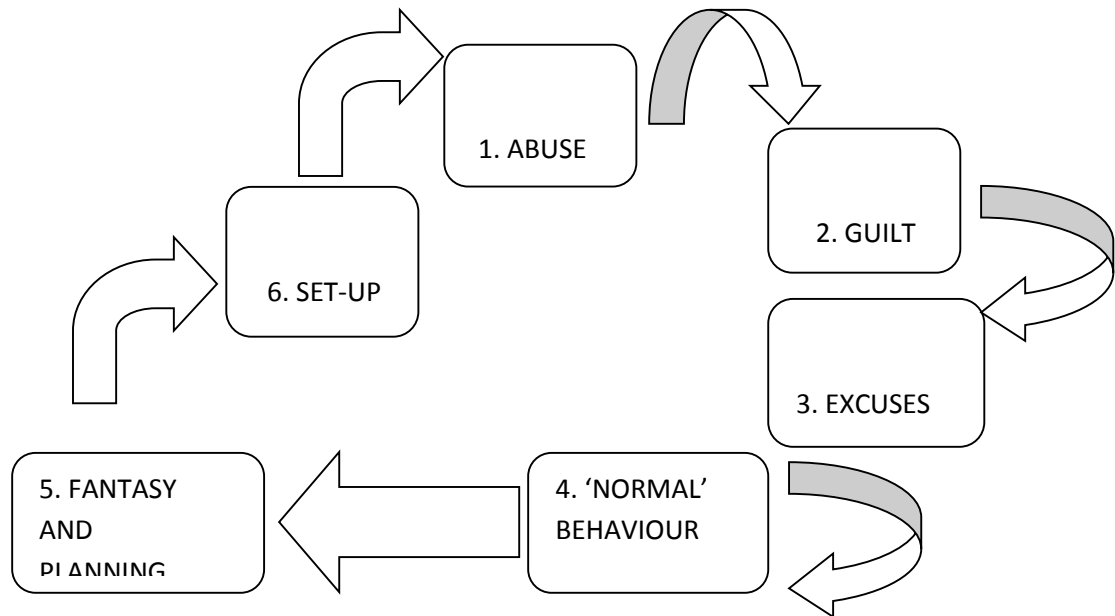


2.6 THE CYCLE OF ABUSE

Although each case of abuse has its own specificity, each one follows a certain plan that is known in a psychological context as the cycle of a violent act. Domestic violence is intentional behaviour. The purpose of domestic violence is to establish and exert power and control over the partner. Perpetrators use a wide range of coercive and abusive behaviours against their victims. Some of the abusive behaviours result in physical injuries that harm the victim both physically and emotionally or involve emotionally abusive behaviours that are psychologically damaging to the victim (Basinskaite et al, 2011:200).

The six steps in the cycle of violence in domestic abuse have been investigated and are depicted diagrammatically as follows:

Diagram 4: The six steps in the cycle of abuse (Smith and Segal, 2014)



1. **ABUSE:** The abusive partner lashes out with aggressive or violent behaviour. The abuse is a power play designed to show the victims (wife and children) 'who is boss'.
2. **GUILT:** After the abusive episode, the abuser feels guilt, but not over what he has done. He is more worried about the possibility of being caught and facing consequences for his abusive behaviour.
3. **EXCUSES:** The abuser rationalises what he has done. He may come up with excuses or blame the victims for the abusive behaviour – anything to avoid taking responsibility.
4. **'NORMAL' BEHAVIOUR:** The abuser does everything he can to regain control and keep the victims in the relationship. He may act as if nothing has happened, or turn on the charm. This peaceful honeymoon phase may give the victims hope that the abuser has really changed this time.
5. **FANTASY AND PLANNING:** The abuser begins to fantasize about abusing the victims again. He spends extensive time thinking about what the victims may have done wrong and how he will make them pay. Then he makes a plan for turning the fantasy of abuse into reality.
6. **SET-UP:** The abuser sets the victims up and puts his plan in motion, creating a situation where he can justify abusing the victims again.

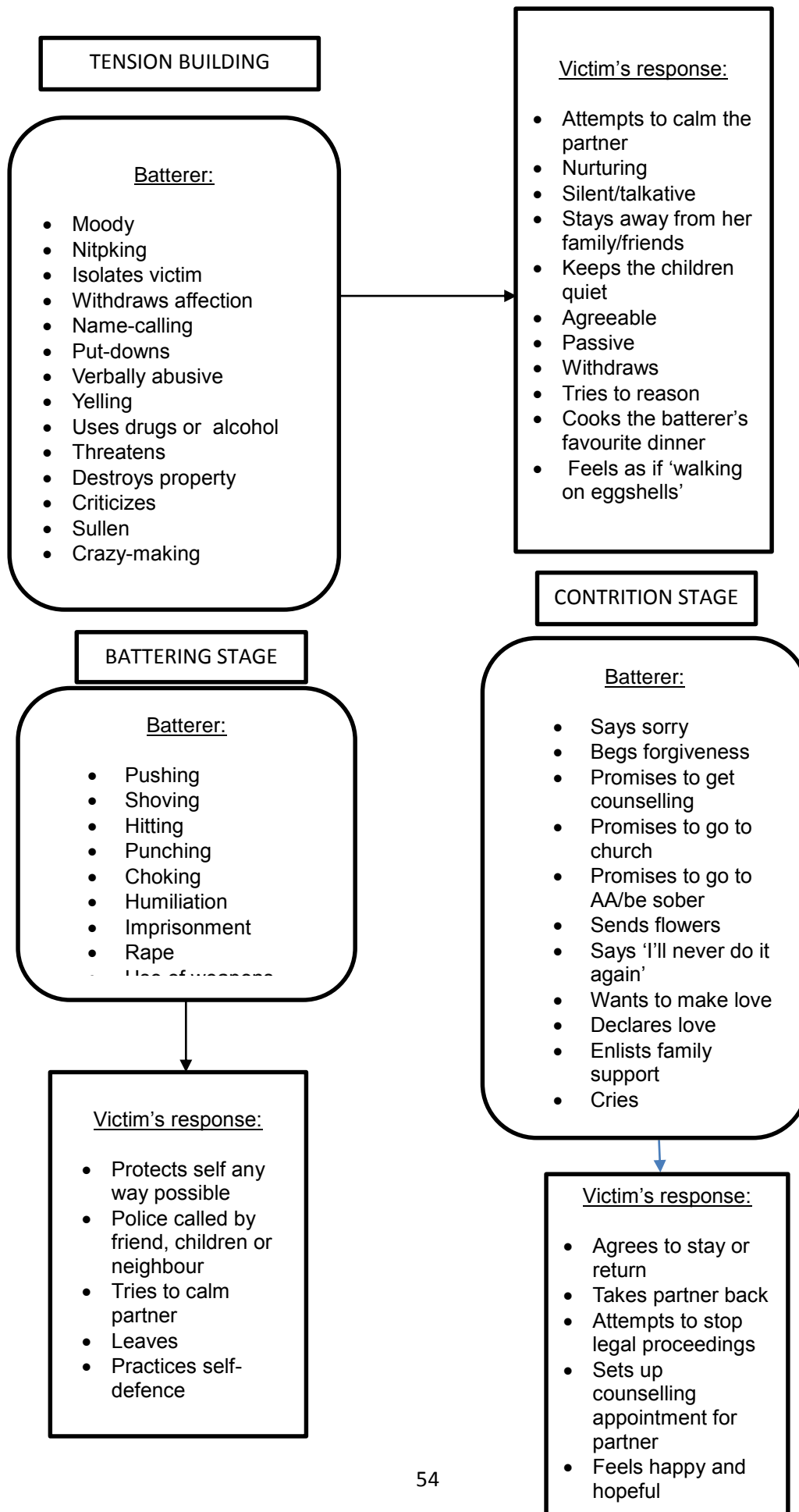
Domestic violence usually occurs in a cycle with three general stages (Shannon, 2009:90-91).

- First, the abuser uses words or threats, perhaps humiliation or ridicule.
- Next, the abuser explodes at some perceived infraction by the victim, and the abuser's rage is manifested in physical violence.
- Finally, the abuser 'cools off' and asks for forgiveness and promises that the violence will never occur again. At this point, the victim often abandons any attempt to leave or to have charges brought against the abuser.

Typically, the abuser's rage begins to build again after the reconciliation, and the violent cycle may be repeated again.

The three general stages in the cycle of abuse have been mentioned by Arriaga and Oskamp as early as 1999 and again more recently by Roberts in 2007. The researcher presents examples of the actions and responses of both the batterer and the victim in the diagram below.

Diagram 5: The three general stages in the cycle of abuse (Roberts, 2007:459)



Those who are unfamiliar with the dynamics of domestic abuse and violence are generally confused and amazed that women do not quickly and resolutely choose to leave the abusive situation (Rosenberg, 2007:183). However, one needs to remember the psychological and/or financial abuse to which the batterer exposes his victims. There are many aspects which make it very difficult for the victim to leave.

Bancroft et al (2012:49) argue that, in many cases, one of the principal responsibilities of an evaluator is to assess the level of bonding between a batterer and his children. Such a determination is complicated by the fact that abuse of any kind, including direct child abuse, does not necessarily lead to distant, superficial or overtly fearful relationships. In fact, as the literature on traumatic bonding demonstrates, systematic abuse – particularly of a kind that involves cycles of intermittent fear and kindness – can lead to the formation of unusually strong but unhealthy bonds and can foster the victim's development of potent dependence on the abuser.

Dutton and Painter term the process of forming strong emotional ties in a relationship, where one person intermittently abuses, harasses, threatens, beats or intimidates the other, as traumatic bonding. One important aspect of attachment formulations is that they help clarify the finding that love and violence do not seem to be opposite forces as one might expect, but may co-exist (LaViolette and Barnett, 2014:109).

Traumatic and unhealthy bonding can induce the child to become increasingly focused on the needs, wants and emotional state of the abusive adult, which is his/her best attempt at maintaining safety for himself/herself. It also simultaneously causes the child to lose focus on developing his/her abilities or engaging with the world (Whitten, in Bancroft et al, 2012:51).

Rosenberg (2007:184) debates that many people in the service professions (therapists, counsellors, educators, social workers) want to 'fix' domestic violence by blaming it on the characteristics of the parents involved. They may see a 'profile' of battered women as individuals who are dependent, depressed and isolated, with low self-esteem, implying that these traits make them vulnerable to battering or elicit abusive behaviour in their partners. The following explores how not to be an abused woman (Mullender, 1996:47-48, via Women's Aid):

- DON'T dress up when his friends come round. He'll say you're making up to them.
- DON'T look a mess when his friends come round. He'll say you're trying to show him up.
- DON'T ask your friends round. He won't want the house full of chattering females.
- DON'T not ask your friends round. Are you ashamed of him or something?
- DON'T have supper on the table when he gets in. He'll think you're getting at him for being late.
- DON'T let supper be late. The least he deserves when he gets in after a hard day's work is to have his supper on the table.
- DON'T let the children stay up until he gets home. He'll be too tired to be bothered with a lot of screaming kids.
- DON'T send the children to bed before he gets there. Do you want them to forget their father?
- DON'T ask him what sort of day he's had. You should be able to see just by looking at him that it's been dreadful.
- DON'T forget to ask him how his day was. A woman should show some interest in what her man is doing.
- DON'T tell him about your day. He doesn't want to hear a lot of complaints when he's just got in from work.
- DON'T not tell him about your day. Are you sulking or what?
- DON'T put on a sexy negligee at bedtime. You look ridiculous, and anyway, whose money do you think you're spending.
- DON'T go to bed in your pyjamas. It would be nice if a man had something attractive to sleep with occasionally.
- And lastly... When he hits you, DON'T fight back. You'll make it worse, and DON'T, whatever you do, cower away. It'll make him feel guilty, so he'll hit you even more.

It is clear from the above examples that battering is in no way the fault of the victimised woman. If a man chooses to be violent, he will be. He merely likes to create a reason first, to feel justified in his actions. Many women end up in therapy working on ways to

change their behaviour to stop the violence. It is a mistake to view the results of abuse (dependence, depression, isolation, low self-esteem) as the cause. These characteristics are normal reactions to being victimised (Rosenberg, 2007:184), but one must remember the responsibility for abuse always lies with the perpetrator (Itzin et al, 2010:32).

Conflict between parents is commonplace and there is a large body of research (Johnson, 2008; Wexler, 2006; Davies, 2004; Cooper, 1999; Bergen, 1998; Wilson, 1997) that has examined the impact of physical and verbal conflict between parents on their children. Domestic violence perpetration involves a definable and identifiable pattern of attitudes and behaviours. Batterers share key characteristics, each of which has important implications for the experience of children in the home (Bancroft et al, 2012:32).

As cited in Pryor and Pattison (2007:72), exposure to domestic violence poses significant risks for children's well-being; this includes both internalising problems (anxiety, loss of self-esteem, depression) and externalising problems (behaviour problems, conduct disorders). The four characteristics of parental conflict that are known to put children at significant risk for adverse outcomes are frequency, intensity, lack of resolution and involvement of children (Pryor and Pattison, 2007:76).

Generally, children's lives are rendered unstable, unpredictable and inconsistent due to the behaviour of the violent parent. In these households, aggression and submission are frequently and successfully used as conflict resolution styles. Even between abusive episodes, an aura of tension permeates the household, causing continuous stress and anxiety. Children living in the domestically violent home are at risk for emotional, behavioural and social adjustment problems that may or may not be apparent (Bancroft et al, 2012:46).

2.7 CHILDREN LIVING IN A DOMESTICALLY VIOLENT HOME

The family environment of highly conflicted spouses is typified by their distrust, fear, anger, bitterness and blame of one another (Johnston, 2006:15). The parents are often unable to communicate and cooperate over the care of the children. Consequently,

the shadow of past domestic violence and the threat of its reoccurrence are common (Johnston, 2006:15).

Educators and parents need to recognise that children's understanding of living with domestic violence is evident at both an emotional and social level, and that it may have a grave impact on their lives (Mullender et al, 2002:58). At different times, or at one and the same time, they may be feeling upset, angry, scared and confused. The researcher also argues that educators need to be aware that children have their own complexities of emotion. They need to ask the children directly how they are feeling if their experiences are to be fully understood by the educators.

Studies show that up to 76% of batterer-perpetrated pet abuse incidents occur in the presence of children (Shannon, 2009:105). Batterers have been widely reported to be cruel to pets or to kill them, which is considered important in the light of the strong attachments that children form with pets (Bancroft et al, 2012:42). As much as 55% of domestic violence victims and their children report that their pets are very important sources of emotional support, thus violence toward pets may be especially devastating and viewed as another form of family violence (Shannon, 2009:107).

Real abuse and abiding distrust conspire together to compromise parenting capacities in these families, with the result that these children are at the greatest risk from insidious forms of emotional and social maltreatment (Johnston, 2006:16). Growing up with denial of the abuse distorts the children's reality, as it does that of the parents. If the parents, neighbours and relatives all pretend that nothing terrible is happening, the children will learn to doubt the 'tight feeling in their stomachs, which says that something is wrong' (Rosenberg, 2007:189).

In the following sub-sections, the link between domestic violence and child abuse will be discussed, as well as ways to identify the child living in a domestically violent home. Classifying children who have been exposed to domestic violence and their problematic behaviour will also be discussed.

2.7.1 The link between domestic violence and child abuse

Johnson states (McCue, 1995:102) that the presence of domestic violence is the single most identifiable risk factor for predicting child abuse. Humm (2014) agrees that studies of abused children in the general population reveal that nearly half of them have mothers who have also been abused, making wife abuse the single strongest identifiable risk for child abuse. Reiss and Roth (1994:192) also found that extreme violence toward women can be associated with violence toward children. Therefore, children who have been exposed to domestic violence are more likely to be abused themselves (Itzin et al, 2010:4).

Most domestic violence as well as most serious child abuse are committed by men. Bergen (1998:27) is of the opinion that there is a strong likelihood that both these occurrences are related. A study has been conducted in which information was obtained from a British Shelter. It was revealed that 54% of abusive husbands and 37% of abused wives have also abused their children (Bergen, 1998:27). This would make domestic violence almost synonymous with child abuse (Itzin et al, 2010:4) and certainly its single most important context.

There is a considerable body of research that shows children who grow up in families where there is domestic violence and parental drug or alcohol misuse are at increased risk of significant harm (Cleaver and Nicholson, 2007:21). Child witnesses to domestic violence, even if not directly assaulted themselves, have an increased risk of developing behavioural, emotional and social problems (Shelton and Harold, 2007:509). In addition to the trauma of witnessing spousal abuse, children may themselves become victims of assaults, either directly or indirectly (Roberts et al, 2006:129). In families where domestic violence occurs, there is a 45% to 60% chance that children will also be the target of abuse. In homes where there is domestic violence, children are abused at a rate fifteen times higher than the average (Domestic Violence Statistics, 2012).

Children often try to protect the victimised parent, and when they do, their risk of physical injury increases substantially (McKendrick and Hoffman, 1990:265-266). Cleaver and Nicholson (2007:21) agree that children are witnesses, to a greater or

lesser extent, to every aspect of domestic violence against their mothers and may be physically injured during such incidents, either by accident or because they attempt to intervene. Children are ideal victims of abuse because they are in the early stages of their physical development and are psychologically immature; they are often considered inferior or the 'property' of adults, they are not considered to have rights and are obliged to obey adults (Asay et al, 2014:155-156).

Boundary violations between adult abusers and children are more likely, with a greater incidence of child sexual abuse being reported in domestically-abusive families (Johnston, 2006:22). Once again, these children are at a greater risk of falling prey to other child-predators as well. Another abuser (not within the domestic household) may take advantage of the fact that this child is too fearful of his/her father to ever report other abuse that may happen outside of the home. The researcher agrees with Cleaver and Nicholson (2007:21) that children in domestically violent homes are at a greater risk of other types of abuse occurring as well.

The emphasis on strict discipline and the use of physical punishment by some parents are often justified as necessary to prepare children for the hostile experiences they may face as adults. Others have suggested that when children are disobedient, or acting in ways that are unacceptable to their parents, physical discipline may be effective (Miller and Knudsen, 2007:145). An extensive body of literature that documents the negative aspects of corporal punishment provides three basic and interwoven arguments (Miller and Knudsen, 2007; 145) against its use:

- From a moral position, violence is inappropriate, particularly when age differences are significant.
- From a practical approach, spanking does not change behaviour; it only stops the immediate act.
- From a consequential view, all violence has negative effects, often long-lasting.

In August 2006, the United Nations (UN) Secretary General received an in-depth global study of violence against children by an independent expert, Paolo Sergio

Pinheiro. This study begins with the main recommendation that no violence against children can be justified and that all violence is preventable. Specifically, Pinheiro states: 'The study should mark a turning point – an end to adult justification of violence against children, whether accepted as 'tradition' or disguised as 'discipline'. There can be no compromise in challenging violence against children. Children's uniqueness – their potential and vulnerability, their dependence on adults – makes it imperative that they have more, not less protection from violence' (Giardino and Giardino, 2010:142).

The Royal College of Psychiatrists document, *Domestic Violence*, states that: 'Domestic violence or serious conflict between adults in the home is especially harmful to children, and when persistent, should be considered as a form of emotional abuse and a child protection issue' (Keeling and Mason, 2008:47). The UK Court of Appeal (Keeling and Mason, 2008:47) also declared that although it may not necessarily be widely appreciated that violence against a partner involves a significant failure in parenting, it is failing to protect the child's carer and failing to protect the child emotionally.

Children's experiences of and exposure to domestic violence can be considered a violation of rights contained within a range of documents which function as international instruments and domestic law. The United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child both require states to provide protection to children from all forms of physical or mental violence, injury or abuse, neglect or maltreatment while in the care of parents or guardians (Waterhouse and Nagia-Luddy, 2009:1). Children specifically are provided with the right to protection from maltreatment, neglect, abuse or degradation in Section 28 (1)(d) of the South African Constitution.

Domestic violence can also affect parents' ability to control their own emotions in an effective and emotionally mature way. Severe mood swings, which may result from substance abuse or domestic violence, may frighten children and leave them feeling uncertain, anxious and over-vigilant. This may have considerable consequences for child-parent attachment patterns and therefore children's feelings of emotional safety, quite apart from the implications for their physical safety (Cleaver and Nicholson, 2007:21-22).

Importantly, the Children's Act (Act 38 of 2005) sets out factors (Waterhouse and Nagia-Luddy, 2009:2) to be taken into account when considering the best interests of the child in the family environment:

- The child's physical and emotional security.
- The need to protect the child from any physical or psychological harm that may be caused by subjecting the child or exposing the child to harmful behaviour.

These provisions set out the basis for recognising children as victims of domestic violence. For any child living with violence, the basic need for a safe, secure home goes unmet. Children of battered women are victims, regardless of whether or not they are the direct recipients of violent acts (Wilson, 1997: 30).

Given the normally confidential nature of domestic violence, it may be very difficult to identify the children living in a domestically violent home. However, there are various symptoms that some victims may exhibit. These will be discussed under the next heading.

2.7.2 How to identify children living in a domestically violent home

According to Sterne and Poole (2010:12), domestic violence is often a family secret. Few other adults may even come into a child's life, so the child may feel there is no one he/she can trust or turn to for help. Children may also fear others' disbelief. Some children learn from a young age that the abuse is not something they should speak about, that it would be a betrayal. They may live in fear of punishment by the abuser or of being taken into foster care.

Those working with children should be aware that the failure to recognise violence results from two main circumstances: the prevalence of violence in society which desensitizes people to its presence (Asay et al, 2014:5), and the secrecy which surrounds some settings in which violence occurs, such as the privacy of the home

(Asay et al, 2014:83). Debate continues on the appropriateness of routine enquiry concerning domestic violence. While we await a definite answer it must be acknowledged that the lack of education and training for health care providers is having a detrimental effect on survivors who choose to disclose the violent circumstances in the home (Keeling and Mason, 2008:77).

It is impossible to know with certainty what goes on behind the closed doors of homes, but there are some tell-tale signs and symptoms of emotional abuse and domestic violence (McCarthy and Edwards, 2011:53). Children who have been subjected to physical violence within domestic and family settings are often afraid to speak out. They may keep silent either in response to threats from the perpetrator or from a sense of loyalty. They also worry about the family break-up should they be taken into care by social workers and the perpetrator sent to prison. Both women and children may also individualise the violence and abuse, and see it in some way as their own fault (McCarthy and Edwards, 2011:53).

Violence may affect many areas of development in children exposed to domestic violence. Expressions of symptoms can be observed in multiple areas of functioning including school, with peers and personal functioning (Roberts, 2007:182).

Depending on the child's position in the family, as well as the level and frequency of domestic violence the child has witnessed, school-aged children may exhibit the following behaviours (Mignon et al, 2002:43; Mullender and Morley, 1994:227):

- Approval-seeking behaviour
- Low frustration tolerance or infinite patience
- Temper tantrums
- Fighting with siblings and/or class mates
- Bullying
- Substance abuse
- Delinquency
- Criminality

The following table illustrates how some child victims of domestically violent homes demonstrate different types of school-specific behaviour, adapted from a range of sources (Sawyer and Burton, 2012:20; Mignon et al, 2002:43; Mullender and Morley, 1994:227).

Table 3: Different types of behaviour exhibited by children living in the domestically violent home

Some children demonstrate a specific extreme behaviour:	Others will demonstrate the opposite extreme behaviour:
<ul style="list-style-type: none"> • Impaired concentration spans • Poor school attendance • Clumsy or accident-prone behaviour • Fear of attending school • Labelled an underachiever at school • Erratic school attendance • Difficulty with punctuality • Reluctance to socialise 	<ul style="list-style-type: none"> • Excellent academic work • Perfectionistic standards, harbouring a tremendous fear of failure • Being the ‘parentified child’, especially the oldest child (the ‘parentified child’ refers to a child who has been robbed of his/her childhood by having to be overly responsible in order to look after other family members, often younger siblings) • Participation and excellence in extra-curricular activities

The situation of domestic violence can lead to erratic school attendance or difficulties with punctuality for many children. The anxiety that many children feel about their victimised parent affects their ability to concentrate whilst in school. Some children may leave school early or phone parents during the day to check up on them (Sawyer and Burton, 2012:20). In cases of domestic violence, children have reported fearing that their abused parent will either be killed by their abusive parent, or attempt suicide due to depression, whilst they are at school, thus adding to their concentration difficulties.

For some children, school can be a great source of stability and distraction from their problems at home and many perform very well at school because they view school as a haven. However, some children do express a reluctance to confide in educators and others who may be a potential source of support, as they may fear poor responses from schools, including the fact that their privacy may be compromised (Sawyer and Burton, 2012:20). Keeping the secret of domestic violence can lead to children and young people feeling burdened and separate from their friends and others from whom they must keep the secret. This has an impact on their social interaction (Sawyer and Burton, 2012:21). Fear of social relationships undermines group learning and collaborative education (Mignon et al, 2002:43).

Infants exposed to violence may have difficulty developing attachments with their caregivers and, in extreme cases, suffer from failure to thrive (Shannon, 2009:305). Preschool children are more likely to demonstrate anxiety in physical ways, such as stomach aches or headaches, sleep disturbances, separation anxiety, whining and clinging behaviour, or failure to thrive (Shannon, 2009:91). Children of primary school age are recorded as being likely to present broader-based fears and behaviours, such as fearing their own or others' anger, abandonment, being killed or a parent being killed (Sawyer and Burton, 2012:20). Eating disturbances such as over or under-eating or hoarding food are also common. Many children try to control the tension at home, or become insecure and distrustful. Adolescents may escape into drugs, they may run away, or may fall victim to early pregnancy (Shannon, 2009:59) or marriage. They may have suicidal thoughts or actions, or have a tendency to offend others or manifest violent behaviour (Mignon et al, 2002:177).

The researcher argues that early detection of an abusive situation is crucial, with specific reference to violence in a family context. Developing a view of oneself as valued is an important part of self-concept. This can potentially be undermined by the nature of domestic violence and the lack of positive reinforcement by parents. At worst, this can lead to children lacking confidence and feeling 'unlovable' (Sawyer and Burton, 2012:22). This can also lead to the children avoiding future social and intimate relationships with other people, further hampering their socialisation.

Research has shown that the length of time children have been living with domestic abuse has more impact on children's stress levels than the degree or severity of violence (Sterne and Poole, 2010:7). Therefore, early detection is very important if the effects of domestic violence are to be mitigated.

An account is provided of the seven stages of the assessment process where there are safeguarding concerns relating to a child. The following are proactive services for children at risk from harm (Bentovim, Cox, Miller and Pizzey, 2009:279):

Stage 1: Identification of harm and initial safeguarding.

Stage 2: Making a full assessment of the child's needs, parenting capacity, family and environmental factors and levels of harm.

Stage 3: Establishing the nature and level of harm and harmful effects.

Stage 4: Assessing the likelihood of response to professional intervention in the context of the level of the child's needs, the level of parenting capacity and family and environmental difficulties.

Stage 5: Developing a plan of intervention to include therapeutic work in a context of safety and protection from harm.

Stage 6: Rehabilitation of the child when living separately from the family or moving on from a context of protection and support.

Stage 7: Placement of the child in a new family context where rehabilitation is not possible.

If the aim of the intervention is to reduce violence, the appropriate response is to expose the possibilities of violence or violence itself, and to educate people about the negative and damaging consequences of violent behaviour. Once the child exposed to domestic violence has been identified, one must be careful as to how the child is classified.

2.7.3 Classifying the children who have been exposed to domestic violence

A related insight associated with symbolic interactionist theorizing is that the individual is both 'a social product and a social force'. Thus, children are not only influenced by their environments but also, as 'active agents', influence these environments

(Giordano, 2010:31). Martineau (as cited by Davies, 2004:44) believes that classifying children as deviant threats or innocent victims is misleading and short-sighted because it fails to nurture their ability to act in the world. The politics of childhood acknowledges that children have the capacity to increasingly influence, participate in and contribute to the larger social world.

Children draw on parents' definitions and views of self, but they are not exact replicas of the parents. Instead, they reflect upon and then act on the basis of their own unique biographies and emerging consciousness as to what they are like and who they want to be. These ideas are important toward an understanding of continuities as well as discontinuities across generations (Giordano, 2010:32). Those working with children from violent homes need to be aware that living with conflict is harmful to children. There is a danger that if the focus is solely on the harm caused, a sense of hopelessness may be fostered and a belief that their lives have been damaged beyond repair. This could lead to a feeling of powerlessness to bring about positive changes in the lives of children exposed to violence in the home (Iwi and Newman, 2011:69).

It is important to remember that children, like their mothers, have their own resourcefulness and coping strategies. If a professional considers a child living with domestic violence as a passive victim, he/she may overlook both some of the dangers (children actively doing things that draw the violence toward them) and some of the personal strengths the child will be able to use to survive (Itzin et al, 2010:4).

A key message to convey to youngsters, particularly boys, is that growing up with domestic violence does not mean a young person is destined for violent relationships in adult life, either as an abuser or a victim (Natarajan, 2007:304). In fact, many children will be determined never to abuse others when they are adults, and they never do. There is a whole body of research (Mignon et al, 2002:31) about resilient children who excel as parents despite terrible abusive experiences as children. Unfortunately, parents and other figures of authority may fall into the trap of making comparisons between an angry child and a violent parent, for example, a mother who keeps telling her son he is 'just like his dad', while speaking negatively about his father within his hearing (Sterne and Poole, 2010:98).

Children may be labelled as controlling, aggressive and bad, and these labels can start to define them. If the labels are repeatedly reinforced by authority figures, children can become locked into this view of themselves. The labels can become part of their identity. Young people may feel they have no control over their anger and aggression, that it is part of who they are and that the cycle of violence is inevitable (Sterne and Poole, 2010:98). Researchers often turn to the possibility that violence is learned by children through watching their parents. This is referred to as intergenerational transmission of abuse (Roberts, 2007:456). The intergenerational transmission of violence is accepted by most people as reality and by some as a kind of destiny (Mullender et al, 1996:151), although it must be mentioned that there is no evidence to suggest that the intergenerational transmission of violence is inevitable. However, children from domestic violent homes are very likely to demonstrate disturbing behaviour, either aggressive or non-aggressive.

2.7.4 The disturbed behaviour of children who have been exposed to domestic violence

Mullender and Morley (1994:227) are of the opinion that school-aged children may believe that domestic violence is their fault because they are 'bad' and so they may act in a manipulative manner in an attempt to reduce the tension at home. Some children believe their presence will protect their mother (Sawyer and Burton, 2012:20) while others feel their presence causes the conflict and they may even avoid being at home. Eating disorders such as over-eating, under-eating or hoarding food, and sleep disorders are also possible clues pointing to an abusive home (Alabama Coalition against Domestic Violence: 'Effects of domestic violence', 2010).

Emotionally and behaviourally disturbed children rarely make direct requests for help themselves, but often the disturbed behaviour is a signal of past or ongoing stress (Cooper, 1999:119). Regardless of their age, children living with domestic violence tend to have a strong sense of isolation (Sawyer and Burton, 2012:17) and helplessness. They may even suffer from an extremely high level of anxiety and tend to have developmental delays.

Furthermore, domestic violence can increase the level of anger, despair and lack of emotional support for children. Aggression and social withdrawal are generally considered to form two broad categories that place children at increased risk for later psychosocial maladjustment (Coplan et al, 2007:391).

Overt aggression is characterised by hurting another individual physically (hitting, kicking, pushing) and is associated with a wide range of socio-emotional and academic difficulties, including peer rejection, school failure and drop-out, and externalising problems (Coie and Dodge, as cited by Coplan et al, 2007:391). When aggressive children are rejected by the peer group they may be forced to play by themselves and would thus be considered to be actively isolated by the peer group. In contrast, social withdrawal involves a child isolating himself/herself from the peer group by consistently engaging in solitary activities in the presence of peers (Coplan et al, 2007:391).

Therefore, it is reasonable to suspect that children who come from domestically violent homes may display problematic behaviour, which will inevitably have a negative effect on the way they socialize with others. It is even possible for a child who has been exposed to violence to develop a positive response to the violent act.

Harry Triandis (Roshier, 1979:26) was one of the first to assert that learnt aggression involves three components. To apply the three-component model which he developed to child violence is relatively simple. The process is outlined in terms of a:

- Cognitive component: the child experiences the violent act; this becomes the cognitive imprint.
- Affective component: the child will form an emotional response to the act of violence, which is positive, negative or neutral.
- Behavioural component: the child will have the necessary idea and emotional charge needed to behave in the future; this may or may not happen. (Roshier, 1979:26).

Although this is a relatively old source, this information is very important in understanding how violence could continue in future generations. As far back as thirty

years ago, it was found that the child who has been exposed to violence could become predisposed to respond in a violent manner to certain situations or people because he or she has experienced the potential stimuli to begin a social learning pattern of violence. The development of a positive response means a child could perceive violence as the acceptable reaction in a social situation. Children who experience violence logically could learn violence, perhaps not in accordance with societal norms, but as the appropriate response to a given social situation (Rosher, 1979:27). In more recent texts (LaViolette and Barnett, 2014; Bowen, 2011; Schaffer, 2005), this model is often referred to as the Social Learning Theory. This theory has not been disproved, as the social learning of violent behaviour is possible and has been learned by some children who have been exposed to violence. However, it has also since been proven that many individuals, if not most individuals exposed to violent family models, do not go on to emulate abusive behaviour later on in life (LaViolette and Barnett, 2014:37).

Not all parents who were abused as children, abuse their own children. The parents who did not reproduce the cycle of abuse appeared to have had social support, healthy children, and a more supportive relationship with one of their own parents, most likely the non-violent parent (Wallace, 2002:22). Identification with the abusive parent's behaviour and attitudes can result in children modelling and learning aggressive ways of interacting which may impede the development of empathy (Roberts et al, 2006:135). The children who do form a positive emotional response to the violence are likely to reproduce the violence. They are likely to learn to think of violence in a different way, different to what is socially acceptable in our society.

2.7.5 The lessons that children of violent parents are likely to learn

Children growing up in a violent home can learn much about the instrumental value of violence. The teaching of violence occurs mostly without such an intention, but still children learn many lessons in relation to physical violence. Jaffe et al (as cited by Wilson, 1997:31-33) and Roberts (2007:457) have identified some lessons that children of violent parents are likely to learn:

- Violence is an appropriate form of conflict resolution.

- Violence has a place within family interactions.
- Violence can be and should be used to secure positive ends (this reinforces the moral rightness of violence).
- If violence is reported, there are few, if any, consequences.
- Sexism, as defined by an inequality of power, decision-making ability and roles within the family, is to be encouraged.
- Violence is an appropriate means of stress management.
- Victims of violence are, at best, to tolerate this behaviour and, at worst, to examine their responsibility in triggering the violence.
- Family secrets may not be revealed.
- You can get what you want through aggression and manipulation.
- People who love you hurt you.
- Violence, although painful, is an acceptable part of life.

Beatings scar children for life. Children often have no one to turn to for refuge, no one to help them heal. Child victims of violence learn that violations of their bodies are part of life (Kagan, 2004:33). Thus, people learn to associate love with violence and to believe that, at times, violence may be necessary (Roberts, 2007:457). This abuse can affect the child socially, emotionally and physically. The child will also experience psychological, cognitive and behavioural problems.

It is particularly worrisome that marital conflict appears to exert long-term effects on children by promoting maladaptive coping behaviour over and above the influence of existing psychological problems (Shelton and Harold, 2007:509-510). Each one of these effects will be discussed in turn.

2.8 THE SOCIAL, EMOTIONAL, PHYSICAL, PSYCHOLOGICAL, COGNITIVE AND BEHAVIOURAL EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

As mentioned, marital conflict is a significant stressor for children, increasing the risk for psychological adjustment problems including, for example, heightened depressive symptoms, anxiety, behaviour problems and poor self-esteem (Shelton and Harold,

2007:509). Several studies (Geffner et al, 2009:179; Coplan et al, 2007:393; Chazan et al, 1998:43) indicate that children traumatized by violence typically exhibit symptoms ranging from extreme anger, fear and shock to debilitating helplessness and despondency.

Children who have been exposed to parental violence exhibit many psychological, behavioural and academic problems. These children may internalize their reactions, leading to problems such as depression, anxiety and withdrawal (Roberts et al, 2006:131). These children may live with anxiety and uncertainty and are at risk of developing psychosomatic symptoms, oppositional defiant disorder (Hamberger and Phelan, 2004:122), and of learning unconstructive ways of resolving arguments and problems.

As domestic violence is the major cause for homelessness of women and children (Roberts, 2007:110), it contributes to the emotional, psychological, behavioural, cognitive, physical and social problems of the involved children and causes further problems and interruptions to their school experience. Sawyer and Burton (2012:19) agree that as children become older, the problems arising from a lack of consistency, such as behavioural problems, can become more pronounced. Children suffer physical, emotional and social consequences when they are forced to leave their home, friends and community when their mother flees her abuser. The frequent dislocation when their mother moves to a shelter or to crowded temporary housing may be very unsettling, leading to feelings of insecurity (Sawyer and Burton, 2012:21). The victims face economic hardship if the abusive father refuses to provide adequate financial support to meet basic physical needs (McCue, 1995:104).

Although the focus of this study is on the social effects of domestic violence, the conceptualization of the social effects calls for a much broader understanding of all the other effects associated with domestic violence, suggesting that all aspects of distress seen in victims of domestic violence are intertwined.

The social, emotional, physical, psychological, cognitive and behavioural effects of domestic violence will be discussed separately, but bear in mind that many of these effects do overlap and are in fact interlinked.

2.8.1 The social effects of domestic violence on children

Few researchers dispute the fact that growing up witnessing domestic violence is detrimental to the healthy social development of children (Hattery, 2009:43). The level and nature of the batterer's emotional abuse of a mother is an important factor in children's levels of distress and is a strong predictor of children's social behaviour and adjustment problems (Bancroft et al, 2012:46).

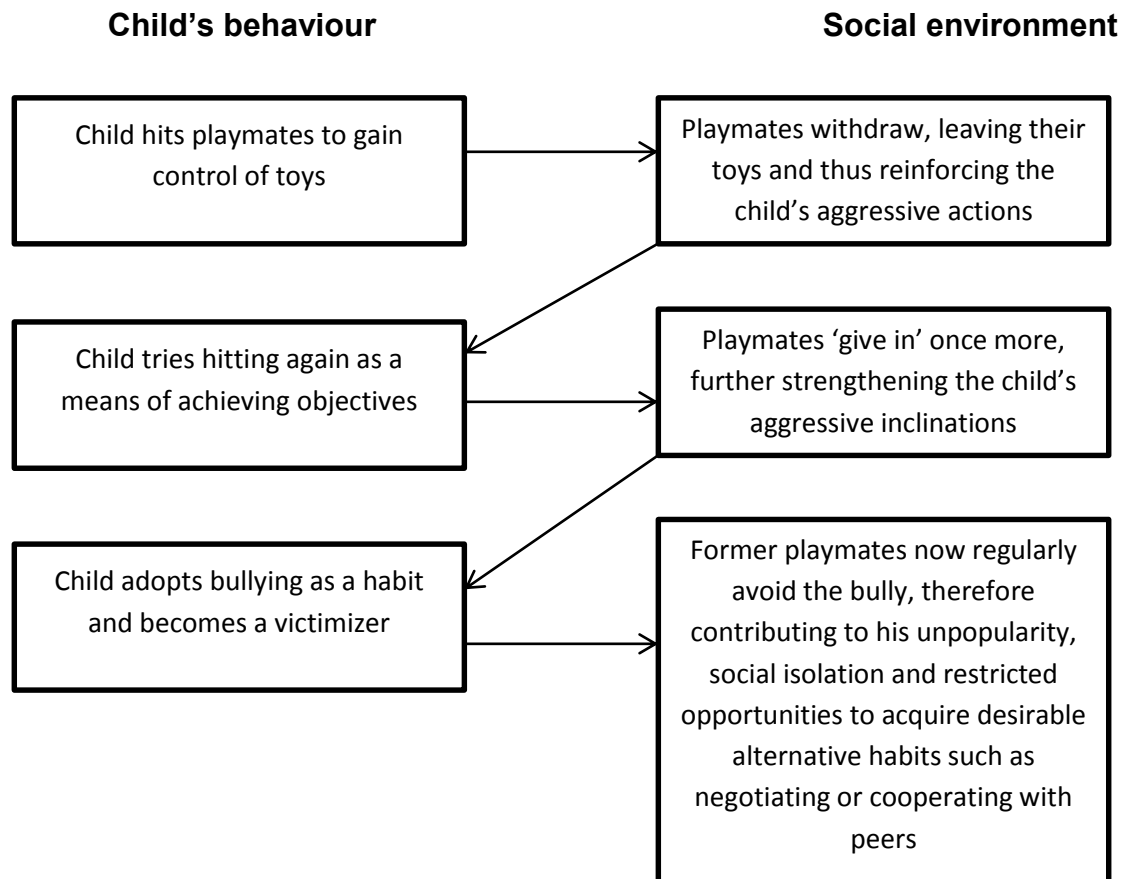
Social effects can include non-responsiveness in infants, difficulty trusting, social isolation, difficulty relating to other children and school problems. Extreme fears can greatly interfere with normal functioning and may involve serious withdrawal from school or social activities, disrupting the child's daily life (Chazan, Laing, Davies and Phillips, 1998:43). Impacts of domestic violence on children are immediate, widespread and can be long-lasting (Itzin et al, 2010:35). In addition, children living in a home where partner abuse takes place have lower interpersonal sensitivity than children not living with abuse. These children have also shown deficiencies in other interpersonal areas such as interpreting feelings and solving social problems (Crowe et al, 1996:59).

Willis, Holden and Rosenberg (1992:4) have examined socio-emotional development in children subjected to domestic violence and found poor peer relations, cognitive deficits, behavioural problems and psychopathology. Khan (2000:10) agrees that they may have difficulty at school and may find it challenging to develop close and positive friendships. In support of these findings from earlier years, Roberts et al (2006:132) have also found that children from violent homes have greater difficulty identifying social problem situations and understanding the thoughts and feelings of those involved. Roberts et al (2006:132) add that children are less likely to choose assertive strategies, such as direct discussion and mutual compromise when resolving interpersonal conflict. Children who have been exposed to domestic violence tend to choose either passive (wishing for something to change) or aggressive (use of physical force) strategies to resolve interpersonal conflict.

Reciprocal determinism is the notion that the flow of influence between children and their environments is a two-way street: the environment may affect the child, but the

child's behaviour will also influence the environment. In the diagram below, the relationship between the child's behaviour and the social environment is explained (Shaffer, 2005:48-49).

Diagram 6: The relationship between the child's behaviour and the social environment (Shaffer, 2005:48-49)



Domestic violence can adversely affect children's relationships with their peers. Some will deliberately distance themselves for fear that their friends will find out about their family situation. Children who constantly worry about their home life may feel inhibited and appear guarded or passive. They may also choose not to have friends around the house because of family volatility and unpredictability. On the other hand, some children can be over clingy, possessive, insecure and may suffer an underlying fear of further loss. They may be controlling in their relationships and find it difficult to maintain friendships (Sterne and Poole, 2010:29).

Children who come from high-conflict homes are likely to become overwhelmed by

their own emotions during exposure to negative interactions both at home and with peers, which can contribute to negative interpretations and assessments of social situations and result in hostile interactions with peers (David and Murphy, 2007:13-14).

Withdrawing from peers can lead to subsequent problems as these children will likely be missing out on fully developing the social and cognitive skills that are advanced in the context of peer interactions and play (Ruben et al, 1998, as cited by David and Murphy, 2007:14). The child who has been exposed to domestic violence may have an on-going preoccupation with the lack of safety in his/her home. This can result in both detachment from normal childhood activities and premature development of adult insights and responsibilities (Roberts et al, 2006:129). During later childhood, withdrawal becomes increasingly associated with loneliness, depressive symptoms, social anxiety, lower self-worth and the use of less positive coping strategies (Coplan et al, 2007:393).

Socially, children from abusive homes lack competence and exhibit low involvement in social activities. Socially inappropriate behaviour, such as destructiveness, aggressiveness and moodiness, is common in boys (Alabama Coalition Against Domestic Violence, 2010). There has been accumulating evidence that children who have been exposed to domestic violence also have difficulties with peers (Katz et al, 2007:513). The presence of violent discord in a household also has an impact on the quality of children's friendships. Children of battered women are less likely to have a best friend and more likely to build relationships based on superficial interaction patterns (Katz et al, 2007:513). These children report a comparable number of friendships, but with a diminished degree of depth and connectedness. Bancroft et al (2012:44) are in agreement. They argue that children who have been exposed to domestic violence spend less time with friends, worry more about the safety of their friends, are less likely to have a best friend and have lower-quality friendships than other children.

Greater emotional understanding seems to arm children with the ability to build greater intimacy in relationships. Perhaps children who are less aware of their emotions may be less able to articulate their feelings with friends; they may be less skilful at detecting

subtle emotional cues in others, and may be less aware of the impact of their behaviour on others.

Each of these factors may serve to interfere with relationship closeness (Katz et al, 2007:531).

The negative social effects can be the very thing that restricts the victim's ability to escape domestic violence, such as controlled access to services meant to help the victim, strained relationships with authority figures such as health care providers and employers; and isolation from family, friends and other supportive individuals (Meyer, 2011).

From the discussion, it is clear that children's socialisation may be hampered by domestic violence. Educators and caregivers should be able to identify and interact purposefully with children who display any of the above behaviour patterns, in order to establish the cause and possible action to be taken.

2.8.2 The emotional effects of domestic violence on children

In general, 70% of men who abuse their female partners, also abuse their children. In 100% of these relationships, the children are emotionally abused (Humm, 2014). Most common is emotional abuse (cruel criticisms, rejection or child favouritism), moral corruption of the child (encouraging criminal behaviour) and playing mind-games (distorting the child's realities by telling false stories).

Abusers can also seek to isolate their children from normal social and sporting activities in the same way they have isolated the victim parent (Johnston, 2006:22).

Over time, a childhood history of family violence heightens the risk for impairments in emotional and behavioural functioning (Geffner, Griffin and Lewis, 2009:179).

Studies of the effects on children of exposure to domestic violence are largely dependent on what is measurable and they can underestimate children's emotional distress in cases where their functioning remains high (Bancroft et al, 2012:43).

Reports of emotional disturbance recur throughout the literature, but do not describe a fixed syndrome or a single pattern of 'symptoms' (Mullender et al, 1996:142).

Furthermore, findings from Katz et al (2007:529) indicate that exposure to domestic violence interferes with normative processes central to children's emotional development. Children exposed to acts of domestic violence were found to be less aware of their emotions and less able to regulate negative effects. With respect to their lack of awareness, these children have more trouble distinguishing one emotion from another, are less descriptive of their experience of emotion and its associated cognitive and physical sensations. They have more trouble providing a recent anecdote of a time during which they experienced a given emotion and are less likely to know the cause of their emotions than non-exposed children (Katz et al, 2007:529).

Those who suffer traumatic experiences are likely to react, for varying lengths of time, with a paralyzing withdrawal from what has happened (Chazan et al, 1998:77). Violence and abuse cut across contemporary societal ideals and expectations about the nature of family as providing emotional intimacy and caring for dependency needs, such that it is hard for people to understand or accept that the violence or abuse is happening (McCarthy and Edwards, 2011:54).

Many women return to or start new abusive relationships soon after leaving the refuge, with emotional loneliness and isolation seeming to play a key role in this process. It is possible that these women may be following a pattern of leaving and returning to abusive relationships; they may or may not gradually develop the confidence to take a stand against the abuse (Abrahams, 2010:84).

It is thus clear that domestic violence contributes to children's lack of emotional stability and therefore hinders appropriate emotional development.

2.8.3 The physical effects of domestic violence on children

Physical damage can range from death, brain damage and permanent disabilities to minor bruises and scrapes (Mignon et al, 2002:31). Abuse may begin with relatively

minor assaults such as painful pinching or squeezing, and could eventually cross the line into overt violence. As the abuse is repeated, it grows more violent (Wallace, 2002:200) and often becomes targeted – that is, directed to a part of the body, such as the torso, where the injuries are less likely to show. Unfortunately, this leads to many physically abused children being overlooked because the tell-tale marks of injuries are often covered by clothing (Wallace, 2002:40).

A number of researchers (Shannon, 2009:10; Mignon et al, 2002:28; Wallace, 2002:41; McCue, 1995:7) have all listed the many different types of physical abuse, which often follows a typical pattern of ongoing, escalating physical attacks. The abuser:

- pinches or squeezes in a painful way
- forcefully pushes or shoves
- jerks, pulls or shakes
- slaps or bites
- hits, punches or kicks
- chokes or throws objects at the victim
- targets hits, kicks and so on, so that injuries do not show
- inflicts a sustained series of hitting or kicking blows
- restrains then hits, kicks or otherwise attacks the victim
- inflicts abuse that becomes bad enough to require some medical treatment
- throws the victim
- causes broken bones and/or internal injuries
- causes miscarriage or injuries that require therapeutic abortion
- uses objects at hand, such as household utensils, as weapons
- denies the victim medical treatment
- uses conventional weapons, such as a gun or a knife
- burns the victim
- causes permanently disabling and/or disfiguring injuries
- murders the victim.

Typically, in all forms of violence, only intervention such as therapy may prevent the

escalation of the continuum. Where there is violence in the home, children may react by showing aggression and defiance or become passive and withdrawn (Chazan et al, 1998:76). Physical effects of domestic violence on children may include eating disorders, sleeping disorders, developmental delays, bed-wetting, illness, physical injuries and sexual abuse, and psychosomatic disorders such as belly aches and headaches (Alabama Coalition Against Domestic Violence, 2010). The more obvious effects are bruises and broken bones. The child may also move with difficulty due to either internal or external injuries. People who work with children need to be very aware: if a child is seen wearing an oversized jersey on a rather hot day, do not just dismiss it. The child may be covering up bruises or trying to mask other bodily injuries.

High levels of stress hormones, including cortisol, can suppress the body's immune response. This can leave an individual vulnerable to a variety of infections and chronic health problems (Shannon, 2009:317). Deficits in children's care may be deemed individually as low-level concerns, but over time, neglect of children's physical care needs can be chronic and their impact enduring, not least if their health or hygiene is affected. This can have a negative impact on their self-esteem and social relationships with others (Sawyer and Burton, 2012:18).

2.8.4 The psychological effects of domestic violence on children

According to Hamberger and Phelan (2004:122), individuals who are physically abused or who witness domestic violence are likely to develop a variety of psychological disorders, anxiety disorder and interpersonal difficulties. Psychological consequences can range from lowered sense of self-worth to severe psychiatric disorders (Bergen, 1998:20), including dissociative states (Shannon, 2009:305-306), as well as oppositional defiant disorder and depression (Hamberger and Phelan, 2004:122).

Witnessing domestic violence diminishes children's sense of self-worth and keeps them in a constant state of anxiety and fear (Sawyer and Burton, 2012:21) that the world is an unsafe, hostile place. Newer research is beginning to show that psychological abuse generates fear even more definitively than physical abuse (LaViolette and Barnett, 2014:123). Much of the literature that addresses the impacts

of domestic violence on children focuses on psychological factors (Mullender et al, 2002:107). Psychological damage may have social consequences both for childhood and adulthood. The major psychological effects of domestic violence are loss of self-esteem, fear and anxiety, depression and post-traumatic stress syndrome (Johnson, 2008:41). In addition to the direct trauma that children may incur during disputes, children who have been exposed to domestic violence have been shown to be at risk for developmental delays, sleep disorders, school failure, oppositional defiant disorder, depression and child abuse (Hamberger and Phelan, 2004:122). In response to their parents' conflict, children feel helplessness, a lack of control, insecurity, inability to monitor what has been happening, confusion and blame (Pryor and Pattison, 2007:72). Learned helplessness is another significant condition brought about by violence, or more specifically, by the inability to stop it (LaViolette and Barnett, 2014:143).

During a study, done by Cole et al (Katz et al, 2007:515), high-risk boys displayed higher levels of anger, which have been associated with greater opposition. In contrast, high-risk girls minimized their expression of anger, which has been related to higher levels of aberrant conduct and attention deficit disorder symptoms.

Parents are instrumental in teaching children how to self-soothe, but when parents are in a relationship in which conflicts escalate out of control and lead to physical aggression, they may themselves be emotionally unregulated and have difficulty teaching these skills to their children (Katz et al, 2007:530). Thus, children who have been exposed to domestic violence may not develop the necessary self-soothing strategies to calm down when upset and may continue to rely on external regulators such as parents or educators.

Chronic exposure to violence may have consequences for children's mental health and merits recognition as a significant public health problem in its own right (Itzin et al, 2010:173).

2.8.5 The cognitive effects of domestic violence on children

Domestic violence can affect early brain development (Sterne and Poole, 2010:19).

From the seventh pre-natal month to a child's first birthday, the developing brain is most vulnerable to the impact of traumatic experiences. During the first eighteen months of life, the brain circuits and systems are being shaped by early experiences. During the first three years of life, the human brain establishes neural pathways, which are influenced by exposure to extreme trauma. Perry (Sterne and Poole, 2010:19) states that experience of trauma this will change the organisation of the brain, resulting in difficulties in dealing with stresses later in life.

Researchers have found that developmental delays brought about by the experience of trauma include lower than average verbal ability for pre-school children whose mothers have been abused, with statistical evidence indicating a degree of direct connection between the verbal limitations and the child's experience of traumatic events (Bancroft et al, 2012:46). In childhood, toxic stress can impair the connection of brain circuits and in the extreme, result in the development of a smaller brain (Shannon, 2009:317).

Even before birth, early emotional trauma such as domestic violence directly affects the development of a baby's brain. When humans suffer stress, levels of the steroid hormone cortisol rise, which has an effect on newly-formed brain cells. Raised levels of cortisol during pregnancy can result in poor foetal growth and can affect brain development (Sterne and Poole, 2010:19). Sustained high levels of cortisol can damage the hippocampus, an area of the brain responsible for learning and memory. These cognitive deficits can continue into adulthood (Shannon, 2009:317).

Like all animals, a newly-born baby scans the environment for potential threats. If a baby is repeatedly frightened or exposed to shocks, the stress response system can become over-active. Consequently, the baby may become unresponsive, agitated or fractious (Iwi and Newman, 2011:64). In school children, their agitation and poor concentration can often lead to a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

Cognitive problems range from severe organic brain disorders to reduced attention and minor learning disorders (Bergen, 1998:20). Cognitive effects may manifest in learning difficulties and developmental delays (Hamberger and Phelan, 2004:122).

Other effects include the development in the victims' perception that hitting to gain control over another is acceptable (Shaffer, 2005:48-49) and they may develop confusion about gender roles. Children who have been exposed to domestic abuse may have lower IQ scores, poorer language skills and problems with attention, focus and memory (Meyer, 2011). Anxiety will tend to disrupt academic performance in the immediate and longer term (Itzin et al, 2010:35). Newer evidence from brain studies shows that emotional pain can stimulate the same circuits in the brain as physical pain (LaViolette and Barnett, 2014:123). Fear actually causes enduring change in brain functions (LaViolette and Barnett, 2014:141).

Sterne and Poole (2010:20) argue that children living with inter-parental abuse often lag behind their peers academically due to overtiredness, anxiety or other characteristics related to family crises. Children from backgrounds of domestic violence are more likely to have delayed language and cognitive development and higher rates of school absenteeism, which would also contribute to their already existing academic difficulties (Sterne and Poole, 2010:20).

Some cognitive effects of having been exposed to domestic violence have direct negative implications on a child's social well-being. New knowledge about the vulnerability of the developing brain to prolonged traumatic stress also suggests that early experiences of trauma can interfere with the development of the subcortical and limbic areas of the brain, resulting in extreme anxiety, depression and an inability to form healthy attachments to others (Roberts et al, 2006:131-132). Therefore, children who witness their parents' violence but are not themselves physically abused are also at risk for experiencing a range of behavioural and socio-emotional problems.

2.8.6 The behavioural effects of domestic violence on children

Children who have lived in violent families can learn that violence is an acceptable way of resolving conflict (Roberts, 2007:457). Considerable evidence suggests that domestic violence is associated with behavioural problems in children. Katz et al (2007:529) have reported that 63% of exposed children fare more poorly than non-exposed children, and exposure to domestic violence results in clinically significant behaviour problems in roughly 50% of exposed children.

According to Wexler's (2006:184) research, serious behavioural problems are seventeen times higher for boys and ten times higher for girls who have witnessed domestic violence. Future relationship behaviour can even be affected by exposure to domestic violence (LaViolette and Barnett, 2014:36). Wexler (2006:184) found that boys who observe domestic violence are six times more likely to commit similar acts as adults; girls who witness such behaviour are much more likely to become abusive themselves, or to find themselves an abusive partner.

In a study that has been done by Katz et al (2007:531), higher levels of domestic violence have been associated with lower emotional competence, and children with lower emotional competence have exhibited poorer peer relations and may possibly have more behavioural problems.

Carlson (Parker et al, 2006:45) has found that males exposed to domestic violence have more suicide ideation, physical aggression toward their mothers and higher incidences of running away. However, these same findings have not been found in the female sample. Exposure to family violence predicts attention problems for girls, but not for boys. Jaffe, Wolfe and Wilson (Parker et al, 2006:46) state that while some adolescents display an array of negative behaviours, others, usually females, take over the responsibilities of the family and attempt to shield siblings from exposure to violence.

Behavioural effects can also include the following: poor impulse control, 'acting out' violently, developing school problems, running away, interest in drugs and alcohol, and abusing partners in dating relationships. Some children may exhibit less negative effects and may become an overachiever or a caretaker of siblings as well as parents (Alabama Coalition Against Domestic Violence, 2010).

2.8.7 Summary of the effects of domestic violence on children

Below is a brief overview of what some children may do, or experience as a result of being exposed to the effects of domestic violence.

Table 4: The social, emotional, physical, psychological, cognitive and behavioural effects of domestic violence (Adapted from Alabama Coalition Against Domestic Violence: 'Effects of domestic violence':2010)

Social effects	Emotional effects	Physical effects
<ul style="list-style-type: none"> • Isolation from friends and relatives or excessive social involvement to avoid being at home • Difficulty trusting, especially adults • Poor anger management and problem-solving skills • Passivity with peers or bullying • Engaging in exploitative relationships as perpetrators or victims • Low self-esteem and loneliness • May exhibit depressive symptoms 	<ul style="list-style-type: none"> • Grief for family and personal losses • Shame, guilt and self-blame • Confusion about conflicting feelings towards parents • Fear of abandonment and fear of expressing feelings • Anger • Depression • Feelings of helplessness and powerlessness 	<ul style="list-style-type: none"> • Somatic complaints such as headaches and stomach aches • Nervousness and anxiety • Short attention span • Fatigue and lethargy • Frequent illnesses • Poor personal hygiene • Parental neglect • Regression in development • High-risk play • Self-abuse • Bruising and/or scarring • Eating disorders • Sleeping disorders • Bedwetting

Psychological effects	Cognitive effects	Behavioural effects
<ul style="list-style-type: none"> • Psychiatric disorders • Low self-esteem and anxiety • Fear and depression • Post-traumatic stress syndrome • Feelings of helplessness and insecurity 	<ul style="list-style-type: none"> • Learning disorders • Reduced attention span • Developmental delays • Reduced intellectual competency 	<ul style="list-style-type: none"> • Acting out/withdrawal • Aggression/passivity • Refusal to go to school or staying at school until late to avoid going home • Acting as parent substitute to siblings • Lying to avoid confrontation • Rigid defences • Excessive attention-seeking • Conduct disorders • Manipulation and mood swings • Suicidal tendencies • Poor impulse control • Interest in drugs and alcohol

The effects of violence are not limited to physical and psychological symptoms such as sleeplessness, eating disturbance and depression. Violence also robs thousands of children of the opportunity for emotional, mental, spiritual and moral growth. Family life disintegrates and the learning culture and social norms in schools break down, resulting in a lack of discipline, drug use and a propensity for social violence (Bornman et al, 1998:371).

Most public and written discussions of the impact of domestic violence on children focus on emotional, behavioural and cognitive effects. Equally important, however, are the effects that batterers have on their children's belief systems, including how their experiences of the batterer's behaviour shape their world views. There are indications that skewed belief systems play a key role in preparing children to be the future perpetrators and victims in domestic violence (Bancroft et al, 2012:63).

Children's feelings towards their battering fathers tend to be marked by ambivalence. They may fantasize obsessively about assaulting/killing him even while simultaneously desiring a closer connection to him. Aspects of a positive relationship with him may be combined with unhealthy attachments caused by traumatic bonding and by his erratic availability (Wallace, 2002:188). Generally, children of batterers tend in to minimize or to rationalise their father's violence (Bancroft et al, 2012:66).

Sometimes it is assumed that children are not as badly affected by violence as their mothers because they are not the ones who are the targets of physical beatings. However, children in families experiencing partner abuse are at a greater risk of physical abuse (Itzin et al, 2010:4). The psychological effects are longer lasting than the physical effects (Johnson, 2008:41). Experiencing trauma in childhood may have a severe and long-lasting effect (Robinson, Smith and Segal, 2014). Trauma interferes with the integration of left and right hemisphere brain functioning, making children who have been exposed to domestic violence prone to reacting with extreme helplessness, confusion, withdrawal or rage when placed in a stressful situation (Shannon, 2009:293).

Negative emotional effects from exposure to domestic violence can even persist into adulthood, leading to lower rates of successful social connection and higher rates of emotional distress. Higher rates of depressive symptoms are also observed, even when other childhood experiences of abuse are controlled (Bancroft et al, 2012:45).

2.9 THE POSSIBLE LONG-TERM EFFECTS OF DOMESTIC VIOLENCE THAT CONTINUE INTO ADULTHOOD

Children and young people are significantly affected by living with domestic violence. The impacts can endure even after measures have been taken to secure their safety. A large body of evidence has shown that the effects of childhood exposure to domestic violence frequently extend into adulthood. Even if a child seems to be functioning adequately when examined, sleeper effects, such as anxiety, depression, substance abuse, aggression, promiscuity and low self-esteem often show up later (LaViolette and Barnett, 2014:36). This is rarely a direct causal pathway leading to a particular outcome and children are active in constructing their own social world. Implications for

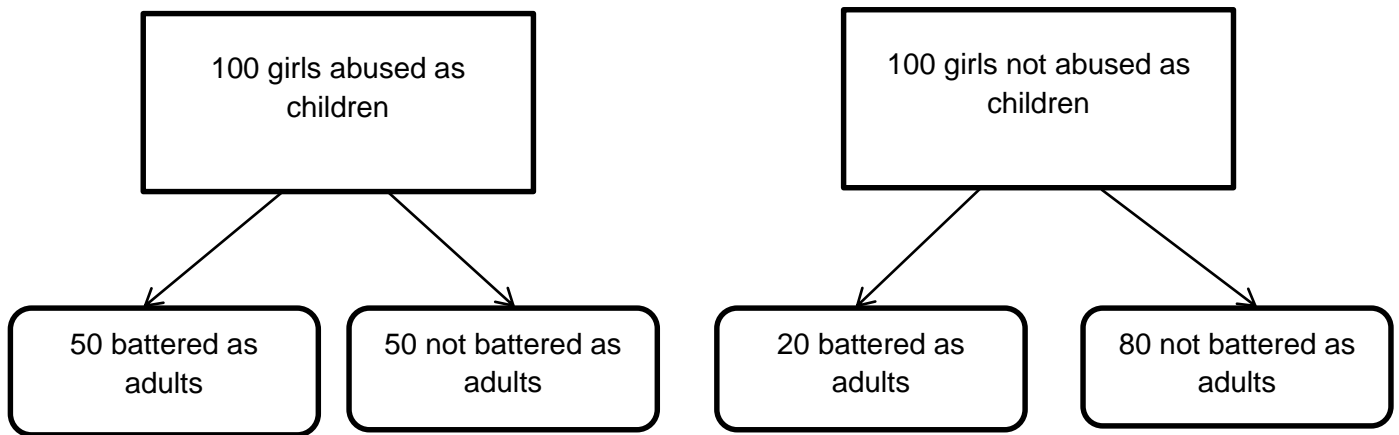
interventions, such as therapy, suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life (Holt, 2008:797).

According to Stern (Kagan, 2004:37), where the violence is severe, the helplessness and repressed anger the child feels affects his/her self-esteem and often leads the child into depression. Witnessing the beatings of siblings or a parent shatters any sense of security. Children who witness the beatings feel helpless to do anything about it. Helplessness, in their minds, becomes a pervasive belief in their own worthlessness. These young people may be more susceptible to self-harming behaviour and suicidal feelings as they grow up (Kagan, 2004:38). Exposure to domestic violence during childhood may have devastating effects on the mental health and well-being of those who have been victimised (Itzin et al, 2010:173).

These negative results may prove long-lasting, affecting the victim's ability to establish a satisfying range of interpersonal relationships in adulthood. Abused or neglected children often have difficulties in relationships as children and as adults. Some of these difficulties include distrust of others (Johnson, 2006:15), fear of intimacy and issues regarding isolation, alienation and abandonment.

Mihalic and Elliot (Natarajan, 2007:303) state that prior experiences with violence can have a dramatic impact on the lives of females and males, both during adolescence and adulthood. Children who are exposed to violence are at a greater risk of using abusive behaviour in their own adult relationships, as many of these children align themselves with one parent or the other, often believing that the abuser does not want them unless they can identify with the aggressor (Natarajan, 2007:188). Though many females who experience domestic violence during childhood are not victimised in adulthood, they are much more likely to experience the same type of abuse in adulthood as their childhood victim counterparts (Hattery, 2009:26-27). This is shown in the diagram below.

Diagram 7: The relationship between abuse in childhood and being battered in adulthood (Hattery, 2009:27)



Power and control needs are always evident in domestic violence, and any intervention must take them into account (Giardino and Giardino, 2010:78). Developing effective preventive and therapeutic interventions is an important part of the mental health programme (Itzin et al, 2010:173).

Children may come to hate the abuser, yet still learn that the most violent person in the household also seems to be the most powerful, and the least vulnerable to attack or humiliation by others. Thus, some researchers such as Wexler (2006:184) and Reiss and Roth (1994:212) believe that when these children (specifically boys) grow up, and when they perceive a threat of emotional pain or loss of control in an adult relationship, they may follow early models by resorting to violence themselves. They may do this in an attempt to avoid the potential for further victimization and pain.

Violent behaviours that have been learnt during early childhood socialisation are either strengthened or inhibited during later developmental stages by the family's connection to the broader culture and its socio-cultural reinforcers (Reiss and Roth, 1994:212), such as perceptions of neighbourhood attitudes and behavioural norms towards violence. It is believed that violence in the family of origin accentuates a woman's vulnerability and a man's propensity to abuse his wife and/or children. However, two-designed studies using multiple comparison groups and collecting data from men and women found no significant effect of childhood violence on later victimization (Veer, 2004:165-166).

Valiente, Lemery-Chalfant and Reiser (2007:264) suggest that children who have been taught about emotions and how to regulate them display fewer problem behaviours as they mature. Distraction, redirection and refocusing feelings and other cognitive-behavioural approaches to intervention may be beneficial for children suffering from anxiety and mood disorders. For others, the emphasis may be directed towards efforts that increase the child's emotional repertoire within the context of a supportive relationship (Klimes-Dougan and Zeman, 2007:339).

Engel (2005:3) is of the belief that, 'If you were emotionally, physically or sexually abused as a child, it isn't a question of *whether* you will continue the cycle of abuse but rather a question of *how* – whether you will become an abuser or continue to become a victim.' Engel proposes to offer a self-help step-by-step programme that may provide the necessary skills for gaining control over emotions, changing negative attitudes, learning healthy ways of communicating, healing the damage from prior abuse and seeking out support.

Domestic violence may have a disproportionate impact on the children affected by it. It is very important to create the opportunity for a child living with domestic violence to open up and talk about his/her experiences (Van Riezig, 2010:29). Studies indicate (Waterhouse and Nagia-Luddy, 2009:3) that witnessing domestic violence is usually combined with other childhood experiences that negatively affect children's social and emotional functioning, such as harsh discipline, lack of emotional support and affection, and poor parental supervision. These, it is argued, are positively associated with subsequent violent behaviour as the child grows older and the cycles of violence are perpetuated in families and society. While traumatized children are initially a by-product of violence, they can eventually threaten the future stability of any community. Child victims of violence have no way of dealing with feelings triggered by the violence, except through disturbed behaviour. This reduces social stability making the entire community vulnerable to outside pressures (Davies, 2004:99). Children who do not have positive role models may be at greater risk of being runaways, being suicidal or committing criminal acts as juveniles and adults (Stewart, 2012).

An important aspect to remember is that not every person subjected to violence will reproduce it later in life. According to Bandura (Natarajan, 2007:304), exposure to

violence does not ensure observational learning. Some children appear resilient to long-term trauma from violence, but other studies reveal how early experiences of violence and abuse can do irreparable damage to the human brain, particularly in the centres of emotional regulation and memory, increasing the likelihood of aggressive behaviour in adulthood (Davies, 2004:99).

Despite the negative influence of battering on boys, some sons of battered women grow up to be nurturing, non-violent fathers (Bancroft et al, 2012:51). Some children may be able to disengage from environmental threats and enhance positive rather than negative aspects of stressful situations such as domestic violence. Thus, their regulatory abilities likely allow them to evaluate their parents' conflicts from a more detached and less emotional perspective (David and Murphy, 2007:15).

Children may be tormented by painful and frightening memories of domestic violence long after the traumatic episodes of violence have occurred. Events may become blurred; some children may find it difficult to make sense of the timescale and they may give rambling accounts. The accounts may tip into fiction, which can be difficult to distinguish from reality. Some children will fantasize about revenge plans and hurting or killing the abuser. This can be a coping mechanism, reflecting ongoing stress (Sterne and Poole, 2010:27).

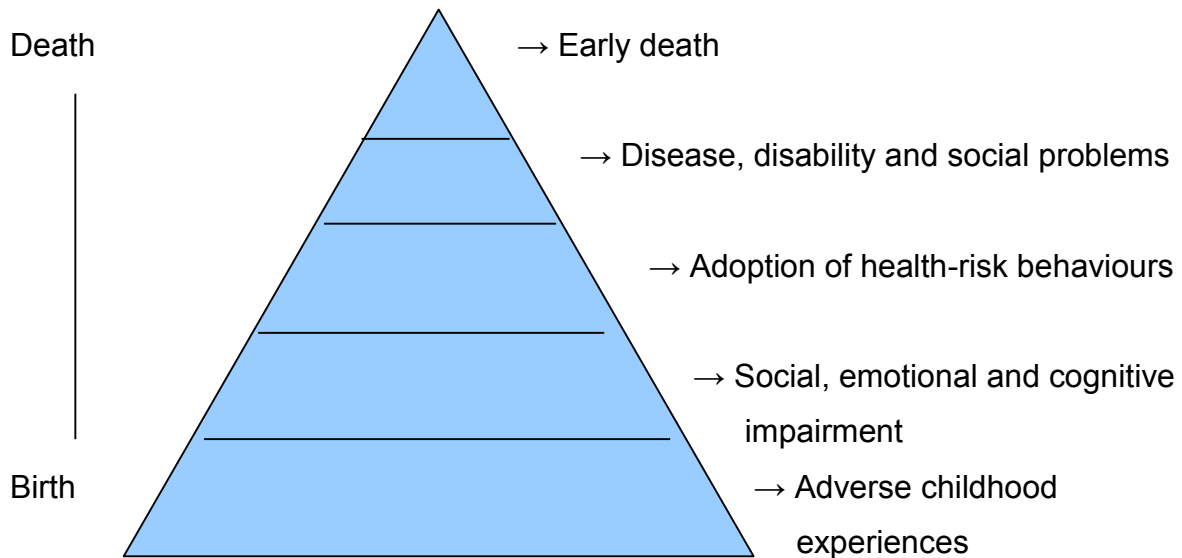
Both battered women and abused children who are exposed to abuse develop post-traumatic stress disorder (LaViolette and Barnett, 2014:143). The notion of 'post-traumatic stress disorder' implies some defining event in the past, and that helping children through this event, will integrate them back into normal society. However, Davies (2004:103) says that this is not the case for many conflict situations, and survival skills are more crucial.

It is clear, from all the sources consulted, that domestic violence 'feeds' into the development of antisocial behaviours in childhood, and the reciprocal patterning of these effects over time, have been traced.

Several studies have shown that exposure to domestic violence leads to an increased likelihood of developing a number of adult health problems, engaging in a number of

risk-taking behaviours and being at risk for experiencing violence in adulthood (Bancroft et al, 2012:45;Giardino and Giardino, 2010:3).

**Diagram 8: The Adverse Childhood Experiences (ACE) pyramid
(Felitti, 2003, as cited in Helander, 2008:134)**



The ACE pyramid represents the conceptual model that underlies the process by which adverse childhood experiences may have significant negative health outcomes, which occur well into adulthood. It systematically shows how negative experiences in childhood lead to social, emotional and cognitive impairments. This in turn may lead to health risk behaviours and lifestyle choices that predispose the individual to develop a variety of illnesses later in his/her adult life, some of which shorten life expectancy (Giardino and Giardino, 2010:17).

The ongoing ACE study provides a powerful link between exposure to violence during childhood and long-term health consequences experienced in adulthood (Shannon, 2009:317-321). Felitti (Giardino and Giardino, 2010:141) has shown an association between adverse childhood experiences (defined as experiences during childhood of personal abuse or household dysfunction) and many of the leading causes of illness and death in adulthood, including obesity, diabetes, pulmonary disease and cardiac disease. These adverse experiences in childhood have a strong and cumulative effect on adult health. This impact on adult health is believed to have been caused by the

adoption of poor health habits (Shannon, 2009:319). It has been found that adults have used these behaviours as ways to cope with the stressful events that have occurred, in most cases, half a century ago (Giardino and Giardino, 2010:141).

South Africans experience a culture of violence in their society on a daily basis through news reports of hijackings, armed robberies and murders. In South Africa, the rate of violence and homicides is estimated at nearly twice the global average (Asay et al, 2014:4). Very few people in South Africa have not been affected by some form of violence or aggression. Some are still suffering from the effects of post-traumatic stress disorder as a result of such violence. Local research indicates that South Africa has a history of accepting violence against women as socially acceptable, due in part to the patriarchal gender norms (Asay et al, 2014:5). It is because of this that Davies (2004:101) believes that the South African youth can be desensitized and acculturated to violence as a way of life, therefore making them more accepting of the personal violation of domestic violence.

2.10 SUMMARY OF THE CHAPTER

In this chapter, the theoretical models of domestic violence were discussed. Even though there are many theories, no definite reason has been found as to why so many people who profess to love and care for each other consciously choose to abuse and hurt their spouse and/or children.

The role of alcohol and substance abuse in the context of domestic violence has been discussed and although a relatively strong relationship between alcohol abuse and domestic violence exists, there is no evidence to support a cause-and-effect relationship between the two problems.

The way children experience domestic violence in terms of their home environment has been discussed with specific reference to the ways in which the abusive parent uses the children to gain control. This is a main cause of stress in the child's life, and there are many consequences of the exposure to domestic violence.

The ways in which some of these children try to cope with their situation vary tremendously. Many factors play a role in determining the child's ability to cope under such dangerous circumstances. The most important one that is repeatedly highlighted in the literature is the formation of a good relationship between the child and the non-abusive parent. It is also thought that the presence of this kind of relationship helps to stop the cycle of abuse when children grow up and enter into their own families in which they are now heads of the household.

The types of abuse were discussed, paying special attention to the characteristics of emotional abuse as this type of abuse is often not given the attention it deserves. Physical abuse is normally seen as the most severe as the evidence is visible. It is important to remember though, that emotional/psychological abuse is more damaging than the physical attacks as it is the psychological abuse that tends to hold the victim in the relationship. This is what keeps the victim of abuse exposed to increasing danger, further exposing herself and her children to the violent episodes within the family. It is also important to note that not all abusive homes involve physical violence. Many families suffer only from emotional abuse, which is no less destructive.

The ways in which an abuser can abuse his family were presented in the Power Wheel and the cycle of abuse was presented in the form of a flow diagram. A further diagram was used to explain the three general stages in the cycle of abuse, namely the tension building stage, the battering stage and finally, the contrition stage. Children living in a domestically violent home are at risk for emotional, behavioural, social, cognitive, physical and psychological problems. These were discussed in great detail and tabled. The Adverse Childhood Experiences (ACE) pyramid supports that negative experiences in childhood lead to social, emotional and cognitive impairments.

An important topic discussed was the possible long-term effects of domestic violence that may be continue into adulthood. This is an important aspect as domestic violence may have a disproportionate impact on children affected by it. While traumatized children are initially a by-product of violence, they may eventually threaten the future stability of any community.

The family environment and parenting practices play an important role in the development of children's problem behaviours (Valiente et al, 2007:250). The family is important not only because of its potential to meet the basic emotional and physical needs of the child, but because it plays a pivotal role in the transmission of societal rules and morals. Where the family itself is fragmented or dysfunctional, this transmission can be severely distorted or disrupted. Consequently, children of domestically violent disintegrated families are more likely to disregard social norms and values.

In the following chapter, the researcher will focus on the effects of domestic violence on the socialisation of children who have been exposed to it.

CHAPTER 3
THE EFFECTS OF DOMESTIC VIOLENCE ON
THE SOCIALISATION OF CHILDREN

3.1 INTRODUCTION

After discussing the socio-emotional development in children who have been exposed to domestic violence, cognitive deficits, behavioural problems and poor peer relations have been found. Sterne and Poole (2010:29) strongly believe that domestic violence can adversely affect children's relationships with their peers. Children from domestically violent homes often lack social competence and do not readily become involved in social activities. From the discussion in the previous chapter, one can come to the conclusion that children's socialisation may be hampered by domestic violence.

3.1.1 Socialisation

Socialisation refers to the process by which children, and also adults, learn all aspects of the behaviours and customs of the social groups to which they belong or are joining (McCarthy and Edwards, 2011:184). This enables them to become functioning human beings in the contexts in which they live. Family socialisation can ensure that children not only know how to behave, but also internalize the norms and values of society. These norms and values then constitute their own internal worlds. Socialisation thus functions to produce social order by reproducing society with the individual's psyche (McCarthy and Edwards, 2011:185).

Unfortunately, in some countries such as India, as well as most Asian and African countries, the males are socialised into roles that encourage aggression towards females (Veer, 2004:158). Socialisation and sex role conditioning appear to be instrumental in defining the attitudes that males have toward violence. These are major factors in determining the power relationship between men and women that allows violent behaviour to take place (Veer, 2004:158). The family may actually serve as a breeding ground for violent behaviour (Roberts, 2007:456-457).

Violent socialisation undoubtedly plays a crucial role in intergenerational wife battering (Roberts, 2007:410).

Families, in all their diversity, are the basic foundational social units in every society. Therefore, healthy individuals within healthy families are essential to the core of a healthy society (Asay et al, 2014:xviii). Creating a positive environment for all families is in the interest of people in all societies. On the other hand, unhealthy dysfunctional relationships create serious problems that can persist from one generation to the next (Asay et al, 2014:xviii). Classic social learning approaches provide a useful general background for thinking about parents as a major source of learning and influence (Giordano, 2010:29).

3.1.2 The family's role in the socialisation of children

At the core of the sociological perspective, is the view that social structures (work and family) have an effect on people that results in their violent behaviour (Roberts et al, 2006:25). From a developmental perspective, the most important function that families serve in all societies is to care for and socialise their young. Socialisation refers to the adoption of the behaviour patterns of the surrounding culture (Free Dictionary, 2013).

Shaffer (2005:347-348) debates that the socialisation of each successive generation serves society in at least three ways:

- It is a means of regulating children's behaviour and controlling their undesirable impulses.
- Socialisation promotes the personal growth of the individual. As children interact and become like other members of their culture, they acquire the knowledge, skills, motives and aspirations that should enable them to adapt to their environment and function effectively within their communities.
- Socialisation also perpetuates the social order. Appropriately socialised children become competent, adaptive, pro-social adults who will impart what they have learned to their own children.

Families are only one of many institutions involved in the socialisation process. Religious institutions and institutions such as schools, the mass media and children's groups, such as scouts (Sawyer and Burton, 2012:30) frequently supplement the training and emotional support functions served by families. Nevertheless, many children have limited exposure to people outside the family until they begin formal schooling. The family has a clear head start on other institutions when it comes to socialising a child. Since the events of the early years are so very important to the child's social, emotional and intellectual development, it is appropriate to consider the family as society's primary instrument of socialisation (Shaffer, 2005: 348).

The family's role in predisposing a child to violence or non-violence is generally accepted. Regardless of the hereditary predisposition and the biological factors contributing to his/her development, a child's patterns of behaviour are largely established by early life experiences. It is a challenge to the family to orientate or socialise these individuals to a principle of operation whereby their impulses are regulated along socially acceptable channels (Jha, 2002:1).

3.1.3 The social development of the child who has been exposed to domestic violence

The emphasis of this study is on the social development of children who have been exposed to domestic violence. The infant does not enter the family as a social being, he/she becomes social through his/her interaction with the family group (Jha, 2002:1). The family, then, is the first significant training school in behaviour or misbehaviour.

Through socialisation, children acquire the beliefs and behaviours that have been deemed significant and appropriate by members of society. A person's family background reveals the nature of his/her socialisation, which in turn affects his/her personality. The influence of the family is pervasive and determines various goals, aspirations, attitudes and lifestyle of its individual members (Jha, 2002:1).

Social and personality development is the product of a long and involved interplay among social, cultural and biological influences that make people similar in certain ways and very different from one another in many respects (Shaffer, 2005:34).

However, the acquisition of social skills in children cannot be considered in isolation from their cognitive and emotional development.

The development of social cognition deals with how children's understanding of the self and other people change with age (Shaffer, 2005:194). Primary socialisation generally occurs in families or other care relationships when children are infants. It involves the internalization of norms and expectations and the acquisition of the behaviours necessary to function as a member of society (McCarthy and Edwards, 2011:184). It is within the family that children learn how effective they will be in relating to others, how they will feel about these relationships, how they will understand them and their own reactions at a later time. Healthy social relationships are built on a foundation of respect (Shannon, 2009:386). This means that both people can talk openly and honestly to each other, without feeling pressured to think or act in a certain way.

Children's peer relationships provide contexts where children may acquire new social skills, learn to self-regulate and solve interpersonal conflict, expand and validate their self-knowledge and discover the social roles, norms and processes involved in interpersonal relationships (Tremblay, Hartup and Archer, 2005:376). If relationships are not established effectively, there is a danger of persistent distortion as children grow older. One should not underestimate the significance of social contact for young children in learning to participate in social life (McCarthy and Edwards, 2011:184).

Emotions are recognised as both products and processes of social relationships (Walden and Smith, as cited by Morris et al, 2007:362). Morris et al (2007:362) suggest that one of the ways in which relationships affect children's psycho-social development is through their impact on children's emotional regulation:

- Firstly, children learn about emotional regulation through observation.
- Secondly, specific parenting practices and behaviours related to the socialisation of emotion affect emotional regulation.
- Thirdly, emotional regulation is affected by the emotional climate of the family,

as reflected in the quality of the attachment relationship, styles of parenting, family expressiveness and the emotional quality of the marital relationship (Morris et al, 2007:362).

It is important to note that supportive and sustaining relationships with adults or peers can protect children from many of the consequences of traumatic stress (Shannon, 2009:293).

The emotional climate of the family, parenting behaviours related to children's emotions and children's observational learning about emotionality and regulation, all affect children's emotional security and its regulation. This in turn, may have an impact on children's adjustment to stressful situations (Morris et al, 2007:380), but when interpersonal support is available and when stressors are predictable, escapable or controllable, children can become highly resilient in the face of stress (Shannon, 2009:293). Inadequate social skills have been linked to the general maladjustment of children exposed to domestic violence (David and Murphy, 2007:13-14; Coplan et al, 2007:393).

The socially skilled person is one who should be able to adapt well to his/her environment, avoiding both verbal and physical conflict through communication with others. Socialisation is an important sociological concept because it acts as an interface between the individual and his/her membership of a particular society or social context (McCarthy and Edwards, 2001:184). Children who have been unable to avoid conflict through communication with others, lack the social skills to do so (Shaffer, 2005:48-49). This could lead to the development of an anti-social personality.

3.1.4 Anti-social behaviour

Antisocial behaviour carries a heavy cost to individuals and society. Antisocial personality disorder is characterised by a lack of concern for and the violation of the rights of others (Mignon et al, 2002:222). Perhaps the best-known trait of those with anti-social personality disorder is the inability to feel guilt. If a person is unable to feel guilt, it is with relative ease that dangerous and harmful acts can be committed. As young adults, individuals who engage in antisocial behaviour are at risk for truncated

educational attainment, persistent unemployment, incarceration, relationship conflict and physical health problems (Tremblay, Van Aken and Koops, 2009:165).

Exposure to aggression between one's parents has been shown to serve as a risk factor or risk marker for child maladjustment problems (Katz et al, 2007:529). Society members also 'pay' for antisocial behaviour, both as victims and as taxpayers. Thus, antisocial behaviour is a significant public health concern. Even more concerning is the possibility that antisocial behaviour is transmitted across successive generations in a 'cycle of violence' (Tremblay et al, 2009:165). The results of family studies demonstrate that antisocial behaviour runs in families, but less is known about why this is so (Tremblay et al, 2009:166). Researchers who have investigated this question can generally be divided into those who study psychosocial mechanisms of risk transmission versus those who study biological mechanisms (specifically genetic mechanisms).

Many researchers who study psychosocial mechanisms of risk transmission endorse a social learning perspective wherein children learn aggressive behaviour and aggressive parenting practices. The children learn these via their observations of their parents' behaviour and then there is a possibility that they may carry these behaviours into the next generation (Giordano, 2010:127). Genetic studies (from a biological point of view) are premised on the assumption that genetic variation underlies individual differences in neural function that, in turn, influence behaviour (Tremblay et al, 2009:166-168).

What is notable about family studies of antisocial behaviour is that intergenerational continuities, which are often statistically significant, are generally modest in magnitude (Tremblay et al, 2009:171). Tremblay et al (2009:171) further debate that siblings who have been raised in the same violent family environment often differ in their propensity for antisocial behaviour. The relevant developmental theories will now be discussed to gain a better insight into the socialisation of children who have been exposed to domestic violence.

3.2 DEVELOPMENTAL THEORIES

Two main developmental theories will be discussed: Nature versus nurture and the social-learning theory. Nature versus nurture is one of the oldest controversies among developmental theorists. Are human beings a product of their heredity and other biological predispositions or are they shaped by the environment in which they are raised? (Shaffer, 2005:11) Social learning takes place through a person's life experience, either as a result of first-hand personal involvement, or through exposure to attitudes and behaviours, directly or via the media.

3.2.1 Nature versus nurture

Nature versus nurture is a debate over the relative importance of biological predispositions (nature) and environmental influences (nurture) as determinants of human social development (Shaffer, 2005:12). Of course, there is a middle ground, one that is endorsed by most contemporary developmentalists who believe that the relative contributions of nature and nurture depend on the particular aspect of development in question. With regard to domestic violence, there are still some researchers such as Goldstein and Brooks (2013:136), Engel (2005:3) and Strauss (Mullender et al, 1996:41-42), who believe that child victims of family violence will reproduce the cycle of abuse, either by continuing to be the victim or by becoming the perpetrator because they deem that it is in the 'genetic make-up' of the child.

However, other developmentalists generally agree that all complex human attributes such as intelligence, temperament and personality are the end products of a long and involved interplay between biological predispositions (nature) and environmental forces (nurture) (Shaffer, 2005:12).

3.2.2 The social-learning theory

People are most impressionable when they are children (Hornor, 2005:206), and it is at this life stage that the most fundamental social learning takes place. Hence, the settings of the home and the school are of cardinal importance.

The social-learning theory has provided the foundation for viewing social competencies as learnt behaviours. The social-learning theory assumes that the type of behaviour that is most frequently reinforced by others is the one that the individual will most often exhibit (Wallace, 2002:11). This theory is an integration of different associations with differential reinforcements so that the people with whom one interacts are the reinforcers of behaviour that results in learning both deviant and non-deviant behaviour (Wallace, 2002:11). If one can determine the specific learning history of an individual, it will be possible to account for the manner in which that person handles situations, such as those situations requiring socially skilled responses.

Aggressive responses are acquired in either of two ways. The first and most important method is observational learning – a cognitive process by which children attend to and retain in memory aggressive responses they see others execute. Secondly, children may also acquire aggressive responses through direct experience. A child who is reinforced for aggressive behaviour will be more likely to resort to aggression in the future (Shaffer, 2005:276-277). Roberts (2007:457) agrees that violence is not innate; it is learnt through socialisation. In Roberts (2007:457), Strauss and Gelles state that ‘aggressive behaviour is learned and is acquired through direct experience (trial and error), by observing the behaviour of others (modelling) or in both ways.’

One premise of the social-learning theory is that those actions that are rewarded are maintained, while those that are not, decrease in frequency. Based on their clinical experience with violent men, Sonkin and Durphy (McCue, 1995:13) note that one reason men batter is because it works. It gets them what they want. The social-learning theory maintains that an abusive man saw abuse ‘successfully’ used by a male authority figure in childhood and, as a result, he learnt behaviours that led to his use of abuse in relationships as an adult.

Developmentalists have long suspected that the emotional climate of the home can and often does influence children’s social adjustment (Shaffer, 2005:292). Children who have witnessed their parents fight without being abused themselves often learn that aggression ‘pays off’ (for the victor) and are more likely to become proactive aggressors, whereas those children who themselves have been victimized at home as

well, are inclined to distrust other people, often becoming more reactively aggressive (Schaffer, 2005:293).

The researcher is of the opinion that people learn to be violent. They learn this type of behaviour through being victims of violence themselves, and/or by witnessing violent behaviours and attitudes that are left unpunished, or are positively sanctioned. The social-learning theory is one of the most popular explanatory perspectives in marital violence literature. When applied to the family, the social-learning theory states that one may model behaviour that one has been exposed to as a child (Roberts, 2007:457). Bandura agrees (Natarajan, 2007:303) that violence is learnt through role models provided by the family. Those who physically abuse family members are thought to have witnessed abuse by others and have incorporated it into their own patterns of behaviour (Mignon et al, 2002:117). These are learnt either directly or indirectly, reinforced in childhood, then continued in adulthood as a coping response to stress or a method of conflict resolution.

During childhood and adolescence, observations of how parents behave in intimate relationships provide initial learning of behavioural alternatives which are 'appropriate' for these relationships (Natarajan, 2007:303). Natarajan (2007:303) is also of the opinion that if the family handles conflict with anger and aggression, the child who has grown up in such an environment can be at greater risk for exhibiting those same behaviours, witnessed or experienced, as an adult. Shelton and Harold (2007:509) believe that the risk of violent behaviour in adulthood increases if the child has been subjected to domestic violence during childhood. Gelles (Natarajan, 2007:304), states, 'Not only does the family expose individuals to violence and techniques of violence, the family teaches approval for the use of violence.'

A social-learning account of domestic violence predicts that violence between parents who have been observed by their children leads their children to use violence even in intimate relationships, which relates to the so-called intergenerational transmission of violence (Bowen, 2011:59). The theory is less effective in explaining why siblings growing up in the same abusive environment may turn out very differently in relation to behaviour (Mignon et al, 2002:117).

Consequently, it is not a given that witnessing violence leads to perpetrating violence. Polaschek (Bowen, 2011:61) notes that there are three main implications of the social-learning theory for treatment of individuals who resort to violence:

- Violent behaviour and associated cognitions are likely to be well-established by the time an individual reaches adulthood.
- Alternatives to violence can be learned as appropriate responses to preceding risk factors.
- Domestic violence perpetrators are likely to have a range of deficits that will also require some form of treatment.

The social-learning theory suggests that people learn from observing and modelling after others' behaviour. With positive reinforcement, the behaviour continues. If one observes violent behaviour, one is more likely to imitate it. If there are no negative consequences, such as the abuser getting arrested, then the behaviour will likely continue.

Along with feminist theories, the social-learning theory has been a major influence on the skills-based components of treatment programmes, and many current programmes combine feminist ideology with cognitive-behavioural skills training to a greater or lesser degree (Bowen, 2011:61).

Researchers are beginning to suggest that genetics may underlie observed patterns of family violence among human beings (Herzberger, 1996:131). Often, violence is transmitted from one generation to another in a cyclical manner. Familial transmission of violent behaviour can be due to genes, environment or both (Tremblay et al, 2005:356). Genetic research provides another opportunity to study the role of biological factors in family violence. Although some people are born with a predisposition for violence, it has not been proven that anyone has been born with a predetermination for violence (Bornman et al, 1998:373).

Behavioural genetic research has shown that genes influence individual differences in a wide range of human behaviours – cognition, academic achievement, personality

and temperament, including such traits as aggression and hostility, psychopathology and even vocational interests and social attitudes (Reiss and Roth, 1994:1-2). It is both genetics and the social-learning theory that most researchers believe to be the cause of the intergenerational transmission of abuse.

3.3 THE INTERGENERATIONAL TRANSMISSION OF ABUSE

For the purpose of this study, the intergenerational transmission of abuse will refer to the passing on of abusive behaviour from one generation to the next, which has huge implications for continuing the ripple effect of creating socially-maladjusted individuals. There is a trend in most studies, although not always a statistically significant one, consistent with the hypothesis of a genetic effect on adult and perhaps adolescent antisocial behaviour (Carey, in Reiss and Roth, 1994:42). The intergenerational transmission theory is constructed from the social-learning theory and is used to examine the developmental connection to domestic violence across the life course (Ross, 2010:81).

3.3.1 The possible transmission of abuse into adulthood

Bergen states (1998:17) that no finding regarding violence toward children has been more consistently reposted in the literature than the finding that persons who have been exposed to high levels of family violence in childhood, are more likely to be abusers. She has, however, provided the caution that this does not mean that all victims of childhood violence will grow up to be abusers. This also means that people who have had no violence in their childhood experience are not immune to violent behaviour as adults.

The idea of intergenerational transmission is nonetheless still often considered as the main explanatory hypothesis for domestic violence. This erroneous opinion rests on a methodological slant called the inversion of probabilities (Lecomte, 2004:177). One starts out from the correct observation that most parents who administer domestic violence were themselves exposed to domestic violence in their childhood. The false conclusion is drawn that most children having been exposed to domestic violence, once they become adults, will expose their own children to domestic violence.

3.3.2 The inversion of probabilities

According to Lecomte (2004:178), the inversion of probabilities consists precisely in confusing two methods - the retrospective approach and the prospective approach. In a retrospective study, the researcher observes the current behaviour of a person (generally an adult) and is interested in the past events that may explain it. In a prospective study, the researcher will start with the current situation of a person (generally a child) and is interested in his/her evolution over the course of the years.

The viewpoint is retrospective when the researcher examines the percentage of abusers that have been abused (around 90%, with variations depending on the study). Conversely, the viewpoint is prospective when the researcher examines the percentage of abused children who have become abusers (around 5% to 10% with variations from one study to another) (Lecomte, 2004:178).

Strauss et al's claim (Mullender 1996:41-42) that violence by parents begets violence in the next generation is based on data showing that 20% of sons of the most violent parents beat their wives, as opposed to 2% in this grouping who do not. However, an overwhelming majority from all the groups with violent childhoods (80%) are not currently violent towards their partners. Social workers might well be more interested in what keeps this 80% segment of men non-violent. These statistics could be used to motivate abusive men to change their behaviour.

The conclusion is clear: one cannot derive a prospective percentage from a retrospective percentage. These two figures are totally independent of each other. There is a mental optical illusion here due to a simple reality. When abusive parents are examined, the researchers tend to eliminate all the abused children who have become affectionate parents, that is to say, the majority of them (Lecomte, 2004:179). Only a prospective methodology can highlight this statistical reality.

The inversion of probabilities is a frequent error of social workers and therapists because they mainly see people who are not well.

3.3.3 The effect of emotional and social responses on the intergenerational transmission of abuse

Emotions are integral to intergenerational transmission in two respects. Firstly, parents directly model behaviours such as aggression and communicate definitions (e.g. violence is needed or justified in the situation), yet they also provide the child's initial and ongoing exposure to what emotions are and how they come to be expressed or managed (Giordano, 2010:33).

Victimisation experiences prove to be a direct source of negative emotions that amplify the child's level of risk for behavioural problems and other negative life outcomes, resulting in the development of poor socialisation skills. Importantly, it is within these same families that children have had repeated exposure to various forms of unproductive coping strategies and ways of 'acting out' that give shape to their emotional and social responses and increase the likelihood of the intergenerational transmission of antisocial patterns of behaviour (Giordano, 2010:34).

Psychoanalysts have proposed several defence mechanisms to explain the intergenerational transmission of abuse: denial, dissociation, idealisation and identification with the aggressor. According to Green (Lecomte, 2004:182-183), the more readily the abuser recognises and verbalises the trauma of his/her childhood, the less risk there will be of reproducing them with his/her children and with other people.

There are certain essential elements that promote the intergenerational termination of abuse: a high capacity for reflecting on oneself and on others, the presence of a supportive spouse, the presence of a network of friends and the effective intervention of child protection services (Lecomte, 2004:182-183).

Parents who do not repeat the abuse they suffered as children are very aware of their past experience of abuse. They can speak about it emotionally and recognise the effects their abuse had on them, as well as the potential effects on their own behaviour as parents. By contrast, the parents who reproduce the cycle of abuse only have a vague recollection of what they have suffered and make no link between their

childhood history and the care they give to their own children. They repress the abuse suffered, many of them even idealised their past and their parents' behaviour (Lecomte, 2004:183).

Some researchers believe that children are not born violent. Rather, those who are violent have been socialized by their families to perceive violence as the only viable means of asserting themselves or resolving conflict (Roberts, 2007:457). Not all children who witness domestic violence in their homes will resort to violence as adults (Mignon et al, 2002:117), however, the risk of such behaviour increases if they have experienced such events during childhood.

A straightforward way to understand intergenerational transmission of violence from a social- learning perspective centres on the idea of modelling or imitation. Being in close proximity to an individual who is engaged in aggressive behaviour increases the likelihood that the child will observe and later enact a similar behavioural repertoire (Giordano, 2010:127).

In cases where those who have not repeated the cycle of violence have been studied, several common characteristics have been uncovered. It can be concluded that non-repeaters of violence:

- received emotional support from other significant adults as they grew up (Mullender et al, 2002:119)
- had stable healthy relationships with understanding partners as adults (Bancroft et al, 2012:51)
- received therapy as an adolescent or young adult (Holt, 2008:797-810)
- were aware of their history of maltreatment and understood its potential impact on self-perception and relationships with others (David and Murphy, 2007:15).

Conversely, those who did not break the cycle of abuse were more inclined to deny or become detached from their childhood memories. Egeland and Erickson (as cited by Crowe et al, 1996:48) hypothesized that those who dissociate themselves from an abusive past and do not reflect upon it may act it out instead. They do not break the

cycle because they see no connection between their own maltreatment as a child and the maltreatment they inflict on their own children.

Jaffee (Goldstein and Brooks, 2013:136) argues that children's inherited vulnerability to disorder may be exacerbated by exposure to family violence. Children's risk for a range of adverse outcomes increases with the number of psycho-social risk factors to which the child is exposed. Violence in families where a parent has a history of violence is likely to be more severe, persistent and pervasive than in families where violence did not occur. One in ten calls made to alert police of domestic violence is placed by a child in the home. One of every three abused children becomes an adult abuser or a victim (Stewart, 2012).

3.3.4 Summary

Intergenerational transmission of abuse is the exception and not the rule, contrary to what has long been believed, but this belief still circulates in the public at large. Asserting that abused children will become abusive parents is not only an error of reasoning, but also a moral error. This commonplace assumption has condemned millions of people to live in fear of reproduction. The ex-abused are often so afraid of abusing their own children, they do not even allow themselves to become parents. It is important to avoid labelling children who have been abused, as potential offenders, and avoid injecting biases in research and interventions (Ross, 2010:82).

It certainly helps to break the cycle of violence if the ex-abused have real intentions of not wanting to reproduce the parental abuse, but it does not, however, constitute an absolute guarantee. If one has lacked an affectionate parental model, resilient children generally have difficulty as parents in finding the 'right attitude' with their children (Lecomte, 2004:177). Contrary to widespread opinion, most people who have lived with domestic violence do not expose their children to it once they have become adults (Natarajan, 2007:304). Human beings always have choices, and hence, responsibility for their behaviour. No-one is pre-programmed like a machine. Indeed, people who have lived with domestic violence may have more motivation for avoiding it later in life since they have seen the damage it can inflict.

Due to the fact that victims of domestic violence live in fear, they usually keep their situation private. They do not easily talk about it, leading to the existence of many myths regarding domestic violence.

3.4 MYTHS AND REALITIES REGARDING DOMESTIC VIOLENCE

Stereotypes, derived from the Greek (*stereos = solid; typos = mark*), are standardised and simplified conceptions that people make about the characteristics of all members of a group based on some prior assumptions (Basinskaite et al, 2011:17). Stereotyping has led to the existence of myths, which are invented ideas or concepts that carry no factual weight, as follows:

Myth 1: If a man takes out his aggression on his wife, he will not abuse his children.

Reality: More than half of spouse abusers also abuse their children (Itzin et al, 2010:4; Bergen, 1998:27).

Myth 2: Adults who harm children are mentally ill.

Reality: Families in which abuse occurs are not more likely to manifest psychopathology (Basinskaite et al,2011:20). Men who batter are different from other men only in their choice to use violence (Haaken, 2010:127).

Myth 3: Child abuse is caused exclusively by the individual deviant behaviour of adults.

Reality: Individual, family and environmental factors contribute to the causes of child abuse (Davis, 2008:198).

Myth 4: Men who batter their partners are socially inept, socially inappropriate or violent in all their relationships.

Reality: Studies fail to substantiate that these features are distinctive (Veer, 2004:164). Many batterers exhibit a Jekyll-and-Hyde personality (Wilson, 1997:15-16). Batterers can be quite charming and delightful when they want to be (Smith and Segal, 2014). This is how so many women get pulled into these relationships. Initially the batterer may seem loving and attentive, eventually, however, his behaviour becomes abusive.

Myth 5: Alcohol and drug use cause battering behaviour.

Reality: For many years it was believed that if an abusive partner curtailed his alcohol or drug use, the battering would cease. These substances were blamed for the batterer's behaviour. We now know that being intoxicated or high is simply an excuse for abusive behaviour, not its cause (Roberts, 2007:411). Research indicates that even when a batterer stops drinking or using drugs, the battering continues. He will simply find something or someone else to blame for his behaviour (Murphy, 2009; Pryke and Thomas, 1998:52; Goodwin, 1981: 14-15).

Myth 6: Genetic factors play such a strong role in human development that genes alone can determine certain human behavioural characteristics.

Reality: It is possible for specific human behaviours to result from specific genetic make-ups, but in most cases, behaviours are the result of various combinations of heredity and experience (Mercer, 2010:26).

Myth 7: A child's personality is formed by his or her experiences, especially those within the family.

Reality: Although family experiences contribute to the shaping of personality, they do so through complicated interactions with temperament and social expectations (Mercer, 2010:211).

Myth 8: Abusive relationships will never change for the better.

Reality: The key to changing an abusive relationship is the batterer's genuine willingness to accept responsibility for his actions. If the batterer can admit to the inappropriateness of his actions, wants to change and seeks counselling, then he has a chance to recover (Shannon, 2009:396). If the batterer will not accept this responsibility and refuses to change, the woman's greatest chance for living non-violently is to flee the relationship (Wilson, 1997:16).

Myth 9: Men who batter are often good fathers and should have joint custody of their children if the couple separates.

Reality: Studies have found (Stewart, 2012) that men who batter their wives also abuse their children in 70% of the cases. Even when children are not directly abused, they suffer as a result of witnessing one parent assault another (Magano, 2004:14).

Batterers often display an increased interest in their children at the time of separation, as a means of maintaining contact with, and thus control over, their partners (Johnston, 2006:23; Wallace, 2002:184).

Childhood trauma results from anything that disrupts a child's sense of safety and security, including domestic violence. When childhood trauma is not resolved, it is possible that this fundamental sense of fear and helplessness can be carried over into adulthood, setting the stage for further trauma.

3.5 TRAUMA SUFFERED BY CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Domestic violence is extremely traumatic for those subjected to it. Trauma shatters a child's perceptions of the world and the people in it. Wallen (Bornman et al, 1998:372) points out that in addition to producing acute stress reactions, exposure to violent events can result in lasting stress.

According to Kagan (2004:34), normal physiological responses to trauma include increased blood pressure, faster heartbeat, trouble breathing, chest pains, fatigue, fainting, shock symptoms and cardiac palpitations. Emotional responses include severe anxiety or a stunned numbing, denial or shock, dissociation, a dazed look, emptiness, irritability, depression, grief, terror or feeling alone. Cognitive responses include impaired concentration, short attention span, forgetfulness and confusion.

Traumatized individuals (Robinson et al, 2014) may replay the experience of trauma in their minds and appear disoriented to what is going on around them. Behavioural responses include impulsivity, inability to sit still, accentuated startle responses, spacing out, withdrawal or non-communication. Most of the emotional and behavioural responses to trauma will affect the person's ability to interact and socialise with others.

Trauma produces not only aggression but also an inability to modulate arousal, an unstable sense of self, insecure attachment, high chronic anger and a tendency to externalize blame, especially when the trauma has a shaming component (Arriaga and Oskamp, 1999:83). Dutton (Arriaga and Oskamp, 1999:83) argues that contrary to the

social-learning theory, exposure to traumatic events does not always produce passive coping strategies but can produce aggression. This occurs because the combination /of high arousal, externalization and attachment rage in children traumatized by intra-familial events overrides the more rational appraisal posited by a social-learning model.

The trauma model of abusiveness is depicted below and shows how developmental experiences may produce adult deficits that cannot be acquired through observation or modelling (Arriaga and Oskamp, 1999:85).

Table 5: Trauma model of abusiveness (Arriaga and Oskamp: 1999:85)

FAMILY OF ORIGIN	ADULT DEFICITS
<ul style="list-style-type: none"> • Physical abuse <ul style="list-style-type: none"> - Between parents - Directed at child Parental rejection • Shaming • Public punishment • Random punishment • Global criticism • Insecure attachment 	<ul style="list-style-type: none"> • Cognitive problem-resolution deficits • Violent response repertoire • Externalizing/blaming attributional style • High chronic anger • Rejection sensitivity • Ambivalent attachment style • Disturbed self-schema • Inability to self-soothe • Anxiety and depression

These adult deficits all have negative implications for one’s social development. Many event-related factors influence the child’s response to emotional stress or trauma, including the origin, nature, intensity, speed of onset, social preparedness, duration, scope of impact, degree of life threat and suffering, and the potential for recurrence of the event (Roberts et al, 2006:49). Children generally respond to severe trauma with changes in cognition (Shannon, 2009:317), interpersonal relations, impulse control, behaviour (Roberts et al, 2006:50) and vegetative function, and these responses differ with age.

Exposure to domestic violence can be classified as a very stressful event. A stressful event is most likely to be traumatic if it happened unexpectedly, if the victim or

bystander was unprepared for it and felt powerless to stop it, if it happened repeatedly, if someone was intentionally cruel or if it happened in childhood (Robinson et al, 2014). Toxic stress results from intense adverse experiences that may be sustained over a long period of time – weeks, months or even years. An example of toxic stress is child maltreatment which includes domestic violence and abuse (Shannon, 2009:316).

3.5.1 Post-traumatic stress

Roberts (2007:183) confirms that a number of studies have found that in the midst of a child's crisis to exposure to domestic violence, some children may exhibit symptoms of post-traumatic stress. Bornman et al (1998:372) found that children under the age of eleven seem to be more vulnerable to post-traumatic stress reactions than older children, and that adolescents are more vulnerable than young adults. Many problems among adults are the result of a stressful childhood (Shannon, 2009:319).

Intensive and prolonged stress can lead to a variety of short and long-term negative health effects (Shannon, 2009:315). To receive a Post-Traumatic Stress Disorder (PTSD) diagnosis, three clusters of symptoms (Roberts, 2007: 184) must be experienced for at least one month:

- Re-experiencing of the traumatic event, including upsetting dreams or reminders of the event.
- Avoidance of stimuli associated with the trauma and emotional numbing.
- Symptoms of arousal, such as angry outbursts, irritability or trouble sleeping.

Acute Stress Disorder (ASD) can be diagnosed if these responses occur within one month of the event.

Post-traumatic stress disorder symptoms in children who have been exposed to domestic violence can become chronic and they may benefit from prompt psychological assistance. Work with this group of children is of special importance because their psychological needs may be commonly neglected or underestimated by the family, school, law enforcement agencies and mental health professionals, in

cases where the child's functioning remains high (Bancroft et al, 2012:43). Even experts in socialisation would do well to take note of the psychological effects of domestic violence, as these have much to do with the way the victim views themselves as well as the way they view others (Pryor and Pattison, 2007:72), which in effect, is connected to their socialisation with other people and with the world around them.

The sense of safety and security that most children take for granted is often one of the first casualties in the world of the post-traumatic child (Goodyear-Brown, 2010:49). Children who have been exposed to domestic violence should be provided with the necessary post-traumatic de-stressors available, which will be discussed later on in the chapter. Children need to live in a context where they are valued and where there is a satisfactory expression and reception of feelings, warmth, calmness, humour, empathy, understanding and a protection from traumatic losses and stressful events (Bentovim et al, 2009:297). Children who do not live in this context, may experience emotional trauma.

3.5.2 Emotional trauma

A lack of emotional warmth in a child's life means that he/she is part of a network of insecure or disorganised attachments with adults who lack the capacity to respond to emotional communication. The child is then likely to respond by becoming frozen, showing evidence of a pervasive negative mood, persistent fear, traumatic responses or he/she may develop other forms of negative emotional adjustment (Bentovim et al, 2009:297), contributing to the acquisition of an antisocial personality.

Witnessing violence perpetrated against one parent by another is one of the most stressful experiences for a child (Kagan, 2004:37). It threatens the security and stability of the child's home, distorts the child's sense of right and wrong and complicates the child's identification with the same-sex parent whether perpetrator or victim (Sawyer and Burton, 2012:22). The threat of violence can be almost as stressful as actually suffering or witnessing violence (Sterne and Poole, 2010:4). Some researchers (LaViolette and Barnett, 2014:36; Itzin et al, 2010:173; Natarajan, 2007:303) are convinced that some home conditions may have an extremely negative

influence on the personality, mental health and socialisation of some children, not only at their present state of growth and development, but in the future as well.

The ongoing stress a child experiences in dealing with domestic violence may be expressed in low self-esteem, depression or anxiety disorders (Sawyer and Burton, 2012:21). Children who have experienced trauma may also have a range of sleep disturbances. Nightmares and night terrors are common reactions to trauma (Goodyear-Brown, 2010:34).

When a child has a nightmare, he usually wakes up on his own, remembers specific content from the nightmare and seeks out a caregiver for comfort. A child who has had a nightmare is easily soothed and typically falls back to sleep quickly. When a child has a night terror, he may sit up straight in bed and appear to be awake while screaming or crying inconsolably. It can be difficult to wake a child out of a night terror and waking is not advised as it is often difficult to soothe a child who has had a night terror interrupted. It is generally better to let the night terror run its course. The child will not remember what he was dreaming about (Goodyear-Brown, 2010:34-35). Stressful life events, such as having being exposed to domestic violence, are possible causes of night terrors.

Sterne and Poole (2010:4) argue that children experience violent episodes with much more intensity. One can conclude that with the stress of living in a domestically violent home, each blow, cruel word or distressing touch is an event in itself. Each experience adds to an aura of stress with which such a child's life is cloaked. Thus, repeated abuse becomes a chronic stressor in a child's life. The more a child is repeatedly abused or subjected to the abuse of his/her mother, the more he/she begins to distrust. The child distrusts the perpetrator and even learns to distrust the other members in the home who fail to protect him/her. The child may extend this distrust to any adults he/she may come into contact with, which will affect all his/her other relationships, including those with educators at school, sport coaches, authoritarian figures at church, etc.

Information presented throughout the research (Sawyer and Burton, 2012:21; Goodyear-Brown, 2010:34; Shannon, 2009:318-319) indicates that many of the

reactions of children from violent families can be classified as responses to trauma. Children who live with violence may also display emotional symptoms that are quite removed from the initial trauma. Children of violent families suffer a loss of faith that there will ever be order and continuity in their lives (McCarthy and Edwards, 2011:54). Normally, the family plays a crucial role in protecting children from trauma and assisting in recovery. Children of violent families, however, are traumatized because of the family environment and very often have no one to turn to for support.

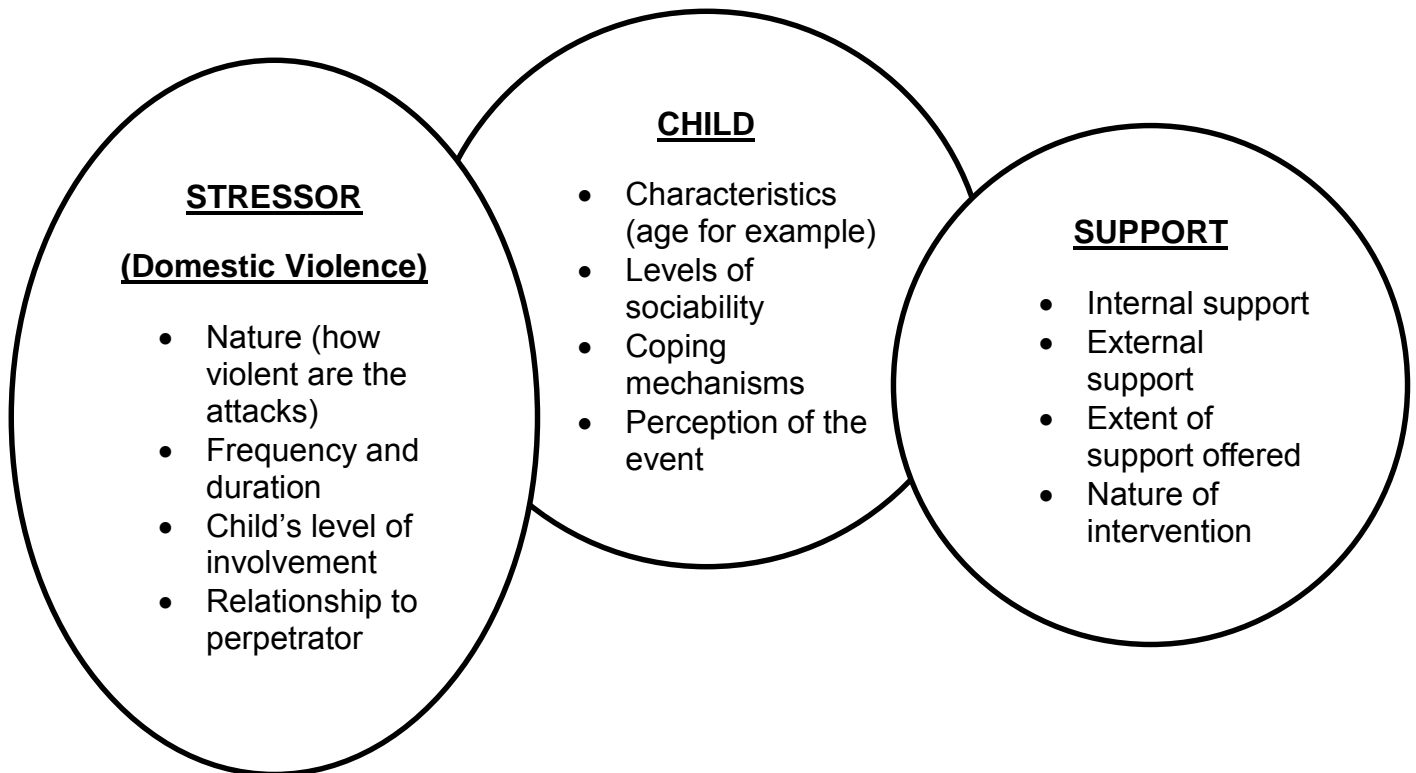
In order to heal from psychological and emotional trauma brought on by exposure to domestic violence, one must face and resolve unbearable feelings and memories that have long been avoided or suppressed. Otherwise they will return again and again. Trauma treatment and healing involves processing trauma-related memories and feelings, discharging pent-up 'fight-or-flight' energy, learning how to regulate strong emotions and building or rebuilding the ability to trust other people (Robinson et al, 2014), in order to have healthy functional relationships and be a socially-adjusted member of society.

Stress and trauma are endemic in our society and children must also face these threats. Although many contend successfully with life events, others may fall prey to psychopathological conditions (Arnold, 1990:65). Stopping the violence does not, in itself, create healing. Children need emotional and socio-educational support, both during and after witnessing/experiencing domestic violence. There are many trauma therapy treatment approaches. Some of these are discussed in the following section.

3.6 TRAUMA THERAPY TREATMENT APPROACHES

Before trauma therapy treatment is started, it would be wise to first assess the child to determine which treatment approach is best suited to his/her needs. There are three main factors (depicted in the diagram below) which appear to be of importance when making an assessment of the impact which domestic violence may have on children (Shipway, 2004:125-126).

Diagram 9: Three main factors to consider when making an assessment of the impact of domestic violence on children (Shipway, 2004:126)



It is only when looking at these three issues in conjunction that one can understand how a child has suffered, how a child is coping or the level of support a child needs (Shipway, 2004:127).

Experiencing domestic violence can cause trauma that disrupts the body's natural equilibrium, freezing the child in a state of hyper-arousal and fear (Robinson et al, 2014). In essence, the child's nervous system becomes stuck in overdrive. Successful trauma treatment must address this imbalance and re-establish the child's physical sense of safety. The re-establishment of a child's sense of safety should be at the forefront when planning treatment (Goodyear-Brown, 2010:49). Very little work can be done around a child's trauma issues until the/she feels safe with the therapist.

Key principles in trauma-focused Cognitive Behavioural Therapy include a range of elements (Bentovim et al, 2009:284-285):

- *The focus is on the here-and-now, acknowledging that the past may impact on current presentation and interactions. The focus is on behaviour and the*

work is goal directed towards a functional outcome shared between therapist and client.

- *Understanding the client's perspective* is central to the therapeutic approach which is active, collaborative and often directive, encouraging skills-building to regulate emotions and enhance coping strategies. This can improve the child's social adjustment.
- *Addressing affective and trauma symptoms* such as fear, sadness, anger, anxiety and unregulated effects is central, as is working with specific behavioural trauma symptoms including avoidance, anger outbursts, maladaptive behaviours, sexualised behaviours, violence, bullying, self-harming, substance abuse, defiance, disobedience and other social difficulties.
- *Functional components* include socio-education to provide appropriate information and understanding, building skills in emotional regulation, identification and correction of maladaptive beliefs, developing communication and interpersonal skills and problem-solving strategies.
- *Parenting work requires the engagement of families in treatment* through emphasizing the primacy of their role in coping with their distress and their centrality as a therapeutic agent for change.
- *Teaching relaxation skills* includes a variety of approaches such as deep muscle relaxation, the use of self-hypnotic techniques, finding a safe place in the imagination, learning techniques of thought-blocking and centring to confront flashbacks and re-enactments, all of which help to regulate affective states of mood.
- *Constructing a trauma narrative.* Here the aim is to be able to remember and talk about traumatic experiences without extreme distress or the need for avoidance. Drawing out an account of the trauma and abuse experienced and creating a trauma narrative helps to desensitize and habituate disturbing memories. This helps to resolve maladaptive avoidance symptoms, to develop a capacity to talk about post-traumatic experiences as part of life, putting them into perspective in terms of the present, obtaining support and connecting with others.

Treatment providers need to understand children's cognitive processing before they can change any behaviour. Children from violent homes have cluttered and busy minds that are constantly racing. Their thoughts are filled with anxiety and fear, and their focus scatters in every direction (Hamel and Nicholls, 2007:551).

It is possible to identify a number of successful therapeutic approaches by bringing together knowledge about the impact of trauma and family violence, as well as the content and findings of Bentovim et al (2009:292-294) on effective treatment approaches, as mentioned below:

- together
- Forming a therapeutic alliance
- Initiating social engagement
- Activating attachment systems
- Fostering secure attachments

Facilitating professionals 'working Recovering from trauma takes time. The victims should give themselves time to heal. The healing process should not be forced.

The victim should be patient with the pace of recovery and be prepared for volatile emotions. Lastly, the victim should allow themselves to feel whatever they are feeling without judgement or guilt (Robinson et al, 2014).

In looking at the services and treatment approaches which can be considered when working with children and families, it is useful to look at the different levels of prevention and interventions which are conventionally used. To understand the process it is helpful to use the language of primary, secondary and tertiary intervention (Bentovim et al, 2009:271).

3.7 LEVELS OF INTERVENTION

3.7.1 Primary intervention

Primary intervention is concerned with the provision of services to protect children living with trauma and family violence (Bentovim et al, 2009:271). This includes the provision of universal services for all children and families, which will support and prevent trauma and family violence. It also includes services targeted at those families and individuals who may be at particular risk of perpetrating violence.

3.7.2 Secondary intervention

Secondary intervention is concerned with the identification of children and families where there is evidence of children being subjected to trauma and family violence so as to provide intervention where necessary, with the purpose of ensuring adequate protection from further harm and assessing children's and families' needs (Bentovim et al, 2009:271). It involves the provision of interventions aimed at supporting strengths and addressing difficulties for children and families so that children's needs can be met (Sawyer and Burton, 2012:18-19).

3.7.3 Tertiary intervention

Tertiary intervention is concerned with interventions for children, parents and families to ensure that the cycle of intergenerational re-enactment and recreation of the context of trauma and violence is interrupted and positive pathways to resilience and fulfilling lives are promoted (Bentovim et al, 2009:271).

Intervention systems must not overlook the children, who are themselves victims. If there is no intervention, the cycle of violence may continue from one generation to another. Children who witness domestic violence are often more likely to be abusive adults (Hattery, 2009:43). This is a cost our society cannot afford to pay (Stewart, 2012). Due to the consistency of reports concerning the negative impact on children who witness domestic violence, most professionals (Sawyer and Burton, 2012: 'Building Resilience in Families Under Stress; Hamberger and Phelan, 2004: Domestic

Violence Screening and Intervention in Medical and Mental Healthcare Settings) agree that prevention and intervention programmes need to be implemented in order to stop the replication of the problem from one generation to another.

3.8 THE ROLE OF THE SCHOOL IN OFFERING SUPPORT

As with the family, the school is a powerful determining force within society. For socialisation to be effective within the classroom, the expectation is that both family and school play a complementary and mutually enforcing role in guiding the child towards full social membership as an adult (Wyness, 2006:129-130).

Some schools will be aware that a child comes from a home where there is domestic violence, though many children will be living with domestic violence of which schools are unaware (Sterne and Poole, 2010:6). In many cases, the professionals within the school are often the first people outside the family to pick up on the distress of a child or parent and make the link to family issues (Sterne and Poole, 2010:57). School staff may feel there is little that can be done in the face of problems that stem from home, or that other more specialist services are better placed to address those problems. Yet most families who experience domestic violence face social isolation and do not have involvement from specialist services. There is increased likelihood of children in these circumstances experiencing isolation from a wider network of social support (Sawyer and Burton, 2012:17). This is in part due to the stigma and secrecy that often surrounds issues of domestic violence. Isolated parents have fewer opportunities to get support from family members or the community and their children are less likely to have friends visit them at home (Sawyer and Burton, 2012:17). Working positively with the non-abusing parent can be an important way of protecting and supporting the child (Sterne and Poole, 2010:57).

The children's natural presumption may be that their victimised parent is unable to keep them out of harm's way, so the victimised parent may be distrusted by her children. As the primary caregiver, the victimised parent must see to it that this trust is rebuilt (Hamel and Nicholls, 2007:545), and the school could try to support the positive rebuilding of this relationship by offering guidance to the non-abusive parent and emotional support to the child.

Due to domestic violence, many children may have lost the most basic resources for their survival and development, namely emotional stability stemming from a secure family situation, a stable community and an adequate learning culture at school (Bornman et al, 1998:371). Learners' social development and adjustment are areas of importance and concern for school personnel.

According to Duncan and Rock (Bornman et al, 1998:374-375), children who depend on adequately functioning social institutions, such as their schools, appear to cope much better with violence than children who have little or no support. Schools should offer domestic violence training for all education professionals and ensure there is a designated member of staff with responsibility for domestic violence. It would be helpful if programmes opposing domestic violence could be developed for schools, with the inclusion of curriculum development work. It should include background information on domestic violence, answers to educators' concerns, activity sheets and other teaching ideas, resource and contact information. It should tackle issues such as disclosure by children, the correct procedure schools should follow when reporting incidents of domestic violence, the challenge to schools to be more proactive concerning domestic violence and the need for educators to work on their own feelings and knowledge levels before using the materials in class.

Affective and social adjustment relate directly to the basic mission of schools, which is to prepare the youth to function effectively in society. School staff will need to be informed about domestic violence, about the appropriate action to take and about support services that are available. As long as a child is in school and can access adults with an understanding of domestic violence issues, there will always be ways to offer support (Sterne and Poole, 2010:58). Many experts see education as the key preventive tool. Education can help build an understanding of the impact and the consequences of violence and promote non-violent alternatives and lifestyles. The goals of educational strategies should be to:

- raise awareness (Hamberger and Phelan, 2004:206)
- change attitudes (Shannon, 2009:385-386)

- develop skills to deal with violence and prevent it from recurring (Shannon, 2009:387).

Schools can use a range of strategies and interventions to promote social integration and teach social skills. They could use peer mentoring and friendship benches on the playground. Small group-circle time sessions and adult-structured interactive play sessions could help the children express themselves and be listened to in a safe environment (Sterne and Poole, 2010:92). Schools can adopt an initiative to help children form healthy relationships to prevent dating abuse before it starts, such as the 'Choose Respect' initiative (Shannon, 2009:385). Unhealthy relationship behaviours can start early and last a lifetime so 'Choose Respect' is designed to encourage positive action on the part of the youth to form healthy, respectful relationships. 'Choose Respect' seeks to reinforce and sustain positive attitudes among the youth as they get older and begin to enter dating relationships by providing effective messages for the youth, parents and educators that encourage them to establish healthy and respectful social relationships (Shannon, 2009:385-386).

The following section will deal with what the school can do to provide support such as creating a positive environment and offering counselling. Children who have been exposed to domestic violence may exhibit some school specific behaviours that school staff should be made aware of. Socially acceptable conflict resolution, which is essential to forming and maintaining social relationships, will also be discussed.

3.8.1 Providing a positive educational environment

Schools hold a unique position within communities. Increasingly, it is at school that children are demonstrating or acting out their anger, fear and hurt related to witnessing domestic violence at home. Educational institutions, which should provide a positive environment for resisting the drift toward violence, are seldom effective in dealing with antisocial behaviour. Instead, they often resort to security measures or take hostile action against the offenders.

Traumatized children who have good social support, typically from more than one source, tend to have fewer post-traumatic symptoms and seem to recover more

quickly (Goodyear-Brown, 2010:84). Schools should present opportunities to identify these children and create an environment for them that is safe and secure.

Despite the existence of many barriers to screening, identification and intervention with abuse victims, there is emerging evidence that they can be effectively addressed with appropriate interventions (Hamberger and Phelan, 2004:206). Hamberger and Phelan's (2004:206) areas of intervention include education about domestic violence, skill-building in screening and intervention techniques, use of protocols, administrative interventions such as performance reviews and continuous quality improvement approaches. Hamberger and Phelan's areas of intervention have been especially developed to be used in a medical setting, but their approach can be adapted to the educational school setting as well. It is essential that there is an appropriate level of response, which does not overstress or force disclosure. It is also important to work at the child's pace, but at the same time, spelling out the necessary process and finding the ways to achieve the goals of intervention (Bentovim et al, 2009:298). Key factors in promoting early intervention are accessible services with clear referral pathways and useful relevant information provided to potential users and referrers, in locations where they are likely to access it (Sawyer and Burton, 2012:48).

Prutzman et al (Bornman et al, 1998:376) emphasize that the very attempt to stamp out violence among children through methods which are themselves violent, only confirms the notion that violence is an acceptable, if not preferable, method of solving problems. Such methods are dehumanizing and fail to provide children with positive alternatives to violent patterns of behaviour. Sterne and Poole (2010:32) believe that a child who has found adults to be unreliable or untrustworthy may have difficulties trusting school staff. To help them to be more receptive to criticism or correction they will need a calm, non-threatening environment. Sawyer and Burton (2012:75) argue that when asked what has helped them, children tend to refer to help from family members, informal mentors and friends rather than the actions of paid professionals. It is also added by Sawyer and Burton (2012:75) that although most children prefer to talk to peers of their own age, knowing there is an adult with a listening ear at the right time can prove crucial.

Tolerance for children's poor coping abilities is necessary to see them survive the devastation of violence; using an authoritarian approach with them will simply not work. Punishing these emotionally bruised children only reinforces the negative feelings and self-perception they already have, which will result in acting-out behaviour. Reward and praise should be considered as an alternative. Positive reinforcement could also include children earning additional privileges, as opposed to taking them away. Adults need to be patient during any new changes and remember that behaviour can be learnt or unlearnt (Hamel and Nicholls, 2007:551).

Modifying child behaviours requires the supporting adults to see the situations through the eyes of the children and respect their perception and interpretation of events. While disciplining adults may not think the situations are scary or intimidating – to battered children they are. Hamel and Nicholls (2007:552) have likened the reactions of these children to a pot of hot water near its boiling point. The job of the treatment provider is to reduce the heat, otherwise the argument increases the boiling point where everything spills over and makes a mess, and someone ultimately gets burnt.

Experience shows that children – especially young children – will learn far more from the ways we respond to aggression and conflict than they will learn from our words. The most important requirement is to set a good example; how often do adults expect young people to have standards that they themselves do not maintain? Using negotiation and compromise works best for most children, but children from domestically violent homes especially benefit from this approach because it gives them back some of the control they may have lost while being exposed to the abuse (Hamel and Nicholls, 2007:552).

Giving children a choice is a very powerful tool as it is a very effective way to enlist their cooperation because children love having the privilege of choice (Shannon, 2009:420). It takes the pressure out of the parent's request and allows a child to feel in control, making the child more willing to comply. As children learn to make simple choices (milk or juice?), they are given the opportunity to practise what is required to make more significant choices (buy two T-shirts or one jersey?) which gives them the ability as they grow older, to make more important decisions (Shannon, 2009:420).

Giving children choices allows them to learn to listen to their inner voice. It is a valuable skill that they will carry with them to adulthood (Shannon, 209:420).

By allowing children to make choices, one is providing them with opportunities to develop their own self-concept. As they start making more and more right decisions, they will slowly build up their once diminished self-esteem. High self-esteem is important to developmental growth. To assist those who lack self-esteem, therapists should use exercises that promote positive feelings (Hamel and Nicholls, 2007:553). Studies of children who witness domestic violence reveal many problems related to school experiences, these will now be discussed.

3.8.2 School specific behaviours that the child who has been exposed to domestic violence may exhibit

Most children who have been exposed to domestic violence may exhibit a below-average self-concept and less ability to empathise than children who have not witnessed violence. They may also experience learning problems due to an inability to concentrate (Hamberger and Phelan, 2004:122), stress-related ailments and hearing and speech impediments. They may become anxious over-achievers in school (Sawyer and Burton, 2012:20) in an effort to be the perfect child who will save the family. School phobias may develop because the child fears that if the mother is left alone she may be hurt or killed (Sawyer and Burton, 2012:20).

Educators often remark how difficult it is to identify any particular trigger to a behavioural outburst; an innocuous comment may touch a raw nerve, a seemingly minor incident may provoke stress or panic (Sterne and Poole, 2010:30-31). It can be difficult for children who are living in fear to concentrate in school. Their preoccupation with safety and security can be a source of concentration difficulties.

Experiencing violent situations during childhood and adolescence can cause negative consequences for the victim's development (Asay et al, 2014:141). Domestic violence has a wide-ranging impact on children's development and emotional well-being and it can affect their whole education. Children who live with the high levels of anxiety induced by domestic violence are unlikely to achieve their educational potential or be content in school (Sterne and Poole, 2010:35).

Members of the educational profession, such as educators and psychologists, can provide a variety of services that could help in the intervention and treatment of children suffering the effects of domestic violence. Awareness of the effects suffered by children who have been exposed to domestic violence should be utilised in tandem with an understanding of resilience factors and approaches to support that may help to alleviate or reduce negative impacts (Sawyer and Burton, 2012:13).

There are some school specific behaviours the child may exhibit of which personnel should be aware. Some of these include:

- Below grade-level performance in reading, spelling and mathematics (Meyer, 2011).
- Delays in the ability to speak and to understand spoken language (Bancroft et al, 2012:46).
- Fighting with others at school (David and Murphy, 2007:13-14).
- Arriving early at school, staying late and not wanting to go home (Alabama Coalition Against Domestic Violence, 2010).

Educators need to really know the children in their classes well, because research as far back as Crowe et al (1996:26) shows that those who are abused by family members are less likely to report the assault than those victimized by strangers. Reasons for underreporting are many, including those identified by Kosberg and reiterated by Crowe et al (1996:26):

- Families are secretive about their internal conflicts.
- Acts occur in isolated home dwellings where extra-familial individuals who are more likely to report the incidents do not witness them.
- Awareness of the problem is lacking among professionals and the public.

Traumatized children with long-term anxieties may seem to be in a continual state of high arousal (Sterne and Poole, 2010:32). Educators will be familiar with those children who cannot keep still, who may be fiddling, rocking on their chair, turning

around and leaving their seats. Some children behave impulsively: shouting out, poking others, lashing out or destroying their work. These children can be wearying for staff, and their behaviour impacts heavily on their learning and that of others.

Of course, not all children from abusive backgrounds will have problems with learning and behaviour in school. For some, losing themselves in school and schoolwork will provide relief and an escape. Yet it is important to recognise that some children who show few external symptoms and behave well may, nonetheless, be anxious, unhappy and have significant emotional needs (Sterne and Poole, 2010:74). One needs to develop sufficient emotion-regulation in order to approach conflict in a socially appropriate way. The learning and development of adequate conflict resolution skills are vitally important in creating a well-adjusted social being.

3.8.3 Conflict resolution

Domestic violence within a family provides a negative model of conflict resolution and anger management (Sterne and Poole, 2010:95). Where conflict and domestic violence occur, outcomes for children deteriorate noticeably. If arguments involve the child (in reality or in the child's perception) the negative impact on children is increased further (Sawyer and Burton, 2012:16). Children who live with domestic

violence may have good reasons for being angry, but they need help to understand that aggression and intimidation are not appropriate ways of dealing with conflict.

Before young people can become effective, responsible adults, they must learn how to deal with conflict. Conflict is a normal and unavoidable part of life. Without guidance, some children may respond to conflict by giving in to negative pressure or mimicking the violent acts they have experienced. Guidance and counselling are facilitative processes in which the counsellor working within the framework of a special helping relationship uses specific skills to assist young people to help themselves more effectively (Magano, 2004:16). Given that key elements of domestic violence are power and control in relationships, intervention work should cover healthy and respectful interactions, relationships and conflict resolution (Sterne and Poole, 2010:95).

Healthy social relationships are a choice, but to get respect you have to give it. The youth can start by learning the key skills listed below (Shannon, 2009:387) that will help them give and get respect in all their social relationships:

- Anger control
- Effective problem solving
- Negotiation and compromise
- Assertiveness
- Fighting fair
- Understanding
- Listening
- Being a role model

Since violence in response to conflict is learnt, and not innate, children can be helped to unlearn it. Skills and attitudes can be taught and reinforced so as to lead to peaceful resolution of conflict and avoid violence entirely. Despite considerable research (Shannon, 2009:386; Magano, 2004:16; Bornman et al, 1998:395) indicating that the constructive management of conflict will increase the productivity of learners, educators receive very little training in how to use conflict for instructional purposes. In essence, educators have been implicitly taught to avoid and suppress conflict, but conflict cannot be suppressed or denied. Trying to do so can make the situation worse. Effective conflict resolution takes training, perseverance and support. If children can learn to become sophisticated in problem-solving, dialogue and negotiation, they will have been educated for survival.

3.9 STRATEGIES AND TOOLS FOR INTERVENTION

3.9.1 Batterer intervention programmes

DAIP (Domestic Abuse Intervention Project) groups are most often co-facilitated by a man and a woman (Pence and Paymar, 1993:86). This has some advantages, the first being that two people can alternate responsibilities by having one person do the

presenting of materials while the other handles the 'process watching'. The second is that co-facilitating affords the opportunity to examine what occurred during the group interaction. Facilitators can critique each other and provide constructive criticism and positive support.

Numerous intervention approaches and techniques have been developed (Shannon, 2009:396; Giardino and Giardino, 2010:78; Davis, 2008:198; Pence and Paymar, 1993:181) and implemented in an attempt to reduce or eliminate spouse abuse; they are aimed at promoting attitudinal and behavioural changes in perpetrators. Almost all incorporate a focus on the power and control issues that are viewed as core elements in abusive relationships (Geffner and Rosenbaum, 2001:3).

It has been demonstrated that domestic violence offenders maintain a socially acceptable façade to hide abusive behaviour and therefore accountability is the recommended focus of offender treatment programmes. Anger management alone has not been shown to be effective in treating domestic violence offenders, as domestic violence is based on power and control (Smith and Segal, 2014) and not on problems with regulating anger responses. The main goal for treatment for offenders of domestic violence is to minimize the offender's risk of future domestic violence, whether within the same relationship or a new one.

3.9.2 Publicising domestic violence

Feminists are responsible for making domestic violence a public issue, for initiating the shelter movement, for advocating laws to protect victims of violence and making batterers accountable for their behaviour (McCue, 1995:16). While the phenomenon itself was not new, contemporary feminists were the first to argue that domestic violence was not merely a private trouble but a social issue as well (Renzetti and Bergen, 2005:223). The consequences of family violence are multifaceted and, like a stone dropped in a calm pool of water, moving out in ever-widening circles, these consequences affect victims, their families and society as a whole (Wallace, 2002:370). Domestic violence is an epidemic societal problem (Hattery, 2009:3).

Children who have been exposed to domestic violence continue to be a serious social problem (Roberts, 2007:181). In North America, the fact that a sizeable portion of children are exposed to domestic violence is further illustrated by the large number of shelters for battered women and children (Roberts, 2007:181). There are approximately 2 000 shelters in the US (National Coalition Against Domestic Violence, 2006) and 480 shelters in Canada, many of which include a children's programme (National Clearinghouse on Family Violence, 2004).

According to Renzetti and Bergen (2005:252-253), the battered women movement has not been successful. It has neither eliminated wife beating, nor brought about a full-scale institutional response to the social problem of domestic violence. Nevertheless, the movement has achieved several important goals in a relatively short time. The plight of beaten women, once socially invisible, is now the subject of public discussion. For the first time, battered women and children have been singled out as a special population needing a range of services. Funds and other material resources have been obtained by anti-domestic violence groups. Government agencies and task forces have been established, new laws have been passed and community organisations are making explicit efforts to aid battered women and children (Renzetti and Bergen, 2005:253).

Two forms of socio-education must be a part of any strategy to reduce violence. The first is education for living, so that people are prepared with the understanding and skills to manage conflict (Magano, 2004:16) and stress on an interpersonal level through non-violent means. The second is the education of key agents of society so that they recognise violence for the harmful, damaging behaviour that it is, and respond to it appropriately (Clarke, 2003:113).

Why teach about domestic violence? Education about domestic violence is crucial for the following reasons (Sterne and Poole, 2010:120-123):

- Supporting young people who live with domestic violence and informing them about sources of support.
- Enabling young people to help each other.

- Helping young people to break the silence that surrounds domestic violence.
- Informing young people about healthy and safe relationships and preparing them for relationships.
- Helping young people understand when behaviour directed at them is unacceptable and how they can keep themselves safe.
- Supporting young people at risk of being forced into marriage or those at risk of 'honour'-based violence.
- Reducing bullying.
- Providing much-desired education.
- Helping prevent domestic violence.

Some socio-educational aims (Sterne and Poole, 2010:127) of a domestic violence curriculum for children are to:

- raise awareness about domestic violence and its impact.
- provide opportunities to learn about healthy relationships and develop skills and confidence to form relationships based on respect.
- enable young people to see domestic violence as an issue connected with bullying, power and control in relationships.
- develop knowledge about violence in intimate relationships.
- develop conflict resolution skills.
- challenge sexist and disrespectful attitudes and behaviour towards the opposite sex.
- inform young people about sources of help and about their rights to legal and other protection.

Domestic violence is undoubtedly a criminal offence and the aim of the movement against domestic violence has been to get the police, the courts and more generally, society, to treat it as such. A very useful and promising method of providing support to people who have been exposed to domestic violence is to approach the intervention process with a strength-based perspective.

One needs to draw strength from different systems. A useful way to explain the interconnectedness and influence of systems is to examine the ecological systems theory developed by Bronfenbrenner as far back as 1979. The ecological model describes how the individual, the organisation, the community and culture intersect and influence each other. An ecological model emphasising strengths was developed by John De Frain and Sylvia Asay in 2007. Adapting the model to the research of family violence, the strengths focused on (Asay et al, 2014:xv) include the following:

- Individual strengths: Critical thinking, hope and optimism, good problem-solving skills, adaptability, openness to change, the ability to see a crisis in life as an opportunity, and the courage to reach out to others.
- Family strengths: Strong relationships with other family members and extended family, when possible, and connections with close friends who are willing to help.
- Community strengths: Availability of safe shelters and victim services, support of local authorities, laws that ensure the rights of women and children.
- Cultural strengths: The condemnation of violence in the family on the national level and an emphasis on gender equity, human rights and dignity.

3.10 SUMMARY OF THE CHAPTER

In this chapter, the researcher has defined socialisation and discussed the family's role in the socialisation of children. Developmental theories surrounding socialisation have been discussed, specifically the theories of nature versus nurture and the social-learning theory.

As this is a socio-educational paper, the emphasis of this study is on the social development of children who have been exposed to domestic violence. There are many factors that are involved in the socialisation of children, such as social, cultural and biological influences. It is these influences that make people very similar and/or very different from one another. It is important to remember though, that the acquisition of social skills in children cannot be considered in isolation from their cognitive and emotional development.

The intergenerational transmission of abuse is discussed, where violence is often transmitted from one generation to another in a cyclical manner. Tremblay (2005:356) states that familial transmission of abuse can be due to genes, environment, or both, but this transmission of violence can be deferred when appropriate socio-educational guidance is provided. The researcher has tried to raise awareness of the problem of the inversion of probabilities, which has led to the existence of many myths regarding domestic violence. Nine common myths were mentioned, and then the reality explained.

Trauma and the effects of trauma suffered by children who have been exposed to domestic violence have been discussed. Specifically, the focus has been on post-traumatic stress and emotional trauma. Therapy approaches to trauma treatment and levels of intervention have been explained.

An important part of this chapter is the role of the school in offering/providing socio-educational support to children who have been exposed to domestic violence. Ways in which the school can provide a positive educational environment have been discussed. The school specific behaviours that children who have been exposed to domestic violence may exhibit have been identified and explained. Learning adequate conflict resolution skills has been identified as a vitally important aspect of creating a socially well-adjusted child who has the potential to become a non-violent member of society.

Two strategies/tools for intervention in domestic violence have been mentioned, namely batterer intervention programmes and publicising domestic violence. Approaching the intervention process with a strengths-based perspective has also been shared. The following chapter will discuss the research design and methodology that has been chosen for this study.

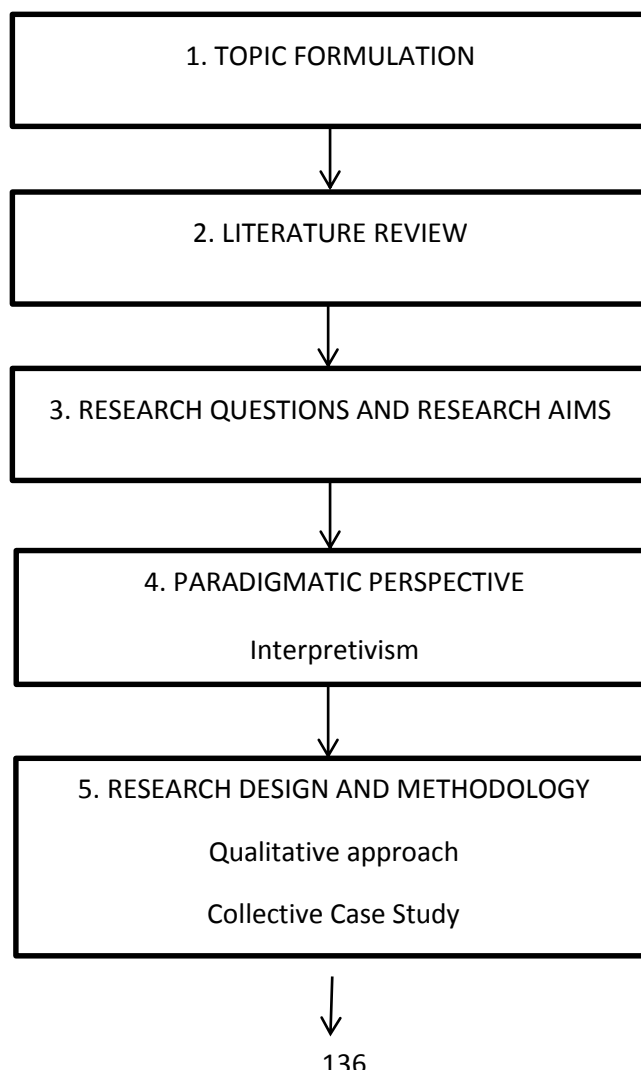
CHAPTER 4 RESEARCH DESIGN AND METHODOLOGY

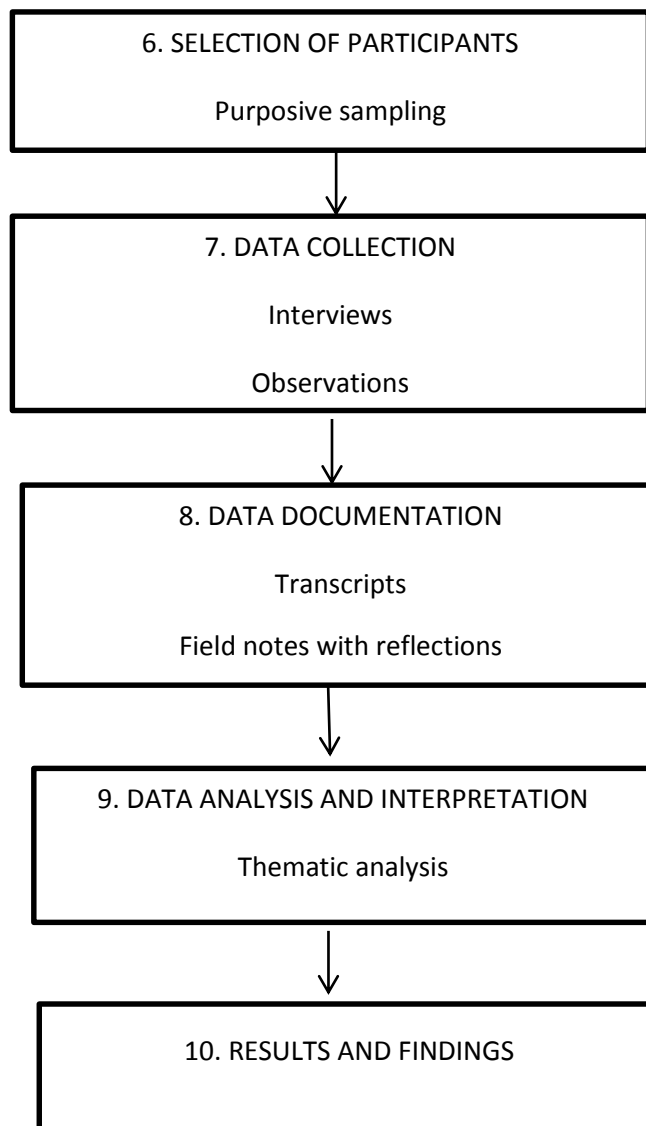
4.1 INTRODUCTION

This chapter presents the research design and methodology followed in this study, including the paradigmatic perspective, selection of participants, data collection strategies, analysis and interpretation. The quality criteria has also been included, which will be followed to ensure the study meets the necessary requirements for validity and reliability. Ethical considerations that will be adhered to are also discussed in this chapter.

Below is a summary of the research process:

Diagram 10: Summary of the research process
(adapted from Rossi, 2010:46-47)





4.2 PARADIGMATIC PERSPECTIVE

A paradigm is a set of assumptions or beliefs about fundamental aspects of reality which give rise to a particular world view (Maree, 2007:48). This implies that a paradigm serves as the lens by which reality is interpreted. Interpretivism aims to explain the subjective meanings and reasons regarding social actions, which relates to the ontology of the current study with the participants, according to Terre Blanche and Durrheim (1999, as cited in Rossi, 2010:47). This study consists of the subjective experiences of the participants and therefore, an inter-subjective and interactional epistemological stance can be adopted using methodologies such as interviews and observations. Epistemology is the theory of knowledge and how we know things (Matthews and Ross, 2010:476).

Many social scientists believe that social research must include an understanding and explanations of social phenomena which are not necessarily observable by the senses but can be interpreted by a fellow human being, the social researcher. The epistemological position that has emerged and developed from this is called interpretivism (Matthews and Ross, 2010:28). Below is a table summarising the paradigmatic perspective.

Table 6: The paradigmatic perspective (adapted from Terre Blanche and Durrheim, as cited in Rossi, 2010:47)

INTERPRETIVE PARADIGM	
Ontology	<ul style="list-style-type: none"> • Internal reality of subjective experience
Epistemology	<ul style="list-style-type: none"> • Empathetic • Observer inter-subjectivity
Methodology	<ul style="list-style-type: none"> • Interactional • Interpretive • Qualitative

This table explains that the ontology (study of being) is an internal reality of subjective experience. The epistemology (theory of knowledge and how we learn things) is empathetic and observer inter-subjective. The methodologies used in this study are interactional, interpretive and qualitative.

4.2.1 An interpretivist perspective on qualitative research

Interpretive researchers view the argument that human social life is qualitatively different from other aspects studied by science (Lawrence-Neuman, 2007:43).

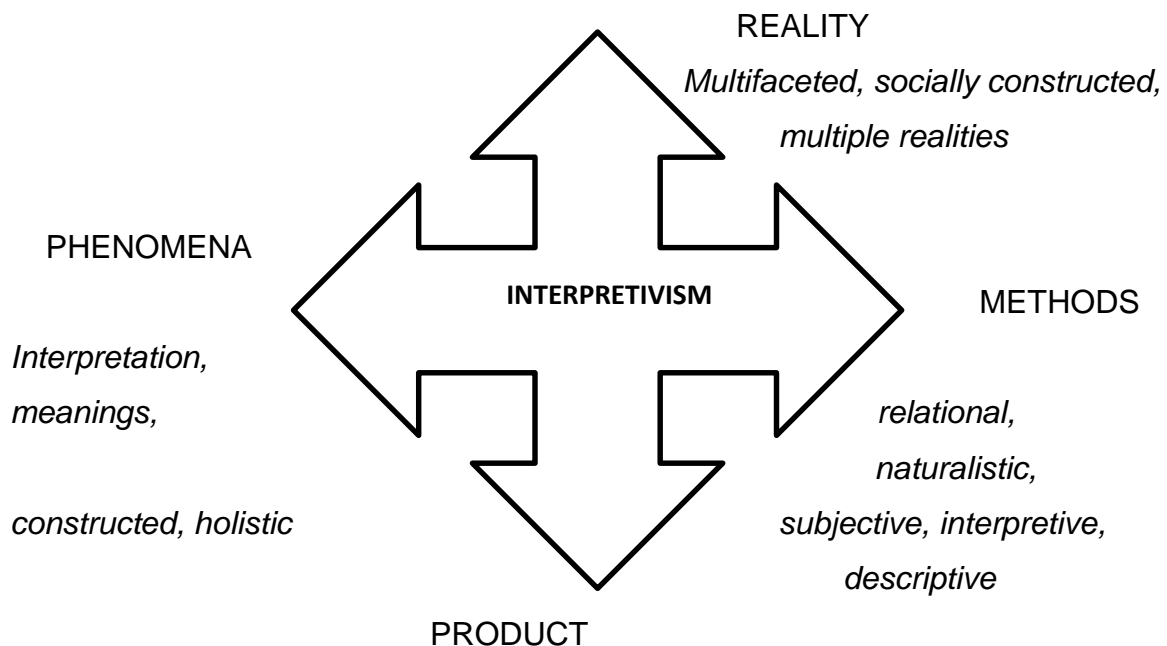
Interpretive studies generally attempt to understand phenomena through the meanings that people assign to them. The interpretivist perspective is based on the following assumptions (Maree, 2007:59-60):

- Human life can only be understood from within (focusing on people's subjective experiences and how they interact within their social environment).

- Social life is a distinctively human product. (The underlying assumption is that by placing people in their social contexts, there is a greater opportunity to understand the perceptions they have of their own activities).
- The human mind is the purposive source of the origin of meaning. (By exploring the richness, depth and complexity of phenomena we can begin to develop a sense of understanding of the meanings imparted by people to phenomena and their social context).
- Human behaviour is affected by knowledge of the social world. (Interpretivism proposes that there are multiple and not single realities of phenomena and that these realities can differ across time and place. As our knowledge and understanding of the social world and the realities increase, it enriches our theoretical and conceptual framework).
- The social world does not 'exist' independently of human knowledge. (As we proceed through the research process, our humanness and knowledge inform us and often direct us. Often subtleties, such as intuition, values, beliefs or a prior knowledge influence our understanding of the phenomena under investigation).

The ultimate aim of interpretivist research is to offer a perspective of a situation and to analyse it under study to provide insight into the way in which a particular group of people make sense of their situation or the phenomena they encounter (Maree, 2007:60). The figure below graphically summarises interpretivism (Maree, 2007:60)

Diagram 11: Graphical summary of interpretivism



Understanding, from within, not generalizable, richness and depth

Interpretive researchers tend to trust and favour qualitative data because qualitative data can be more accurately captured in the fluid processes of social reality (Lawrence-Neuman, 2007:43).

\In the case of this study, households where abuse and violence are present, have been studied. The interpretivist approach is used to offer a perspective of this abusive situation and how the adults who have been exposed to domestic violence during their childhood have made sense of their experiences.

4.3 RESEARCH METHODOLOGY

As explained above, this study follows a qualitative research method in order to explore and describe the effects domestic violence has had on the socialisation of adults who have been exposed to domestic violence during childhood. Qualitative research as a research methodology is concerned with understanding the processes

and the social and cultural contexts which underlie various behavioural patterns (Maree, 2007: 51).

The study meets Karlsson's three basic criteria that make a study qualitative (Mabena, 2002:70):

- The data are qualitative, in other words, it consists of transcribed interviews.
- Analysis of the data is qualitative and interpretive.
- The results are presented in a qualitative way (not in a statistical manner).

By using a qualitative approach, the researcher's intention is to gain a holistic and direct understanding of the phenomenon of the social experiences of an adult who has been exposed to domestic violence during childhood. Denzin and Lincoln (Rossi, 2010:48) further describe qualitative research as studying phenomena in their natural settings and seeking answers to questions that stress how social experience is created and given meaning.

The qualitative researcher approaches the data without prior assumptions, and instead searches for underlying laws or principles that seem to explain (not predict) human behaviours and actions (Mabena, 2002:70). As mentioned, the participants have been interviewed and their behaviour is interpreted within a social context.

Qualitative researchers follow a non-linear path, they use fewer standardised procedures and often devise on-the-spot techniques for a specific situation or study. The language used in cases and contexts directs them to conduct detailed investigations of particular cases or processes in their search for authenticity (Lawrence-Neuman, 2007:107). They continue to develop the study design throughout early data collection. The inductive qualitative style encourages a slow, flexible evolution toward a specific focus, based on the researcher's ongoing learning from the data.

One of the greatest strengths of the qualitative approach is the richness and depth of explorations and descriptions it yields. In effect, this means that the researcher

becomes the instrument through which the data are collected and analysed. At the same time, however, most of the critique levelled against this approach is directed at the subjectivity and the failure of the approach to generalise its findings beyond the situation studied (Maree, 2007:60). It has already been mentioned earlier that each case is unique and the experiences of the participants may not be exactly the same, although some common factors should emerge.

Qualitative research methodology places little importance on developing statistically large samples. On the contrary, qualitative research focuses on describing and understanding phenomena within their naturally occurring context with the intention of developing an understanding of the meanings imparted by the selected participants (Maree, 2007:51).

Basically, the social researcher tries to describe and explore a social phenomenon to understand and explain why the phenomenon is, or is understood as it is (Matthews and Ross, 2010:30).

Qualitative researchers argue that precise, systematic and theoretical answers to complex, human problems are not possible. They assert that every situation is unique and requires analyses of the uniquely defined, particular contexts in which it is embedded. Due to the social, political, economic and cultural experiences underpinning each study, the findings cannot be generalised. They do, however, bring us great clarity on how people make meaning of phenomena in a specific context, thus aiding greater understanding of the human condition (Maree, 2007:55-56).

4.4 RESEARCH DESIGN

A qualitative design is appropriate when the researcher intends to examine the properties, values, needs or characteristics that distinguish individuals, groups or communities (Du Plooy, 2009:88). In this kind of study, if data are collected by simply adding up the number of slaps rather than by looking at the relationship context within which the domestic violence occurs, then the work of the researcher might be considered politically incorrect by misinterpretation of data and findings. The fear of subjection to such harsh criticism may have restricted some research on domestic

violence. When conducting a qualitative analysis, it is virtually impossible to generalise the results to other texts or other media (Du Plooy, 2009:220).

Objectives of a qualitative design are to explore areas where limited or no prior information exists and/or describe behaviour, themes, trends, attitudes, needs or relations that are applicable to the units analysed (Du Plooy, 2009:88). That is why this design is suitable for this study of exploring the effects of domestic violence on the socialisation of adults who have been exposed to domestic violence during childhood.

When applying a qualitative approach, 'explanation' does not deal with the cause-and-effect relationships one would investigate when formulating hypotheses in a quantitative research approach. Instead 'explanation' focuses on providing possible reasons for reaching particular findings (Du Plooy, 2009:89).

In the research literature, six types of qualitative research designs are often discussed: conceptual studies, historical research, action research, case-study research, ethnography and grounded theory (Nieuwenhuis, in Maree, 2007:70).

Ethnography is conducted when the study of a group provides understanding of a larger issue (Creswell, 2005:436). The term *ethnography* literally means 'writing about groups of people' (Creswell, 2005:435). Using this qualitative design, one can identify a group of people, study them in their homes or schools, note how they behave, think and talk, and develop a general portrait of the group.

Ethnographic designs comprise qualitative research procedures for describing, analysing and interpreting a culture-sharing group's shared patterns of behaviour (Creswell, 2005:435-436). Ethnography is a useful design for studying groups in education, their behaviours, beliefs and language and how they develop shared patterns of interacting over time (Creswell, 2005:455).

Case studies as a research design will now be discussed in more detail. The different types of case-studies are mentioned and the type being used in this study will be explained.

4.4.1 Case study research design

A case study is a specific instance that is frequently designed to illustrate a more general principal; it is 'the study of an instance in action' (Cohen et al, 2005:181). It provides a unique example of real people in real situations, enabling readers to understand ideas more clearly than simply by presenting them with abstract theories or principles (Cohen et al, 2005:181).

A case study design has been chosen for this study as it places emphasis on studying a particular phenomenon in depth. From an interpretivist perspective, the typical characteristic of case studies is that they strive towards a comprehensive (holistic) understanding of how participants relate and interact with people in a specific situation and how they make meaning of a phenomenon under study (Maree, 2007:75).

Maree also states that it 'opens the possibility of giving a voice to the powerless and voiceless, like children or marginalised groups' (2007:75). This is essential for researchers to come to a deeper understanding of the dynamics of the situation, and this aspect is a salient feature of many case studies. Various contemporary reports in psychology (Bromley, 1991), sociology (Creswell, 1997; Yin, 1984, 1994) and education (Stake, 1978) have studied the individuals as the unit of analysis and have used the case-study method to develop rich and comprehensive understandings about people (Maree, 2007:76).

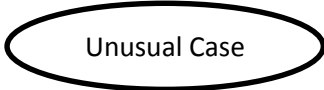

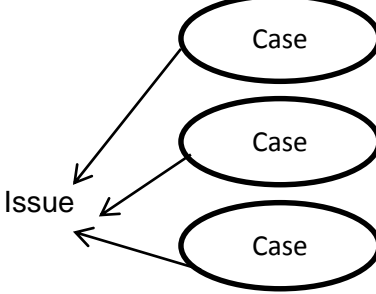
Below is a table depicting the strengths and limitations of a case-study research-design.

Table 7: The case study research design: strengths and limitations

CASE-STUDY RESEARCH DESIGN	
STRENGTHS	<ul style="list-style-type: none"> • This offers a very broad method that considers many sources of data when drawing inferences and conclusions about individual participants (Shaffer, 2005:21). • Tools to collect data may include surveys, interviews, documentation review, observation and even the collection of physical artefacts (Yin, as cited by Maree, 2007:76). • Case studies observe effects in real contexts, recognising that context is a powerful determinant of both causes and effects (Cohen et al, 2005:181).
CASE-STUDY RESEARCH DESIGN	
LIMITATIONS	<ul style="list-style-type: none"> • The type of data collected often differs from case to case and may be inaccurate or less than honest; conclusions drawn from individual cases are subjective and may not apply to other people (Shaffer, 2005:21). • Case-study research is aimed at gaining greater insight and understanding of the dynamics of a specific situation (Maree, 2007:76). • Case studies are also prone to observer bias even though attempts can be made to address reflexivity. Case studies may not be open to cross-checking, thus personal subjectivity and bias may be common (Rossi, 2010:51-52).

Case studies may also include multiple cases, called a collective case study, in which multiple cases are described and compared to provide insight into an issue (Creswell, 2005:439). Below is a figure illustrating the types of qualitative case studies (Creswell, 2005:440).

Diagram 12: Types of qualitative case studies (Creswell, 2005:440)

Intrinsic case study		Study of an intrinsic unusual case
Instrumental case study		Study of a case that provides insight into an issue (or theme)
Multiple instrumental case study (also called a collective case study)		Study of several cases that provide insight into an issue (or theme)

It is claimed that case-study research has been incapable of providing a generalising conclusion, but this is not the purpose or intent of this research. The advantage of large samples is breadth, whereas their problem is one of depth. For the case study, the situation is the reverse (Atkinson and Delamont, 2011:120). Case-study research is aimed at gaining greater insight and understanding of the dynamics of a specific situation (Maree, 2007:76).

The researcher has chosen to use the multiple instrumental case study (also called a collective case study). This method has enabled the researcher to study different cases that provide insight into the issue of domestic violence, more specifically the focus of the study: the effects of domestic violence on the socialisation of adults who have been exposed to domestic violence during their childhood.

A case study has several hallmarks (Cohen et al, 2005:182), and these are the points that drive the way the research is conducted:

- It is concerned with a rich and vivid description of events relevant to the case.
- It provides a chronological narrative of events relevant to the case.
- It blends a description of events with their analysis.

- It focuses on individual participants or groups of participants and seeks to understand their perception of events.
- It highlights specific events that are relevant to the case.
- The researcher is integrally involved in the case.
- An attempt is made to portray the richness of the case in writing up the report.

In order to obtain rich information, participants need to be carefully selected, so purposive sampling has been used for this study.

4.5 THE SELECTION OF PARTICIPANTS

Qualitative research is generally based on purposive sampling. Purposive sampling simply means that participants are selected due to some defining characteristic that makes them the holders of the data needed for the study (Maree, 2007:79).

Participants for the interviews related to this study have been selected according to a set of specific criteria:

- Participants must be adults over twenty-one years of age.
- Participants must have been victims of domestic violence during childhood.
- Participants must be willing to participate in the study and must have indicated so by signing a letter of consent.

The researcher has conducted semi-structured interviews separately with eight adults (four men and four women) who lived in domestically violent homes as children. The aim of these interviews was to gain insight into the participants' past experiences in this regard. The researcher has approached the study in a manner which will facilitate the identification of common themes in the participants' experiences. The researcher has also attempted to explore which of the effects of domestic violence have continued into their adulthood and which have not, as well as to uncover the reasons why and to what extent they have lasted into their adulthood, or have not.

The aim of these face-to-face semi-structured interviews was to obtain a more in-depth description of the participants' experiences and to determine the effects of these experiences on the participants' socialisation. The interviews should aid in ascertaining whether or not domestic violence has a lasting effect on the socialisation of children into adulthood, and if so, to what extent.

Some methods of data collection will now be discussed. The data collection strategies that have been used in the study include observation, field notes, interviews and audio recordings.

4.6 DATA COLLECTION STRATEGIES

The data with which a social researcher will work is usually in the form of language. This is the means the researcher has of capturing, reflecting on and describing social reality (Matthews and Ross, 2010:43).

Qualitative methods and techniques that can be used to collect data include participant observation, qualitative content analysis, open-ended questions in questionnaires, or in interview schedules (Du Plooy, 2009:89).

4.6.1 Observation

The main purpose of participant observation is to achieve intimate knowledge of the group of people who are the subjects of the research (Matthew and Ross, 2010:257). Observation is the systematic process of recording the behavioural patterns of participants, objects and occurrences without necessarily questioning or communicating with them (Maree, 2007:83-84). There are four types of observation used in qualitative research:

- Complete observer
- Observer as participant
- Participant as observer
- Complete participant

The researcher has chosen to be 'observer as participant'. This means that the researcher participates in the situation but remains focused on her role as observer. She will look for patterns of behaviour to understand the participants.

The most important part of observation is the recording of the data. In recording observational data, researchers sometimes use the following methods (Maree: 2007:85):

- Anecdotal records
- Running records
- Structured observation

In recording observation, two dimensions need to be captured: the researcher's description of what was observed (i.e. detailed descriptions of what actually takes place, which should not include any value judgements) and the researcher's reflection on what happened (i.e. her own thoughts or ideas about the meaning of what was observed). Observational methods offer much to enable one to become familiar with the phenomenon and to interpret what is seen (Atkinson and Delamont, 2011:66).

Below is a table depicting the strengths and limitations of observation as a data collection strategy (Shaffer, 2005:21).

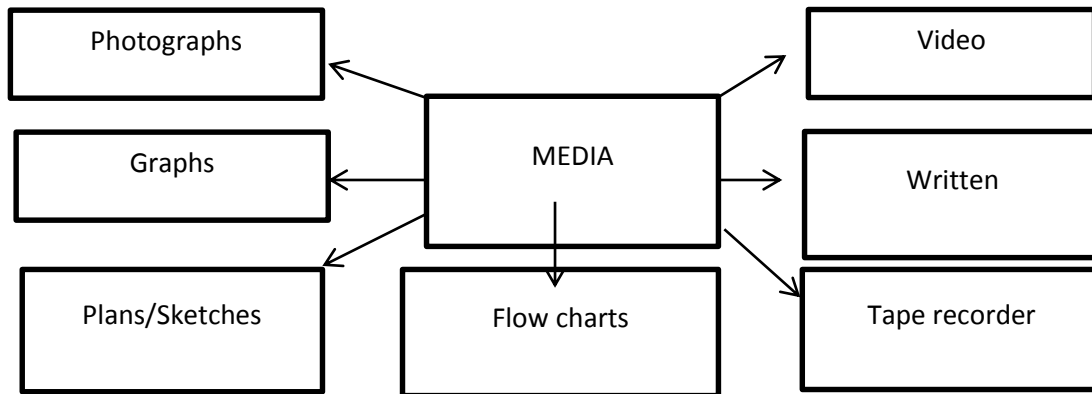
Table 8: Strengths and limitations of observation as a data collection strategy (Shaffer, 2005:21)

NATURALISTIC OBSERVATION	
STRENGTHS	Observation allows the study of behaviour as it actually occurs in the natural environment.
LIMITATIONS	Observed behaviours may be influenced by the observer's presence; unusual or undesirable behaviours are unlikely to be observed during the periods when observations are made.
STRUCTURED OBSERVATION	
STRENGTHS	Offers a standardised environment that provides every participant an opportunity to perform target behaviour; this is an excellent way to observe infrequent or socially undesirable acts.
LIMITATIONS	Contrived observations may not always capture the ways participants behave in the natural environment.

The researcher has the opportunity to observe the participants in both a naturalistic and structured setting. During the interviews, observation took place in a structured setting, and notes were made. The researcher has also been able to observe the participants in a naturalistic setting many a time, as the participants are known to her. She has been able to witness their behaviour socially, outside of the structured interview.

Below is a diagram of all the media that can be used when recording an observation (Sharman et al, 1995:36).

**Diagram 13: Media that can be used when recording an observation
(Sharman et al, 1995:36)**



For the purpose of this study, the researcher has only made use of a digital tape recorder and written notes.

4.6.2 Field notes

Field notes that contain the researcher's reflections regarding conversations, interviews and observations have been used. The field notes include additional notes relating to the study, discussions with experts in the field, such as psychologists or social workers, and other educators who have experience in dealing with children from a domestically violent home, as well as any additional information provided by the participants at any given time.

4.6.3 Interviews

Interviewing is one of the main data collection methods used by social researchers, providing the opportunity for direct interaction between the researcher and the research participants.

Interviews are, by definition, discussions with a purpose (Thompson, 2009:136). It is therefore helpful to bear this in mind in planning for the interview. Being clear about the purpose of the interview helps to retain a sharp focus and facilitate progress towards the desired outcomes (Thompson, 2009:136). The aim of qualitative interviews is to see the world through the eyes of the participant. Interviews can be valuable sources of information, provided they are used correctly (Maree, 2007:87).

Good practice in interviewing does not begin when the interview does. Effective interviewing is premised on a degree of advance planning and prior preparation. Choosing the appropriate time and place for an interview can be very important. Time can also be important in terms of the length of the interview (Thompson, 2009:135-136). Other significant aspects are to be noted, such as the speed at which a person speaks. This can indicate the emotional state of the speaker (Thompson, 2009:102-103). Tone of voice is also an important indicator of emotional state. It gives important messages about how the person is feeling (Thompson, 2009:104).

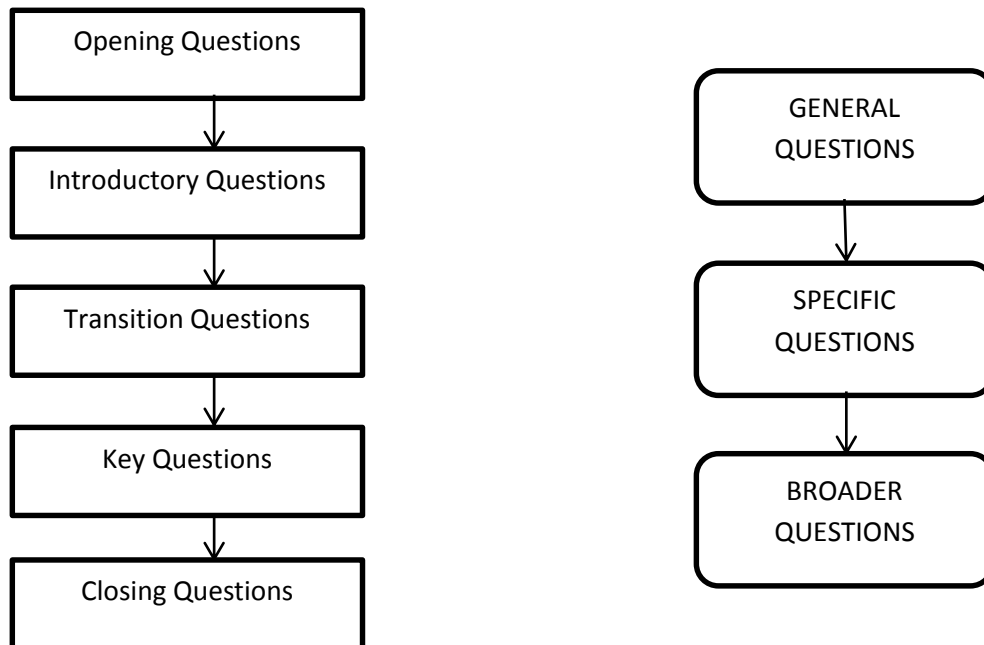
Certain aspects have an influence on developing the discussion guide in an interview (Hennink, 2007:47). The literature provides an indication of key issues and terminology, such as the study context, the research purpose and methodology, as well as the target population. The study context influences the language, questioning strategies and cultural sensitivity of topics or questions. The research purpose influences the selection of topics and focus of discussion. The research methodology influences the level of detail needed. The target population influences the language, terminology, topic and question strategies. Through the development of a discussion guide, valuable and relevant questions can be asked during the interviews, so that rich and detailed information can be obtained.

The heart of the interview is loosely structured around obtaining detailed information on the following topics in no particular order:

- Biographical information and history of the participants.
- Descriptions of the abusive experience.
- The impact of these experiences and how they deal with the situation.

The funnel design of the discussion guide (Hennink, 2007:50) is as follows:

Diagram 14: The funnel design of the discussion guide (Hennink, 2007:50)



The success of using interviews as a data gathering technique depends on a number of factors. Maree (2007:88) lists the keys to successful interviewing:

- Find the person(s) who is (are) best qualified, in terms of your research questions, to provide you with the information required.
- Make it clear to the participants what the aim of the interviews are and what information you want to gather from them.
- Verify that the participants are willing to be interviewed.
- Aim to collect rich and descriptive data on the phenomenon being studied and saturate your data.
- Avoid yes/no questions and make sure your questions are clear and neutral.
- Do not ask leading questions.
- Do not make your interviews too long.
- Include a variety of questions ranging from behaviour and experience questions to opinion and value questions.

- Do not dominate the interview; good interviewers are good listeners.
- Never be judgemental and never criticise. Do not argue or disagree with the participants. It is their perception you want to hear.
- Observe the participants' non-verbal communication and check your own non-verbal cues, such as maintaining eye contact and keeping an upright posture.

A deep understanding of studied life means entering it. Entering the phenomenon means being fully present during the interviews and deep inside the content afterward. Not only does this focused attention validate the participants' humanity, it also helps the researcher to take a close look at what he/she is gaining (Atkinson and Delamont, 2011:63). Entering the phenomenon means that the researcher comes to sense, feel and fathom what having that experience is like. Entering the phenomenon also means that the active involvement with data shapes the analysis (Atkinson and Delamont, 2011:63). The phenomenon is entered to discover what is significant from the viewpoints and actions of the people who experience it. It cannot be assumed that we already know what is significant.

4.6.4 Audio recordings

The interviews are recorded and then transcribed. Transcription practices are described by Oliver, Serovich and Mason (as cited by Rossi, 2010:63) as ranging from naturalism to denaturalism. Naturalised transcripts consist of verbatim representations of speech during which each sound, such as pauses, stutters, non-verbal, accents, and involuntary vocalisations are recorded as accurately as possible. Denaturalism is the opposite method and does not include every sound. Verbatim responses are recorded where possible. In this case, the researcher had no difficulty documenting the data as naturalised transcripts as she had made use of a good, high-quality audio-recorder.

It is stated by Silverman (2011:264-265) that social interaction is critical in this regard, forming both the topic and resource of analysis and enabling the researcher to examine the concerted production of social action and the ways in which people make sense of each other's conduct.

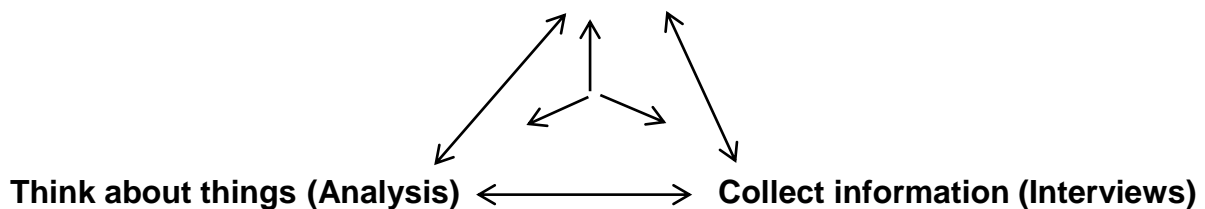
The aim in analysing qualitative data will be to interpret and make sense of what is collected. The researcher should keep the research questions, aims and objectives in mind, so as not to lose focus of what she is looking for in the data to ensure that what is found, will be credible and trustworthy.

4.7 DATA ANALYSIS

Qualitative data analysis tends to be an ongoing and iterative (non-linear) process, implying that data collection, processing analysis and reporting are intertwined, and not merely a number of successive steps (Maree, 2007:99-100). Below is a model that has been used to explain the iterative process of qualitative data analysis (adapted from Seidel, 1998, as cited by Maree, 2007:100).

Diagram 15: The iterative process of qualitative data analysis

Notice body language and facial expressions (Observations)



Seidel (1998) states that the model consists of three essential elements: noticing, collecting and reflecting (Maree, 2007:100). They are interlinked and cyclical. For example, while reflecting on the collected data, the researcher may notice specific gaps that require additional data and then he/she can set about collecting it.

Ely et al (Mabena, 2002:83-84) describe certain distinct phases in data analysis:

- The first is an ongoing discovery phase of identifying themes and developing concepts and propositions.
- The second phase, which typically occurs after the data has been collected,

entails coding the data and refining one's understanding of the subject matter.

- In the final phase, the researcher attempts to discount his/her findings, that is, to understand the data in the context in which they were collected.

The process described above is one through which order, structure and meaning are imposed on collected data.

The data can be analysed by means of coding, making a narrative analysis and a content analysis. The abovementioned methods of analysis will be discussed.

4.7.1 Coding of the data

Coding is the process of reading carefully through transcribed data line by line and dividing it into meaningful, analytical units (Maree, 2007:105). This coding process will help to quickly retrieve and collect all the text and other data associated with a thematic idea so that the sorted components can be examined together and different cases compared in this respect.

The crux of qualitative analysis (Maree, 1997:110) is to bring meaning to the words by:

- Identifying themes or patterns, ideas, concepts, behaviours, interactions, incidents, terminology or phrases that will facilitate understanding.
- Organising them into coherent categories that summarise and bring meaning to the text.

4.7.2 Narrative analysis

In a narrative analysis, the researcher will track sequences, chronology, stories or processes in the data, keeping in mind that most narratives have a backwards and forwards nature that needs to be unravelled in the analysis. Here, the researcher analyses the data in search of narrative strings (presenting commonalities running

through and across texts), narrative themes (major emerging themes) and temporal/spatial themes (past, present and future contexts) (Maree, 2007:103).

4.7.3 Content analysis

Content analysis is a systematic approach to qualitative data analysis that identifies and summarises message content. Content analysis is a process of looking at data from different angles to identify keys in the text to help understand and interpret the raw data (Maree, 1997:101).

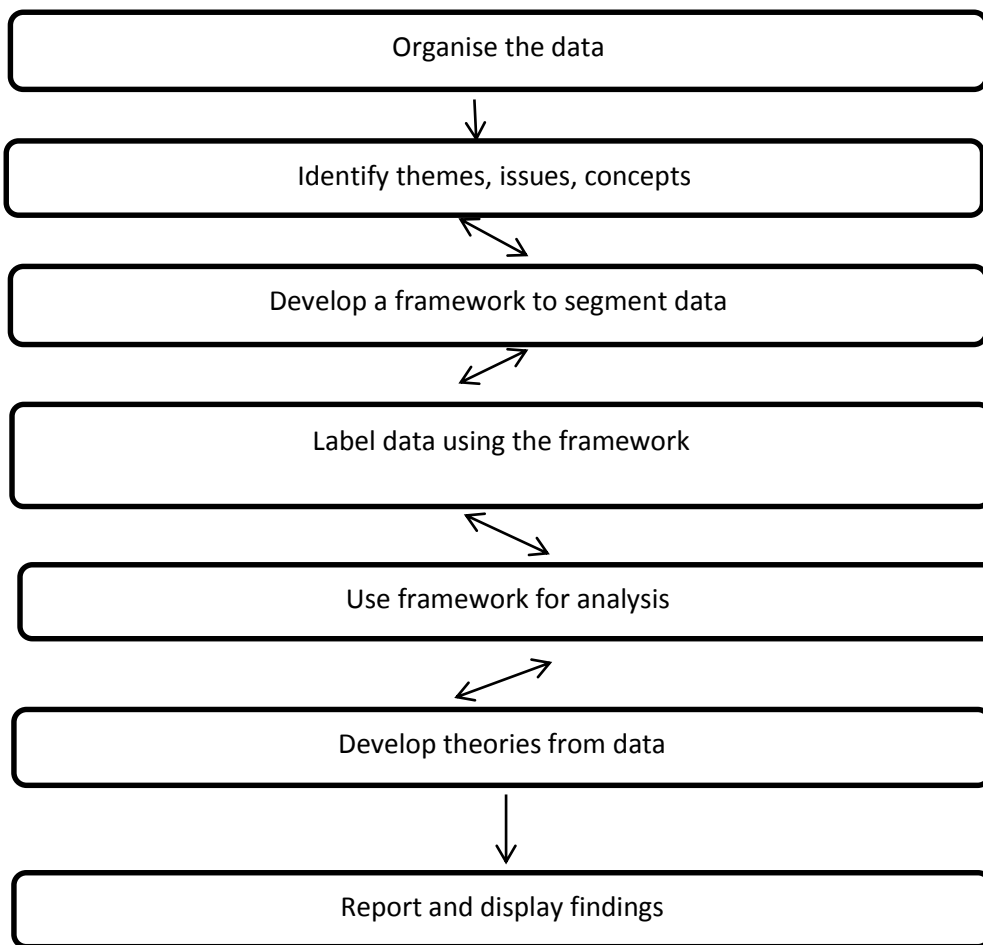
After an analysis of the data has been made, the process of interpretation has to begin. Coding and categorising the data represent some level of interpretation, but it is intimately related to the kinds of descriptions and interpretations that people would use in the community or setting that is being investigated. The researcher now has to move away from this level of interpretation to an analytical understanding that begins to explain why things are as the researcher has found them.

4.8 INTERPRETATION OF THE DATA

The analysed data must now be brought into context with existing theory to reveal how it corroborates with existing knowledge or brings new understanding to the body of knowledge (Maree, 2007:111).

Researchers keep track of emerging themes, read through their transcripts and develop concepts and propositions to begin to make sense of their data (Mabena, 2002:83). The data collected in this case will be the researcher's unique contribution to the development of the study. Below, the process of inductive data analysis is shown, in the form of a flow diagram.

Diagram 16: The process of inductive data analysis (Hennink, 2007:208)



After the data have been collected, the process of inductive analysis can begin. The researcher will first organise the data, and identify the recurring themes, concepts or issues that come up. A labelled framework will be developed to segment the data into their various parts. The framework will be used for analysis, and theories will be developed from the analysis of the data. Finally, the researcher will report/document her findings and display them.

In the next section, the researcher addresses the quality criteria which will underpin the study to ensure the trustworthiness of the results, as trustworthiness and credibility is of utmost importance in qualitative research (Maree, 2007:113).

4.9 QUALITY CRITERIA

4.9.1 Trustworthiness (Reliability)

Reliability means dependability or consistency. It suggests that the same thing is repeated or recurs under similar conditions (Lawrence-Neuman, 2007:115). The term 'trustworthiness' refers to the way in which the researcher is able to persuade the reader that the findings in the study are worth paying attention to and that the research is of high quality (Maree, 2007:297).

The trustworthiness of the study (adapted by Maree, 1997:113-115) can be enhanced by:

- *Using multiple data sources.* If the data from these different sources point to the same conclusions, the researcher will have more confidence in the results.
- *Verifying raw data.* Participants can be asked to verify the data gathered in earlier interviews.
- *Controlling for bias.* Due to the fact that relationships can develop with the participants, sometimes the researcher is tempted to see what he/she wants to see. Always be aware of bias, and try to steer away from it.
- *Avoiding generalisation.* The goal of qualitative research is not to generalise findings. Rather, it seeks to provide understanding from the participants' perspective.
- *Stating the limitations of the study upfront.* Every study has its limitations; problems in collecting and analysing data are often experienced. Stating these upfront can help the reader to better understand how the researcher arrived at the conclusions.

The researcher triangulates all data collected during the research process, including the results of the face-to-face semi-structured interviews, her observations and field notes in order to search for common themes to provide reliable findings. Furthermore, the researcher strives to eliminate any bias that might be brought to the study by constantly reflecting on the research process.

4.9.2 Credibility

Validity addresses the question of how well the social reality being measured through research matches the constructs the researcher uses to understand it (Lawrence-Neuman, 2007:115-116).

The issue here is the extent to which qualitative researchers can demonstrate that their data are accurate and appropriate. Lincoln and Guba (1985) make the point that it is not possible for qualitative researchers to prove in any absolute way that they have 'got it right' (Denscombe, 2010:299). Reassurances need to be given that the qualitative data have been produced and checked in accordance with good practice (Denscombe, 2010:299). It is on this basis that judgements can be made about the credibility of data. Durrheim and Wassenaar (2002) refer to credibility as the assurance that the research conclusions stem from the data (Maree, 2007:297).

Credibility is established by applying triangulation to the methods of data collection and analysis to determine if there are any discrepancies in the findings. The researcher strives to produce findings that are believable and convincing, also presenting negative or inconsistent findings in order to add to the credibility of the study.

Ensuring trustworthiness and credibility are just two of the many roles of the researcher. Other roles of the researcher include recognising participant bias, understanding one's roles as observer, interviewer, transcriber and data analyst. These roles as well as the very important role of adhering to all ethical codes of conduct will now be discussed.

4.10 THE ROLES OF THE RESEARCHER

It is necessary for the researcher to recognise participant bias, values and personal interests with regard to the research topic and process.

In this study, the functional role of the researcher entails the roles of observer, interviewer, transcriber and data analyst. It is also the role of the researcher to

constantly keep the best interests of all the participants in mind, as they need to be comfortable with the research process at all times. Any concerns or misunderstandings that arise must be addressed as soon as they arise. The participants are to be made aware of the confidential nature of the study. This should help them feel more relaxed and more open to sharing their personal experiences with the researcher.

The researcher's most important role is to abide to all ethical guidelines and procedures at all times.

4.11 ETHICAL CONSIDERATIONS

Social researchers should strive to establish relationships of trust with research participants. Ethical steps to avoid potentially harmful or exploitative conflicts of interest are critical to ensure that the objectivity of data analysis and interpretation is led by data and not by other interests (Alasuutari et al, 2008:97). Impairment of objectivity can harm participants, the public, institutions and the integrity of social science as a field.

It is imperative to obtain clearance from an ethical committee when human subjects are involved in any kind of research of an empirical nature (Maree, 2007:298). In this regard, it has to be mentioned that permission has been obtained (2013) from the Research Ethics Committee of the College of Education. Written consent has also been obtained from each participant involved in the study.

The researcher has read the Policy for Research Ethics of UNISA (2007) and the contents of this document are a true and accurate reflection of the methodological and ethical implications of the proposed study. The researcher has also further undertaken to inform the Research Ethics Committee of the College of Education of any adverse events that may occur arising from the injury or harm experienced by the participants in the study. The study is conducted in strict compliance with the ethics policy of UNISA. The confidentiality of all data collected from or about the research participants is strictly controlled to maintain privacy. Paragraph five of the Policy for Research Ethics places considerable emphasis on the integrity of the research. Furthermore, in

this study, the researcher has ensured that the research has been conducted with the highest integrity taking into account UNISA's Policy for Copyright Infringement and Plagiarism.

4.11.1 Informed consent and voluntary participation

Schinke and Gilchrist state that '... all informed-consent procedures must meet three criteria: participants must be competent to give consent; sufficient information must be provided to allow for a reasoned decision; and consent must be voluntary and uncoerced' (cited in Kumar, 2005 and reiterated in Hennink, 2007:35).

It is required that prospective participants are provided with all the information about the study that would be expected to influence their willingness to participate. Such information (Alasuutari et al, 2008:99) includes:

- The purpose, duration and procedures of the study.
- The right to decline or withdraw from participation.
- The consequences of declining or withdrawing.
- Risks and potential discomforts or adverse effects.
- Any prospective benefits to participants or society.
- Extent and limits of confidentiality.
- Incentives for participation.
- Who to contact with questions regarding the research (usually the principal investigator) and the participants' research rights.
- An opportunity to ask questions.

The participants will now be discussed.

4.11.2 Participants in the interviews

Selected participants were contacted telephonically. The purpose of the research study was explained to them and they were notified of their right to withdraw their participation at any time, without prejudice. Before the date of the scheduled

interviews, participants were presented with a written explanation of the study and what was required of them. The participants were given the opportunity to take the form home and go through it at their own time. They were also given the opportunity to ask questions to gain clarity. The participants were asked to sign the consent form if they agreed to be involved in the research study.

4.11.3 Protection from harm

Leedy and Ormrod (in Maree, 2007:298) state that the researcher should ensure the participants are not exposed to any undue physical or psychological harm. The researcher should always strive to be honest, respectful and sympathetic towards all participants. If the participants should need debriefing after an interview, the necessary referral to a professional who can provide such a service should be made. The researcher should always respect the participants and ensure that all the procedures are in their best interests.

4.11.4 Privacy, confidentiality and anonymity

Gaining ethical approval at the beginning of a study does not mean that ethical issues can subsequently be ignored. Instead ethical considerations should inform each stage of the research process.

Burns states that both the researcher and the participant must have a clear understanding regarding the confidentiality of the results and findings of the study (Maree, 2007:299). All participants' information and responses shared during the study are kept private and the results are presented anonymously to protect the participants' identities.

In this study, it has to be emphasised that in addition to the ethical aspects discussed, the researcher has conducted the research according to UNISA's Policy on Research Ethics (2007). The researcher has adhered to the process and measures to ensure the privacy, anonymity and confidentiality of participants. Participants were informed of the possible future use of the information obtained, including publication of research

findings and use as secondary data, such as abstracted information, which does not violate the privacy, anonymity and confidentiality of the participants.

After checking the Nexus Data Base at <http://stardata.nrf.ac.za> for South African research that is in process or completed, the researcher declares that there is no research being undertaken on the same topic.

4.12 SUMMARY OF THE CHAPTER

In this chapter, the research design and methodology have been presented. An interpretivist perspective on qualitative research has been undertaken. The researcher has used the collective case study design method as it places emphasis on the in depth study of the effects of domestic violence on the socialisation of children.

A comprehensive understanding of how the participants relate and interact with others is needed for this study. The participants have not been randomly selected; they have been selected according to a set of specific criteria.

Data collection strategies such as observation, field notes, semi-structured interviews and audio recordings have been used. As the data were analysed, themes and developing concepts were identified. After the data were collected, the coding of the data took place and the researcher's understanding of the subject was refined. Thereafter, the researcher could begin the process of data interpretation.

Quality criteria such as trustworthiness and credibility have been discussed, as well as the roles of the researcher and all the ethical considerations which have been adhered to in this study.

In the following chapter, the researcher undertakes a narrative analysis in which she tracks sequences and stories in the data. The data have been organised, recurring themes have been identified and a labelled framework has been developed to segment the data into their various parts. The researcher aims to develop themes from the data analysis and then finally, document her findings.

CHAPTER 5
ANALYSIS, INTERPRETATION AND PRESENTATION
OF THE RESEARCH INTERVIEWS

5.1 INTRODUCTION

As leading social researchers, Hammersley and Atkinson (as cited in Matthews and Ross, 2010:219) highlight: 'The expressive power of language is its capacity to present descriptions, explanations and evaluations of almost infinite variety about any aspect of the world, including itself.'

In the light of this statement, the researcher will present the analysis and interpretation of the research interviews in the form of a narrative. According to Matthews and Ross (2010:265), narratives are socially constructed stories. A narrative is the depiction of a sequence of past events as they appear in present time to the narrator, after they have been processed, analysed and constructed into stories. The notion of depiction is of vital importance. Narratives are not records of events; they are a representation of a series of events (Matthews and Ross, 2010:265).

Some background information on the participants will be given, followed by the themes that have emerged during the analysis of the transcribed interviews. Particular reference will be made to the social relationships the participants have formed throughout their lives.

The participants' information will be discussed in terms of characteristics, family background and pattern of abuse. Subsequently, the themes that have emerged will be grouped into categories in this chapter. The general term 'participant' will be used in place of the real names of the participants, in adherence with the ethical laws of confidentiality and anonymity.

5.2 INTERPRETATION OF THE SEMI-STRUCTURED INTERVIEWS

5.2.1 Background and history

All of the participants come from homes in which their fathers have been abusive towards them, their mothers and their siblings. As mentioned in Chapter 4, there are four male participants and four female participants ranging between the ages of 23 and 70. The social aim of gathering information from their childhood experiences, as well as their experiences during adulthood, is to ascertain which of the social effects experienced during childhood have lasted into adulthood and to what extent.

A brief family background of each participant is given below:

Two of the male participants (namely Participant 1, aged 56 and Participant 2, aged 70) and three of the female participants (namely Participant 4, aged 66; Participant 5, aged 60 and Participant 6, aged 68) are siblings. They were born to the same parents and lived together until they became financially independent. They come from a family of nine children however, only five of them are participants in the study. Their parents remained married throughout the childhoods of all their children. Their father was a frequent drinker, an alcoholic in fact, and physically abused his wife and children. Their abusive father passed away at the age of 68 due to natural causes. Their mother then lived with one of her daughters until her death 27 years later.

Participant 3 is 29 years old and one of two children. He has a younger sister. His parents were married for 20 years before his mother filed for divorce, after years of abuse. Her husband had started abusing her in the very early stages of their married life, including while she was pregnant. His father would only drink socially with friends, but the most violent episodes would occur when he was sober. He was physically and emotionally abusive toward both his wife and his son. After the divorce, his abusive father ceased to have contact with his family. Today, the participant has a good relationship with his mother, but has no interest in having contact with his father.

Participant 7 is 23 years old and is one of two children. He has an older sister. His parents were married for 16 years. They were living in South Africa when the abuse

started, but violent episodes were infrequent. At a later stage, they moved abroad, away from close family members, where the abuse became increasingly frequent. Violent attacks also increased in severity, when alcohol and substance abuse became part of the father's daily routine. The participant's mother then ran away with her children from her abusive husband. She was forced into hiding in order to keep herself and her children safe. The participant and his sibling had no contact with their father for nine years. He only made contact with his father once he had learned that his father was seriously ill. His father passed away shortly after.

Participant 8 is the youngest of five children. She is 30 years old. Her family immigrated to South Africa while her mother was pregnant with her. She is the only one of her siblings to have been born in South Africa. Her parents divorced when she was 19 years old. She reported that her father was addicted to gambling and also had a drinking problem. He was abusive to his wife, and occasionally to his children. In this family, it appears that the mother was also abusive to her husband and to her children. The participant felt more individually victimised by her mother, than by her father. After the parents' divorce, it appears that the mother has remained close to only one or two of her children. However, the mother and all five children still get together for family occasions. The father is only in contact with one of his children as they work in the same environment.

The four men were interviewed first and then the four women. Each participant was interviewed separately, and each case study is unique. The first differentiating factor is that the participants do not all belong to the same generation. This could possibly provide a different view point and insight into the age-old social problem of domestic violence.

The second differentiating factor is that not all of the mothers have remained trapped in the abusive relationships. In two of the families, the parents divorced and in one family, the abused spouse fled from her abusive partner. In the third family, the couple remained married. All the couples (even those who eventually divorced) lived long lives together in an abusive relationship and had remained married throughout the childhoods of their children.

All the participants lived through similar circumstances, yet they have each experienced their situations differently, with reference to domestic violence. Even though there are many similarities in their reactions, they have also displayed unique behaviour in response to the abuse suffered and they provided different information during their separate interviews.

All the participants have individual personalities and have used different coping strategies. They have not all suffered the exact same effects as a result of the domestic violence experienced during their childhoods. Humphreys and Stanley (2006:60) agree that the impact domestic violence has on one's social ability depends on the individual's age, level of understanding, personality, circumstances, coping strategies and degree of support.

In the next section, the feelings the participants have for their parents (both the perpetrating parent and the victimised parent) will be discussed. The feelings they have for their parents determine the type of relationship they have formed with them. A parent-child relationship is an important one as it is ultimately the very first relationship one will ever form. In a well-adjusted family, this relationship will be a healthy one, where the child will learn much about socialisation.

5.2.2. The relationships between the children who have been exposed to domestic violence and their parents: both the perpetrating parent and the victimised parent

When the participants were asked to briefly describe what their fathers were like, many of them hesitated before answering. The abusive fathers were described by their children as very strict and militant, violent and unloving, even selfish. One father was described as 'a quitter'. In his son's opinion, his father had 'quit' on his family by abusing them. One participant was petrified of her father and would avoid him whenever possible. She thought of her father as a stranger, a stranger she feared.

After admitting that he was incredibly fearful of his father, one participant said, 'He was kind in his own way...' and '...he wasn't horrible to me always.' The researcher has interpreted this as Participant 1 defending his father's character. The participant did

not want the researcher to think poorly of his father. He also mentioned that his father lacked the education to 'know that what he was doing was wrong.' Another participant felt that she did not know much about her father, but still chose to describe him as a good man, with a 'heart of gold'.

Another participant spoke of her father by saying, 'He had his faults, but as a sober man, he was the most wonderful father anyone could wish for.' Later the researcher learned that this man was an alcoholic and barely spent a sober moment with his family. Her description stands out as being a somewhat fictional idea of the man. According to the literature (Kagan, 2004:39), what this participant has done here, is made use of a coping strategy. Victims try to cope emotionally by numbing themselves and they avoid thinking about the violence perpetrated in the home, or even block out or 'forget' the worst incidents.

It seems clear that none of the participants have had much of a relationship with their abusive parent. They have lived most of their childhoods consumed by fear when around their fathers. In fact, most participants described their relationships with their perpetrating parent as non-existent. Many were too fearful to even converse with their violent parent. On the odd occasion when they would be spoken to, they were likely to say anything the violent parent wanted to hear just to please him/her, to avoid any sort of confrontation.

Even though the participants had been fearful during childhood, and some even expressed feelings of hate, they still feel confused about their feelings. They recall that one moment they felt consumed with hate, wishing that the abusive parent would die, and the next moment they felt guilt, because after all, he was their father. Sterne and Poole (2010:27) say that victims who fantasize about hurting or killing their abuser, use this thought pattern as a coping mechanism, reflecting ongoing stress. The following comments reflect this:

Participant 7: 'The fear I had for my dad was like, yes, I hope he dies tomorrow, so I don't have to feel this anymore. But then I would think I don't want him to go. He's my father, the same man I know. The good man I was talking about.'

Participant 3: 'I might even have driven over him if I had to see him in the road.'

Participant 4: 'When I was small I hated him; I wished him dead. That's how much I hated my father as a child.'

Cleaver and Nicholson (2007:22) say that circumstances sometimes change and this may cause children's responses to change over time. It may also cause them to adopt different coping strategies. Some of the participants may have longed for a relationship with their fathers, and so may have used coping strategies such as denial, rationalization and minimization. Three participants appear to have dissociated, and have chosen to rather remember the better experiences they had with their fathers, whether real or fictional.

Almost all the participants said they have had healthy and positive relationships with their mothers. They described their mothers using words such as, 'loving', 'soft-hearted', 'kind', 'caring' and 'protective'.

The same participant who described his father as 'a quitter', described his mother as a fighter. He views them as complete opposites. Although he believes that his father had given up on their family, he feels that his mother fought very hard to keep their family together, making many sacrifices for her children.

One participant mentioned that her mother had always been very protective of her and her siblings, often hiding little things that may have angered her father, so that he would not target the children as well.

Participant 3 speaks of the compassion and sadness he felt for his mother: 'If I angered my father, my mother would try to alleviate the physical abuse targeted at me by transferring it to herself.'

Most of the participants regard their mothers as the 'one who got them through it', which confirms Mullender's (2002:119) theory that in relation to domestic violence, strong relationships with the non-abusive parent can play a protective role in terms of children's coping strategies. McGee and Jaffe (Harne and Radford, 2008:65) agree

that having a close maternal bond has been found to be a major protective factor in minimizing the impacts of violence.

Only two participants do not feel that their mothers helped them cope. Although Participant 4 describes her mother as a gentle person with a soft heart, she admits to not having had much of a relationship with either of her parents as a child. She feels that she withdrew from everybody, even her mother. It is also possible for immediate family members to experience isolation from each other as a result of their difficulties. This can manifest itself in more subtle ways, such as avoidance of each other or a lack of open communication (Sawyer and Burton, 2012:23). This was not the case with Participant 4's siblings. Her siblings have drawn incredible strength from their mother. This again proves that children who have been exposed to the same environment may have different experiences and reactions to violence in a domestic context, depending on the individual's personality, coping strategies and level of understanding (Bancroft et al, 2012:51).

Participant 8 has had a very different experience compared to the seven participants before her. She has suffered direct abuse at the hands of her mother. Even though her father physically abused her mother and occasionally abused her, she feels that her mother has taken all her own frustration out on her. She was victimised and abused by her mother during her childhood. Her mother had five children, yet she only maltreated her youngest child.

Hampton (1991:75) is of the opinion that women who are victims of severe violence are more likely to use violence in resolving conflicts with their children. The case of Participant 8 is the first case that the researcher has come across that supports Hampton's theory. Mullender (Humphreys and Stanley, 2006:54-56) contradicts this theory by saying that children from abusive homes find their mothers to be crucial sources of support. Her theory has been applicable to all the other case studies. This is not a contradiction of facts, but rather proof that findings from a qualitative study cannot be generalised. Every situation is distinctive and requires analysis of the uniquely defined, particular context in which it is embedded. Although findings cannot be generalised, they do bring greater clarity to how people find meaning in their situations, enabling a greater understanding of the human condition.

In this study, six of the eight participants formed a secure attachment to their mothers (the victimised parent). Strong bonding and good relationships with their mothers have played a protective role in terms of the participants' coping strategies since they mentioned their mothers as being instrumental in 'getting them through' their ordeal.

Despite having lived in a domestically violent home, the participants have still managed to learn some appropriate socialisation skills from their mothers, such as having compassion for others, respect for one another and caring for others.

Given the nature of domestic violent situations in which the victims are normally isolated from friends and relatives, the children can only really confide in their mothers about their fears and insecurities. Another important element of coping is having someone to turn to for emotional support, and for the majority of the participants, the confidantes in their lives were none other than their own mothers.

In the case of Participant 4, she has suffered a loss of supportive emotional attachments. She has not found the relationship with her mother to be particularly helpful as she did not feel that she could confide in her mother about her feelings. Her family environment during childhood made her feel very unsafe and this has made her insecure. As a child, she did not feel that her mother was able to protect her, so she withdrew completely. As mentioned before, each person may react differently to the exposure to violence in a domestic context, and this participant has experienced so many emotional and social effects (fear, insecurity, anger, trauma, anxiety, withdrawal, depression, stress, etc), that she has found it very difficult to trust anyone, even her non-violent parent.

The mother of Participant 8 can be referred to as 'the victimised parent' but she cannot also be referred to as 'the non-violent parent'. Participant 8 has ultimately experienced more violence from the victimised parent directly, than from the perpetrating parent. Her relationship with her mother has been one filled with confusion, insecurity and distrust. She has also felt an incredible sense of abandonment, as she has perceived the abuse from her mother as directly targeted on herself. She feels that her mother chose only her as the target, as she did not treat her other children with the same hostility.

These participants, as children, found their childhood experiences to be filled with distress and insecurity. Although they recall some pleasant times and have good memories of parts of their childhood, generally it was a stressful time in their lives due to the domestic violence in their homes. The participants have found social situations particularly stressful, as their insecurities have made it very difficult for them to be comfortable around other people.

5.2.3 The social experiences of the participants during their childhood

The school environment has seemed to be very difficult and challenging for these participants as abused children. That is why it must be emphasized how important it is for educators to be aware of the signs of abuse. These children need to be identified and given the care they need, so as to minimize the already devastating emotional effects of domestic violence. To reiterate what was stated in Chapter 3 by Sterne and Poole (2010:58), if a child has access at school to adults who have an understanding of domestic violence issues, there will always be ways to offer support.

In each of the case studies, the fathers did not provide well for their families financially. This, in itself, is another form of abuse - financial abuse. In cases such as these, the father has the means to provide, but chooses to neglect the financial needs of his family. In homes where domestic violence occurs, social presentation is often affected. If there is poor hygiene or inappropriate dress due to neglect, children may appear different, experience bullying or show a lack of confidence (Sawyer and Burton, 2012:23).

Some of the participants attended school very poorly dressed and without shoes; others often went to school hungry. The family of nine children have European heritage and being 'foreigners' in a school that consisted of staunch Afrikaans children in the 1950's and 1960's in apartheid South Africa presented various challenges. The children in the family were faced with discrimination and other challenges such as bullying, intimidation and cruelty. Perhaps it had something to do with the political state of affairs in South Africa at that time. Perhaps this family's situation was seen as less important because they are a continental family; they could have been regarded as

'non-citizens' in apartheid South Africa, an era during which there were divisions within divisions.

One of the sisters (from the family of nine, namely Participant 4) recalls the social aspect of school being very difficult for her. She remembers being ridiculed by learners and educators alike for not being able to wear the regulation uniform and for not having school shoes. She mentions that one or two very kind educators seemed to genuinely care and helped to get her fed by asking classmates to bring extra lunch. Sometimes the educators would bring the extra lunch themselves, but it was not something she could count on. When she speaks of going to school without food, she suddenly speaks in a much softer, whispering voice and the researcher strained to hear her at first. This indicates that she still feels ashamed of being neglected. When asked to clarify her feelings, she tearfully admits that although she felt embarrassed as a child to take the hand-outs, she was so hungry that she could not refuse. Her older sister (Participant 6) admits to having additional problems at school, such as being partially deaf. She recalls feeling too embarrassed to tell educators that she could not hear. Her self-esteem was lowered even further as she did not perform well at school. This confirms the school-specific behaviours that have been discussed in Chapter 3 relating to children who have been exposed to domestic violence – in this case, low academic achievement.

Participant 3 remembers that as the abuse seemed to escalate at home, he started misbehaving at school. He started rebelling and socialising with peers who were a bad influence in his life. He admits to becoming a bully on the playground. He acted out at school what he was experiencing at home. He became violent and aggressive with classmates. This correlates with Bergen's (1998:27) opinion that in instances in which children intervene to protect their mother, as this participant often did, they become surrogate victims and become more aggressive in their relations with others. His educators noticed this behaviour and he remembers the school calling his mother in to discuss the situation. His mother was not truthful to the school authorities about their abusive home situation. He feels his educators may have suspected the truth because even though he misbehaved, he feels that they treated him with compassion.

Participant 8 said she found her educators to be quite supportive. She has always had rather poor eyesight, and it was her educator who bought her glasses when her parents did not. She also recalls educators bringing them food at home, even after they had left the school. They may have just thought that the family was poor, as the participant is unsure of whether or not they knew of the abusive home situation. The educators of Participants 8 and 3 seem to have been more supportive than the educators of the older participants. They are two of the younger participants, which may indicate that there was more awareness and understanding of the problem of domestic violence in the 1990's than there was in the 1960's. In these cases, some intervention and support was provided, which enforces the view that with correct support, the negative effects of domestic violence can be overcome, to a certain extent.

Three of the four male participants and one of the female participants were often involved in fights at school. Participant 3 admits to being the bully, while the other three participants (all siblings) feel it is necessary to stress the fact that they never started the fights, but were still punished. They all mentioned that they detested violence and that they only fought back in self-defence, particularly when they were called 'bugs'. The participants from the family of nine children say that they were often referred to as 'bugs' by peers at school because they appeared neglected. This derogatory term emphasised their poverty and dehumanised the participants. In Chapter 3, it is mentioned by Sterne and Poole (2010:30-31) how educators find it difficult to identify any particular trigger to a behavioural outburst, as a seemingly minor incident may provoke stress or panic. In the case of these siblings, the term 'bugs' would always touch a raw nerve, and would provoke an aggressive reaction.

These children lived with domestic violence at home and experienced a hostile environment at school too. Further to being victimised at home by their fathers, they were also bullied at school for appearing neglected, which would obviously lead to the development of a negative self-image. These factors may all be contributors to their social maladjustment.

The fourth male, Participant 7, remembers keeping to himself at school. He says he had some friends to play with but no significant meaningful friendships. He hardly

studied for tests and did not achieve pleasing results. He believes that people may have known about his abusive home situation and he feared rejection from peers. He was afraid that his peers would think he was just like his father, thus he decided not to form any close friendships.

Other participants admit to not having had any friends while growing up. Others recall having one or two close friends at school. When asking these participants to recall who their friends were, they remembered their full names without any hesitation at all. This indicates to the researcher that these friendships were extremely important to them as children and must have had a positive influence on them. Even though these friendships were treasured, the participants still had difficulty trusting people. They did not even tell the few friends they had about the abuse in their homes, and they were scared to invite friends home for fear of their father's unpredictable mood swings.

Only two of the eight participants mention that their fathers actually prohibited them from visiting their friends, although they were not prohibited from having friends. One participant says she had been warned that she would 'get a hiding' if she visited any friends. Another participant says that his father would stop him from socialising at any social gatherings where his father was present. He says that when his father visited friends and he went along, his father warned him that he was not allowed to tell anyone about anything that had happened at home. In fact, he was prohibited from playing with the other children. The participant was instructed to say that he did not want to play, and not that he wasn't allowed to play. 'I didn't mind at the time,' he says, 'I felt it was safer just to stay with him anyway, just in case I accidentally did or said something wrong.'

Each of the participants were asked to give a brief description of their childhoods, in a nutshell. The researcher later obtained rich and detailed descriptions, but chose to pose the question in this manner initially so that she could determine which emotions came to the forefront immediately when asked about their childhoods.

Participant 1 described his childhood as 'fun'. He recalls playing games and being mischievous with his siblings. They were not isolated from other family members, as is generally common in cases of domestic violence. He does not mention his father.

Participant 2 described his childhood fondly. He speaks of family gatherings, playing outside and purposely staying away from home. He mentions his father when he says, 'When my father was away, that was happiness.'

Participant 3 recalls feeling scared for most of his childhood. He remembers some good times, but comments that he associates his childhood with fear. He feels as if he did not have that much of a childhood, as he felt forced to become the 'parentified' child. In other words, he feels he had to take on many of the responsibilities that should have been his father's, such as making sure all the doors and windows had been locked at night. He would ensure that his father's dogs had been fed and he fixed things around the house from a very young age. He recalls one night when his sister's playmate was visiting, his father started hitting his mother. The participant quickly took his sister and her playmate into his bedroom and locked them inside with the music blaring so that they would not hear the beating.

Participant 4 states, 'I never really mixed with anybody, never ever. I didn't bring anybody home because he was always drunk.' She speaks of how nervous she was during her childhood and how she still feels nervous when thinking back about the past.

Participant 5 says, 'I never went out to see friends or anything like that. If we did, we would get a hiding.' She also adds that she feels 'she had a good life' and would not mind having to repeat it. This is a completely different response to that of her siblings. Denial, rationalization (making excuses for the abuser or blaming yourself) and minimization (pretending that the abuse was not as bad as it really was) are coping skills developed in order to survive a confusing and painful experience (Rosenberg, 2007:187).

Participant 6 mentions 'good times' when her parents played musical instruments and everyone danced, but it was often short-lived since a joyous occasion very soon became abusive as her father would always get drunk. When asked if she had friends growing up, she answers, 'Definitely not. The only friends we had were the family.'

Participant 7 says his childhood was (what he considers) happy while his family was living in South Africa. Unbeknown to him, his mother was already being subjected to abuse at home, but she tried to hide the abuse from her children as they were very young. At that stage, he feels the beatings were not frequent. The family moved abroad when the participant was ten years old. Once in the new country, the beatings occurred on a daily basis and he was old enough to understand how his mother acquired her bruises. He recalls living in fear: 'I was not afraid for myself as my father did not hit me; he only tried to push me down the stairs once when I tried to protect my mom.' His greatest childhood fear was that his father would kill his mother. When asked if he has suppressed some of his memories, his response is: 'I can't remember much of it. It's not that I blocked it out; I was just too young to really remember. I know it happened though because I feel it. I have this fear but don't remember it. It's hard to explain.' The abuse suffered during childhood obviously does have a lasting effect because even if the details are unclear, the emotion of fear has been imprinted on this participant and remains with him today.

Participant 8 recalls having a pleasant relationship with her mother in her younger years, but then something changed. She says, 'What I mean by a good relationship is that I used to feel comfortable going to her, and then I didn't. I think I was about ten. I remember when she and my dad fought, I used to run to her because I'd be scared; and then I don't know why, my mom just changed. She'd just push me away.' Abused parents can exhibit 'emotional unavailability' at particular times, and this can adversely affect children's identity, self-esteem and attachments (Sawyer and Burton, 2012:19). The participant remembers 'fun' childhood memories with her brothers and sister, but recalls a great deal of insecurity: 'The bad part was the insecurity. There was so much of it and I think that's why we (her siblings) now strive so much for security.' According to Sawyer and Burton (2012:19), 'low warmth' and 'high criticism' environments are associated with poorer outcomes for children's emotional, psychological and social well-being.

In all four families, there was a common external element that may be a contributor to the violence, namely addiction. It is rather ironic that an abuser strives for control, yet is unable to control his addictions. In all four families, alcohol was present to varying degrees. In the family of Participants 1, 2, 4, 5 and 6, the father was addicted to

alcohol. In the case study of Participant 3, the father was addicted to pursuing women outside of his marriage. This did not happen occasionally; it was ongoing behaviour that did not cease. The father of Participant 7 was addicted to alcohol and the participant speculates that his father may have possibly been involved with other harmful substances. The father of Participant 8 was addicted to gambling.

5.2.4 The role of addictions in the abusive family

Seven of the eight participants described their fathers as being frequent drinkers. These men have been aggressive whilst drunk, being verbally and physically abusive towards their families. Some of the participants seem to blame the alcohol for their fathers' behaviour because in some of the cases, the fathers are described as being quiet and 'sheepish' when sober. This does not prove that the alcohol makes them abusive. What it does prove is that, according to Pryke and Thomas (1998:52), violent men get drunk in order to get themselves into a situation in which they know there is a strong likelihood that they will be violent. Getting drunk therefore becomes part of the denial of responsibility (Veer, 2004:167).

Participant 7 suspects his father may have also been taking drugs, as he can recall his father washing down pills with alcohol. He says he cannot be sure what the pills were for, but they would have a very negative effect on his father's mood. He says, 'It's like he wasn't just drunk; it was like something else - like another state, like he had a demon inside him. He would have a different look on his face and he would be full of energy. He would pick her up with just one arm and throw her across the room against the wall, as if she were nothing.'

Participant 3 states that his father was not dependent on alcohol at all to become abusive. In fact, he rarely drank. He drank only when socialising with his friends. Any man can be a batterer; it is incorrect to assume that battering behaviour is only displayed by alcoholics (Veer, 2004:190). The participant agrees that his father was definitely more dangerous when he had been drinking, but he was also extremely violent and aggressive when he was completely sober: 'He was so unpredictable...'. This confirms Murphy's research (2009) that even when a batterer stops drinking, the battering continues. It seems that alcohol can definitely aggravate a violent situation,

but alcohol does not cause physical abuse, as many alcoholics do not physically abuse their families (Veer, 2004:190).

Two of the male participants admit to being excessive drinkers, as their father was. Neither of them had been excessive drinkers in their youth, however, their tendency to drink became more prevalent after being faced with other traumatic experiences during their adulthood. Participant 1 began drinking excessively after the sudden accidental death of his infant son and Participant 2 began drinking excessively as he fell further and further into financial debt accompanied by severe marital problems. It cannot be assumed that these experiences have driven them to drink, but it is possible that their genetically inherited tendency to drink became overwhelming once they were faced with emotional desperation. Although both men drink excessively as their father did, neither of them are physically abusive as their father was.

By his own admission, Participant 1 becomes argumentative and loud when he drinks, but he does not become physically aggressive. Participant 2 states the following: 'I argue. I can get verbally aggressive, and that is sometimes worse than physical aggression, I know that.' Even though neither of these two participants are physically abusive, they do become verbally and emotionally abusive towards their spouses. This behaviour is not considered socially acceptable behaviour and it cannot be excused, but it is unfortunately, one of the very common lasting effects of having experienced domestic violence during childhood, especially if the individuals have not been for counselling or they have not been taught to regulate their emotions.

Participant 3 says he enjoys having a few drinks in a social environment with friends but does not allow himself to get to the point where he loses control of his actions.

Participant 7 does not drink alcohol at all for the following reasons: 'First, I don't like it. Second, I respect it, well, what it can do. Third, I'm afraid to be like him.' When prompted for clarification, he explains that he respects alcohol like the sea: 'You should not be arrogant with it, as it is powerful and can overcome you, so you should respect it.'

The three sisters, during their separate individual interviews, expressed a wish they had as young girls to never marry a man who drank. They have all married men who do not abuse alcohol. The researcher believes that it is the absence of a drunken, abusive husband that has enabled each of these women to cope with their childhood experiences as adults. The fourth woman says that she vowed to herself to never marry a man who gambled as her father did. In view of her experiences, she feels the lack of financial security was far worse than the physical abuse.

The researcher has come to the conclusion that being exposed to domestic violence during childhood contributes to the formation of a socially maladjusted adult. Children who have experienced abuse do not form many lasting or close relationships for a variety of reasons, such as fear of being hurt, fear of hurting, or feelings of helplessness and worthlessness, as if they do not deserve a good relationship. Having said this, the researcher also believes that the presence of coping mechanisms and a good support system can improve the social maladjustment of children who have been exposed to domestic violence. In most domestically violent families, the perpetrator has a need to exert power and control over the other family members. In order for the perpetrator to have total control, the abuser generally tends to isolate the people in the home from others who may want to 'interfere' with the balance of control in the home.

5.2.5 Isolation from family members and members of society

In most cases of domestic violence, the abuser succeeds in isolating his spouse and children from the rest of the extended family, making it more difficult and eventually impossible for the victims to escape. Bear in mind that this happens in most cases, but not all cases. For example, Participant 1 remembers how his father never denied him access to other family members. He believes that his father did not care who knew of the abuse as his father felt confident that no one would ever dare to intervene as he was a rather muscular, strong man who was physically intimidating. The participant remembers being allowed to visit his mother's family during the holidays. He recalls feeling a great deal of love and support from his mother's brothers and sisters. The researcher believes that the close bond formed between the participant and his uncles may have played an important role in his socialisation. Perhaps the reason the

participant is not physically abusive today is because he had other positive adult male role models to look up to.

Participant 3 was not physically isolated from his family members either, but he did not have the freedom to tell them about the abuse. He had been forewarned to never talk to anyone about what happened at home, which in its own way, is a form of isolation. When his mother revealed her bruises to her family, they became aware of her circumstances, yet even though they did not approve, it unfortunately did not bring about change.

Participants 4, 5 and 6 recall being sent to visit their father's sister, who put them to work to clean the house and do hard labour on the farm for the duration of their stay. They remember feeling upset at having to do the work, but at the end of their stay, their aunt would make them each a dress, and they had been thankful for it. Participant 6 says she had felt isolated from the community because it appears her father had been feared by many, not just by his family but by the townsfolk as well, as he had a reputation of being strong and violently aggressive. On one occasion, the father assaulted the policemen who had come to arrest him for his involvement in a bar fight. He overpowered the policemen and locked them up in their own van. Generally, abusive men isolate their families from other family members and members of the community in an effort to keep their families under their control.

Participant 7 says his mother was very isolated. He remembers how he and his sister were allowed to socialise with other family members, but his mother was not allowed to be in the presence of any men at all, even his uncles. He says that everyone in his family had known about the abuse but he believes that they had all been too afraid of his father to intervene. He recalls, once or twice, taking refuge at a family member's home, but it had only been for the night and the next day they had been forced to go back home again.

Participant 8 felt completely isolated during her childhood: 'There was no-one we could ever run to for help.' Her parents had immigrated from South America before she was born. Her entire extended family still lives there. In terms of community support, she recalls her mother often threatening to call the police, but she never did. There were

occasions when the neighbours had called the police, but the police had merely reprimanded her father. Her mother would say 'everything was fine' and the police would leave.

Participant 3 considers himself to be fortunate in the fact that he is a product of a later generation than some of the older participants. He feels that he has been exposed to more external assistance: 'In my time, there has been more freedom of speech and social networking; we can interact with people who have shared similar experiences. It is true that some people draw strength from others who have overcome difficult situations.'

In the past, a topic such as domestic violence was not easily broached. Even though it is still not easily discussed, there is much more transparency around the issue. Participant 3 says, 'I feel very privileged to have had the support system of family and family friends that we had, after my parents got divorced.' It is the opinion of the researcher that if children are physically isolated, or warned / threatened not to communicate with others, they will be unable to form healthy social relationships. Learning to communicate effectively is directly related to favourable socialisation; children who have been exposed to domestic violence, lack this learned skill. However, if these children are given appropriate support and guidance, and an opportunity to learn to communicate effectively with others, there is a possibility that they can learn to overcome their social problems and form healthy and lasting social relationships with others. Support and love can be provided by anyone who genuinely has compassion and is willing to listen. It can be a member of staff at a school, it can be someone from church or a friend. There are also many professionals out there, such as counsellors, psychologists and therapists, who are equipped with specific skills to teach victims of violence how to regulate their emotions and how to come to terms with what they have experienced. However, victims cannot be forced to attend counselling sessions. They will need to be emotionally ready to disclose their circumstances and willing to revisit their past before any inner healing can begin.

5.2.6 Counselling

Only two of the eight participants have been for counselling. Some of their opinions regarding counselling differ substantially.

Four of the six participants who have not had counselling, have chosen not to seek professional help. These participants say that as young adults, they regarded the abuse as something that had happened a long time ago; 'it was over'. They have dismissed counselling as they do not want to think of their negative experiences any longer. Refusing counselling can be seen as another social problem because they have the inability to trust even a professional with their experiences. They have chosen rather to detach themselves.

Participant 1 admits to thinking of his childhood often. He says that he feels he has dealt with his violent childhood experiences but his reactions are suggestive of a person who is still traumatized. He becomes tearful and highly emotional when talking about his experiences. As the researcher looked into his face as she interviewed him, the 56 year-old man looked pained, young and childlike. The researcher realised then that the trauma the participant had experienced must have been far worse than she could ever truly understand. Participant 1 stated during the interview, 'When I start thinking about it, I start picturing it,' -- he is referring to the domestic violence. Participant 1 still has very vivid memories of the events that took place.

Participant 2 says that he hardly ever thinks of the domestic violence that took place during his childhood. He says he thinks of it only on the odd occasion, if the topic comes up. He does not like to think of the 'bad times' but believes that he and all of his siblings have learned from their childhood. When asked what he means by that statement, he explains that living in an abusive home situation has made him and his siblings want to create a better family environment for their own children. He then adds, 'I didn't need a psychologist to tell me that.'

Participant 5 says that she has not been for counselling, nor would she ever consider it. When asked why not, she simply replies, 'I don't need it.' She says she often thinks back to her childhood but only recalls the good times. When asked if it is painful to

remember the bad times, she replies that it is not, because she feels she has dealt with it and has put it all behind her. Even if it is possible that Participant 5 is in denial about her childhood, or even if she is possibly minimising the abuse, this does prove Humphrey and Stanley's (2006:60) study supporting the fact that some children can recover completely once they are safe, and that some appear to have the resilience to survive without particular lasting negative effects.

Participant 6 says that she has never been for counselling and when asked if it was her choice, she replies, 'No, I was just never given the opportunity to go. Nobody asked us. We would only talk about it to one another.' She believes she is too old now to consider it. She also thinks of her childhood quite often but chooses to focus on the positive memories. 'I have been so fortunate. I married a very good man. He ensured I didn't go through it anymore. As long as I have a good life now, that's the main thing.'

Participant 7 does not elaborate when asked about counselling. He simply says, 'No. I don't need to. I feel I've accepted it and I understand it and I don't think I need to speak more about it. Don't feel that I need to.'

Participant 4 says that over the years she has seriously considered going for counselling. 'Sometimes I think I should still go for counselling even though I'm so old,' she says. 'Maybe it will make me a better person.' She says she is very bitter and wishes that she could interact freely with people, without feeling nervous. She feels that she comes across as unfriendly and possibly rude, but cannot help approaching strangers with an aloof demeanour. She wants to react differently, but says she does not know how to change her approach. She is considering counselling, even at her age.

When asking Participant 3 if he has ever been for counselling, he replies that he has, and adds that he considers even this interview as a counselling session. He has been to a professional, but he did not originally see the counsellor for purposes of dealing with his abusive home situation. When he was thirteen years old, he and his father were held up in an armed robbery at his father's business premises. The participant witnessed his father being beaten and had a gun put to his own head. He was very traumatized by these events and became very angry around anyone who resembled

his attackers. Due to these events, the participant's own aggression was heightened and his mother insisted that he go for counselling. Participant 3 says that the counsellor encouraged him to talk about the violence at home and he admits to learning much from these counselling sessions. He acknowledges that in a conflict situation, his first instinct is to become aggressive and violent, but is thankful that his counsellor has taught him alternate ways of coping with his anger, so that he does not have to resort to violence. Children who are taught to acknowledge and regulate their emotions display fewer problematic behaviours when they get older (Valiente et al, 2007:264).

Participant 3 also stresses that having positive adult role models in his life have been helpful, as he has been able to confide in them. He believes that the confidential sessions he has had with his mentors have been contributors to the learning process during which he has learnt not to resort to violence. An issue that recurs repeatedly throughout the literature (Mullender et al, 2002:119) as an important element of coping is having someone to turn to for emotional support.

Participant 8 sometimes thinks of her childhood, even more so since she has become a mother herself. She does not feel that her childhood affects her any longer as she has been for counselling at the insistence of one of her brothers. She admits that she still feels emotional about her past experiences, but is adamant that they do not affect her life. Counselling has taught her that the abuse was not her fault, and that she is not bound to her past. She has suffered a great deal of emotional abuse from her mother, which has left her feeling vulnerable and inadequate. She has learnt, through counselling, that she should not be dependent on anyone's approval. She believes that she no longer needs affirmation or constant recognition from others. She says, 'Counselling really makes you realise... I'm comfortable in my own skin.' She also mentions that counselling has made her acknowledge her weaknesses, such as her inability to trust and her habit of always assuming the worst due to her lack of security during her childhood. 'I am aware of it now and I do actively work on it,' she says.

Unfortunately, the participants have not been exposed to the many different strategies and tools for intervention that have been discussed in Chapter 3. Those who have been afforded the opportunity to receive professional support appear to have

overcome the negative effects of domestic violence better than those who have not. Participants 3 and 8 have made use of individual therapy and in these sessions, have been taught to define violence and responsibility for violence, express feelings of anger, improve communication and increase their self-esteem through problem-solving skills and cognitive-coping skills.

Society has the incorrect assumption that if a man is an abuser, his son is most likely to become an abuser as well, or that if a woman is abused, her daughter is most likely to find herself as an abused wife during adulthood. This incorrect assumption comes from accurate statistics stating that abusive men mostly have experienced abused childhoods, but these statistics do not highlight the fact that many abused sons do not grow up to be abusive husbands. This topic has been discussed in detail in Chapter 3. In the following section, the researcher will relate the notion of intergenerational transmission of abuse directly to the participants involved in the study.

5.2.7 The intergenerational transmission of abuse

The findings in this study support those of the literature review relating to the fact that it is incorrect to assume that all children from abusive homes will resort to violence in adulthood. It is common to assume that sons of batterers will become batterers themselves because in almost every case examined, the batterer comes from a home where an abusive father has been present. These statistics are based on relevant information gathered by researchers from incident reports. However, there are many sons of batterers who do not abuse their spouses or children, yet these numbers are not examined or 'counted' as these adults are not a problem to society. Therefore, it is incorrect to assume that all children from abusive homes will become violent during adulthood.

Participant 2 decided from a very young age that he did not want to be like his father: 'I tried to make a point of it from day one; to do everything for my wife and children that my father didn't do for us.' Participant 1 says he never compared himself to his father; he could never identify with his father: 'I feel that I should just thank the Lord for the way it worked out.' He is thankful that he did not inherit his father's aggressive temperament. Children who have a clear sense of themselves as separate from their

families and their problems tend to fare better than children who do not have this ability (Sawyer and Burton, 2012:22).

Participant 7 says he has chosen to be different to his father as a husband, but not as a man. He says, 'My father was a good man, a strong man. He should've quit the alcohol, but he didn't.' The participant was twelve years old when his mother went into hiding. He only saw his father again when he was 21 years old. It is possible that because he had been removed from the abusive situation, and had no contact with his father, that he has been able to repress the negative aspects of his father's character. The fact that his father has passed on may be the reason for maintaining a positive image of his father, as the participant has expressed some regret for not making contact with his father during those nine years. Even though the participant says he would have liked to have spent more time with his father, he also says he was far too fearful at that stage to have made contact. There was the possibility that his father would have been calm and welcomed them home, but there was also the possibility that he would continue the abuse, which could have had fatal consequences. Based on the majority of case studies, the latter would be the expected outcome. Participant 7 has a unique viewpoint with regard to the topic of reproducing the cycle of violence and abuse. He says that he does not want his experience to have been in vain. He will learn from it and teach his unborn children right from wrong. He says he will not continue the cycle of abuse because then his pain and his mother's suffering would have been in vain.

Participant 3 says, 'I made a choice when I was younger that I wanted to disown him, I didn't want to be like him. I was actually scared I was going to turn out like him.' Participant 3 admits that he does have an aggressive temperament, like his father, but he puts in a great deal of effort to control his aggression, which he does successfully. He feels fortunate in that his parents divorced when he was young, as he believes that his father's absence has made it easier for him to change and learn how to behave in a socially acceptable manner. He comments, 'If I had his influence around me, I would have probably stepped into his shoes.' It is clear through the participant's body language that it pains him to admit he has a tendency to be aggressive. When he was younger, he had been fearful that he would turn out like his father, but as an adult, he has proven to himself that being aggressive is a choice: 'He made his choices in life

and I have made mine. I have become the better person.’ Violent behaviours learned during early childhood socialisation are either strengthened or inhibited later by the family’s connection to the broader culture and its socio-cultural reinforcers (Reiss and Roth, 1994:212).

Not one of the female participants has adopted their fathers’ violent and aggressive behaviour, nor have any of them condoned violence as their mothers did. All four female participants have made sure to marry men who are not violent as they do not want to reproduce the life they had for their own children. This disproves Engel’s (2005:3) belief that if you were emotionally or physically abused as a child, ‘it isn’t a question of whether you will continue the cycle of abuse but rather a question of how – whether you will become an abuser or continue to become a victim.’

Even though the participants have all survived their childhoods and have been successful in rebuilding their self-esteem, to the extent that they have found partners and created meaningful social relationships, they all still carry the scars of domestic violence. These will be discussed in the next section.

5.2.8 The lasting social effects of domestic violence

The lasting social effects of domestic violence vary considerably, as is evident in the eight participants taking part in this study.

Participant 1 says he laughs uncontrollably when he is nervous. He recalls as a child that whenever he witnessed a violent episode, he would laugh, not out of pleasure or enjoyment, but because he was apprehensive. To this day, he still laughs at inappropriate situations as a result of his childhood trauma. His hands also shake when he is in a tense situation and he has a nervous facial twitch. Participant 1 has an infectious sense of humour, he is sociable and enjoys entertaining friends at home. Although he has a wide circle of acquaintances, he admits that he is not close to any of them. He does not confide in anyone and feels uncomfortable if someone looks as though they may want to share a confidence with him. He prefers all interaction with others to be light-hearted and conversations should not be too intense as his lack of trust does not enable him to fully commit to a friendship.

Participant 2 says if he is presented with a violent situation, he completely shuts off and becomes defensive, rather than confronting the conflict. He believes this is due to the years of abuse suffered at the hands of his father, and possibly aggravated by the fact that his wife also resorts to physical violence in their relationship. He has not learnt effective ways of conflict resolution, which inevitably affects his socialisation with others.

Violence has had a very different lasting effect on Participant 3, which the researcher had not considered thus far. He mentions that if he is witness to a violent incident he feels compelled to intervene. A child exposed to domestic violence develops survival skills, commonly known as the 'fight or flight' reflex. Some traumatized children will run away from a violent situation because they are scared. Others will find themselves rushing towards the violence in an attempt to stop it, even though they, too, are afraid. Children who have not been physically abused themselves, but have witnessed the attacks on their mothers, tend to adopt the 'flight' reflex. They are afraid of becoming involved in the violence and withdraw from it to ensure their safety. Children who have themselves been a target of physical violence, such as Participant 3, tend to adopt the 'fight' reflex. If they do not fight back, they may not survive the attack. Participant 3 explains that he still has the 'fight' reflex in response to violence. If he witnesses any violence at all, even amongst strangers, he cannot contain the urge to intervene. This can be seen as a social problem as his intervention implies he has to use a form of violence against the perpetrator, reinforcing the cycle of violence.

Participant 4 describes herself as an extremely nervous person as a result of her traumatic childhood. She becomes very anxious in a hostile or conflict-driven situation. She says her chest closes and she is unable to breathe when she is nervous, which indicate that she is prone to anxiety attacks. In her family, when members socialise and play card games, there are sometimes disagreements and they may begin to argue. This situation is very stressful for the participant as she recalls that any argument in her childhood home led to a physical fight. She prefers to avoid social gatherings in case an argument should break out. She tends to withdraw and remains isolated from social situations.

Participant 5 appears to be the most resilient. She says she cannot identify any lasting effects due to the violence experienced during her childhood, although she does admit to being uncomfortable around argumentative people and often tries to diffuse the situation with humour. In contradiction to most cases, Participant 5 is an extremely extrovert sociable person. One of her sisters expressed envy at her ability to socialise and engage with people in a positive manner. Participant 5 seeks out social opportunities and makes friends easily. She is comfortable exchanging pleasantries with people she may never encounter again, such as car guards or petrol attendants. This participant seems to have overcome the social effects suffered during her violent childhood. Whether she has worked through her experiences or simply suppressed them, she appears to have been the most resilient.

Participant 6 also says she does not think she has experienced any particular lasting social effects as a result of her childhood trauma, except that she has developed an intense hate for alcohol as she blames the alcohol for her father's abuse. She hates to see people abuse alcohol, whether they become aggressive or not. She also says she feels nervous when she witnesses her brothers or her sons argue as she always fears the worst, that is, she fears they will become physical with one another. She is an introvert who prefers to observe and listen in a social environment, rather than lead the conversation or take centre stage. She says she prefers to be in the 'background' and feels nervous if people focus on her.

Participant 7 says he is averse to confrontations. If he becomes angry, he will react verbally and then punch a wall or a door. He comments, 'I would rather hurt myself before I hurt another person.' However, although he is not using violence against someone, he is still resorting to physical aggression when angry. When asked about any lasting social effects he may have, he mentions that he, too, starts shaking when he is anxious. He describes himself as a nervous person in general and prefers to be vigilant.

This participant is not at ease when talking to people and admits that even though he is completely willing to participate in the interview, it has made him uncomfortable and he 'feels on edge'. His body language confirms what he is saying. He fidgets and does not make much eye contact. He has not relaxed in his chair either. He says one of the

main reasons for his discomfort around people is his constant anxiety that people will assume he is as violent as his father was. It does not occur to him that most people do not know his circumstances. According to the participant, he closely resembles his father. They looked very much alike and his father would often say to him, 'You're just like me.' This could have possibly affected his self-image.

Participant 8 says she feels her thought processes are 'unusual' due to her violent childhood: 'I always assume the worst, and I never give anyone the benefit of the doubt. I have a lot of trust issues.' This has also made her rather obsessive about her independence, as she does not allow herself to trust anyone to care for her, not even her spouse. She admits that she needs to 'let go' and allow him to take care of her, but she also wants him to know that she is not reliant on his money for security. Perhaps this is because her father was an addictive gambler and often out of pocket. Even though they often did not have much money, her father forbade her mother to work. Her mother was forced to stay with her father because she had no source of income.

For these participants to be functional members of society, they would have had to learn to interact appropriately with others. These participants have all been fortunate enough to have had support groups. Even though most of them have not dealt with their abuse through a professional, they have been offered support by family and friends. Through the influence of other socially-adjusted individuals, they have been able to understand that their childhood experiences of violence are not the norm, which is what they had believed as children. In the next section, the researcher will explore if and how society has intervened or contributed to the healing of these participants.

5.2.9 The participants' social relationships during childhood and adulthood

One aspect that is consistent in all eight interviews is that all the participants have developed an inability to easily trust other people. None of them have had many close friends growing up; there have been one or two friends, if any at all. Generally, friendship forms close bonds between people; shared experiences lead to the development of trust and the friends start sharing intimate details about their lives. Many abused children avoid forming close friendships so as not to disclose the abuse.

They are often made to feel embarrassed by the abuse, as if it is somehow their fault. In most of the case studies in this report, the person the participant eventually allowed into his/her circle of trust was the person he/she eventually married.

Participant 1 did not have many friends growing up, but he jokingly says, 'Who needs friends when you have so many brothers and sisters?' He mentions his wife as a very important person in his life. They have been married for 31 years. He feels that she has always truly been there to support him, which makes him regret the emotional abuse he inflicts on her at times, as he knows she does not deserve it. He says he still has a great deal of anger within him, which he sometimes verbally vents on his wife. Participant 1 has a good relationship with his children and has provided well for them. He is very proud of the fact that he has been able to give them an opportunity to study, an opportunity he was never given.

Participant 2 was a member of a band during his young adulthood. He says that although that environment offered many opportunities to socialise, he did not form any meaningful friendships. Participant 2 has been married for 33 years and his wife is physically abusive towards him at times. He blames himself for this abuse, saying that if he did not drink, he would not infuriate her into abusing him. He explains that she has an intense hatred for alcohol. He still speaks of his love for her and says they will remain married until death. Even though he is not physically abusive towards his wife, he admits that he is emotionally abusive. Participant 2 says he has a good relationship with his children. He mentions that he has always strived to do the best he could for them, but he expresses a wish that he could have afforded to give them better financial opportunities.

Participant 3 has been married for 2 years. When asked to describe himself as a husband, he does not appear to have a high self-esteem at first. He initially refers to what he considers to be his negative characteristics, which are consistent with those mentioned under the psychological effects (Bergen, 1998:20) suffered by children who have been exposed to domestic violence. He states that he is not physically abusive, yet he admits to being emotionally abusive at times. His friends are those he has had since childhood; they know his history. He made new friends later in life, but admits to never confiding in them about his past. He does not consider his past to be a part of

him anymore, thus he feels no reason to disclose those personal details to anyone now. Perhaps he is justified in his reasoning, however, it could indicate an inability to trust people. Participant 3 is not yet a father, but when asked what kind of relationship he would like to have with his unborn children, he initially replies that he does not know. He does mention that he would have liked to consider his father as a mentor, but obviously could not. That is what he would like to be to his children - a mentor.

Participant 4 still feels bothered by the fact that she is unable to freely interact with people without feeling uncomfortable. She says, 'I sometimes wonder if I'm not like I am because of my childhood. I don't easily mix with people unless I get to know them. I don't talk to people. I think I come across as being rude.' She secretly wishes that she were more outgoing and less shy. Participant 4 cries as she explains that she feels 'different', and does not like being an introvert, yet she feels powerless to change who she is. She expresses a wish to be more like her younger sister (the one who appears to have incredible resilience), as she is very outgoing and popular amongst all who know her. Participant 4 loves her children dearly and feels that she has a good and stable relationship with each of them, yet it is a source of anxiety that she cannot talk openly, even to her children: 'I just feel that with my kids, even with my kids, I can't talk. I can't sit and have a conversation with my boys, like I would like to. If we are all in a crowd, sitting and talking, it's different. But when we are alone, I'm totally... I go totally blank. Why? I can't understand that... and I hate being like that. I sometimes think, gee, what do my kids think of me?' Participant 4 has a very good relationship with her husband. They have been married for 48 years. Her husband has been the only person who has always protected her. He was the one who confronted her father when he elbowed her in the ribs for no particular reason just before they were married. Her father never again hurt her when her husband was anywhere near her.

Participant 5 says she had quite a few friends while growing up, but admits to never telling any of them about her abusive home environment. As a child, she preferred to pretend that everything was 'normal' and insists she had a good relationship with her father. However, this could be termed an unhealthy attachment due to traumatic bonding and the parent's erratic availability. Generally, children of batterers tend to minimize or rationalise their father's violence (Bancroft et al, 2012:66). She acknowledges the relationship she has with her second eldest brother (Participant 2)

as an important one. She respects him for helping her with her homework and buying her some basic needs, such as pyjamas, when her father did not. She also acknowledges her older sisters (Participants 4 and 6) for helping to take care of her and the other younger siblings (Participant 1). These are relationships she holds very dear. Participant 5 was married a little later in life, in her thirty-third year, and has been married for 28 years. She has a healthy, stable relationship with her husband and her children. She feels she is a good mother and proudly mentions that her children are not afraid of her. This indicates that she must have been afraid of her father, and considers the fact that her children are not afraid of her as an achievement.

Participant 6 says that she did not have friends growing up. There may have been one or two girls in her class that she sat with at school, but they were not close friends. She did not want close friends because she was too embarrassed to invite them to her house. She comments, 'That's why I think I can't really communicate, because we never really had friends.' She also feels that she never had the chance to socialise with anybody her age because, as the eldest daughter in the family, it was expected that she would help her mother look after the younger siblings. She feels they are more like her own children, rather than younger siblings. She does not recall forming a relationship with any significant adult other than her mother. Participant 6 describes her relationship with one of her younger sisters (Participant 4) as an important one. She says they are very close and she considers her a confidante. They often shared the same responsibilities during childhood and often had the opportunity to share their experiences. Participant 6 had been married to her husband for 41 years when he passed away two years ago. They were happily married and had a good relationship. She also has a healthy, stable relationship with her children. She feels she is a good mother and is confident that her children know she loves them.

Participant 7 says he did not have friends growing up. He acknowledges the relationship he has with his sister as an important one. He says she has sometimes been like a mother to him as his mother had often been too hurt to care for him. He feels protective of her and says they share a close bond. He is unmarried and not yet a father. Although he says he is not sure what type of a husband and father he would be, he says he does know with certainty that he will not resort to violence: 'I guarantee you that I will not be abusive.' He again mentions that he wants to be like his father,

but without the alcohol and possible substance abuse. Later in the interview he says, 'I actually grew up without a dad.' This participant seems to use the same coping strategy as Participant 5. At times, they minimise the abuse in order to protect their father's memory. They blame the alcohol rather than the hand that brought the alcohol to the mouth.

Participant 8 recalls having only one close friend while growing up, but admits she did not confide in her friend about her abusive home situation. When asked why not, she replies: 'No, I was too embarrassed. I suppose now, as adults, I would tell her.' They have been friends for about twenty years and she still has not told her close friend these personal details of her life. Participant 8 has been married for 4 years and has a good relationship with her husband. She sees herself as a 'caring and giving wife' and as the financial provider for her family. She has two small children and loves them dearly. They are still very young, but she says she knows she will never treat them the way she was treated by her own parents. In fact, it is only since she has become a mother that she has truly realised how dysfunctional her relationship with her own mother is. She does not believe that she could ever treat her daughter the way her mother treated her. She sees herself as a soft-hearted, nurturing mother and feels it is a very important task to make sure that her children are financially secure and that they always have the stability she longed for as a child. She is on speaking terms with her mother and they occasionally visit, but the participant still feels very hurt as her mother continues to favour her siblings above her. Participant 8 has no relationship with her father. They do not have any contact. She believes that her father knows his children care for him and she thinks he would abuse that fact to manipulate them into feeding his gambling addiction. It is possibly for this reason that the participant has not allowed him back into her life.

It is consistently reported in the literature that the emotional abuse suffered as a result of exposure to domestic violence is the most damaging to a child's emotional well-being, and this ultimately affects his/her social well-being. To be socially well-adjusted, one needs to be emotionally stable. Children are not able to interact positively and form strong relationships with others if they do not have a positive self-image. Exposure to domestic violence ultimately crushes the self-image of the child who has been exposed to it, as the inability to stop the violence can create feelings of

helplessness and worthlessness. Even if these feelings can be overcome with socio-educational guidance, children may remain in sensitive territory well into adulthood, and the experiences of violence in the home may be carried as emotional scars.

5.2.10 Emotional scars

Each participant was asked about their emotional scarring. This question was left for last as the researcher expects it may be the most difficult to answer. It is clear that a person who has been exposed to domestic violence during childhood cannot escape unscathed. It is extremely traumatic and some of their experiences may haunt them still, even after many years. Participant 3 likens his exposure to domestic violence to being cut. He explains, 'Think about a cut. It hurts at the time, but it gets better. But then, even when it's better, you've still got the scar.' He agrees that the emotional scars are far worse than the physical pain.

Each participant was also asked what they would say to their abusive fathers now, if they were given the chance to talk to them again. These are their responses:

Participant 1 answers, 'I love him', without any hesitation, but his words are accompanied by tears. This is the only time in the interview that the participant is unable to control his emotions. He adds, 'He wasn't as bad as we think he was.' He agrees that his father had some adverse personality traits, but he tries to defend him by mentioning that 'everyone has their bad ways' and that 'no man is perfect'. The participant is also quick to mention that his father also hit his other children, and that he was not the sole target of his aggression. It may be that the participant wants the researcher to believe that he does not take the abuse personally.

Participant 2 says, 'I forgive him'. He believes that he must forgive his father because God has forgiven him for the sins he has committed in his own life. He adds, 'My father was from the old school; he had no education and was not a regular church-goer, but at the end of the day he will be judged.' His wish for his father is that he will be forgiven for the way he treated his family.

Participant 3 seems to have conflicting emotions about his father. He first mentions that even though he is not on speaking terms with his father, he thinks he may feel saddened should his father die. He says, 'I've seen him twice. Once I bumped into him and the other time at my grandfather's funeral. That's it. He said 'Howzit'; I said 'Howzit' - then I walked away.' When asked if there is anything he would like to say to his father, he initially replies he would not say anything at all. After a long pause, he seems to reconsider, then says: 'I am creating a stable home, I still have my mom around, I am surrounded by family and friends, I have studied and have a stable job. I have become a professional. I am half his age and have already achieved more than he has. I don't know what to say to him.'

Participant 4 says, 'I don't even think I'd say anything to him. I couldn't speak to him, I couldn't. Face to face with my dad, I couldn't make conversation. I never, in all the years, never ever sat and had a conversation with my dad. So, no, I don't think I'd have anything to say to him.'

Participant 5 says, 'I would tell him that I wished he would have treated my mom a little bit better, and that he loved her more. Which I know he did love her... but not give her... you know, be physically abusive.'

Participant 6 says, 'I would probably forgive him for what he has done to us. Look, sometimes I wish he was alive, so he could see the life I have. I have had a really good life and I have had a good husband. I've brought my kids up well. He would have been proud of my kids. I would like to have said this to him if he were still alive.'

Participant 7 remembers his last words to his father: 'I asked him a question. "Daddy, what do you think about me going to the Army?" He said: "If you like it, go." So, after he died, I went; I kept it real. Now, I would ask him if I have become the man he always thought I would've been.' His father's approval has always been important to him. He joined the army because his father had been in the army. He adds, 'I wanted to prove to myself and to him that I am enough. I can also do it.' He does not mention anything about the abuse. The researcher interprets this as Participant 7 trying to preserve his father's memory.

Participant 8 feels that her father ‘threw his life away’: ‘You get one life, live it to the fullest! I’d tell him now, just wake up! You’ve maybe got ten good years left of your life to live, so live it! Embrace life! But I have absolutely no desire at all to have my dad in my life.’ Her father has not met her children and he has only met her husband once, by chance. ‘

5.3 REFLECTION

The researcher feels saddened to realise that many of the participants lack confidence, a positive self-image, communication skills, the ability to resolve conflict and the ability to trust people (some more than others). The lack of these social skills is responsible for the participants’ inability to interact freely and effectively in their social world. Some participants have been fortunate enough to lead relatively ‘normal’ lives during adulthood and have been able to form healthy and stable relationships with their partners. In some cases, although the participants are married and profess to have a good relationship with their partners, they are still unable to trust people. They also still face social challenges within their families as some admit to being unable to openly communicate or interact with their family members as a result of their exposure to domestic violence as children.

The researcher has re-read the transcripts and has listened to the recordings repeatedly. It is inconceivable that there are people who lose control to such an extent that they feel compelled to inflict irreversible damage on the people who are closest to them. Included are some direct quotes from the interviews to indicate the extent of the fear and abuse experienced by the participants:

- ‘I still think about the time my dad wanted to hit my sister. He walked around the house with this iron umbrella wrapped around his hand and I remember my brother stuttering and jumping right over the bed. I laughed out of fear and nervousness.’ (Participant 1)

- 'My dad used to make me and my younger brother box. He would tell his friends to bet on who the winner would be. He would tell me beforehand that I better lose because my younger brother had to win. It was embarrassing for me because I was older and bigger. I could definitely beat my brother but I wasn't allowed to. My brother didn't want to fight me either, but my dad forced him to. He would have to beat me down. All this for my dad to entertain and amuse his friends.' (Participant 1)
- 'When my dad came home, we used to hide away. We used to pretend we were sleeping.' (Participant 1)
- 'My brother was the first-born so I used to be left at home. Only my brother could go out with my dad. I will never forget we had just been given Christmas presents from the mines that year. I got a tricycle. It was the only present I ever got. Amazing how I can remember. I was only about five or six years old. He was taking my brother somewhere and I wanted to go with my dad, but he wouldn't let me go. I stood back crying and then he reversed his car over my tricycle.' (Participant 2)
- 'He would be an animal when he came home. That was about every night of our lives.' (Participant 2)
- 'I was consumed with fear in every sense. I was even scared of the dark because we lived on a farm as kids. It took me a long time... I'd say I was sixteen or eighteen before I lost the fear of darkness.' (Participant 2)
- 'There was a period of time where he used to drop me off at school late; I was either in Standard 1 or Standard 2. He kept dropping me off late. I told my mom and when she asked him he actually said I was lying. Then he gave me a hiding afterwards. He hit me with my own cricket bat and told me that I should never tattle-tale to anyone ever again about what he does.'
(Participant 3)
- 'I was fourteen years old and he grabbed me with one hand around my jacket and pinned me down on the bonnet of his car and he head-butted me. That's why my nose is skew.' (Participant 3)
- 'My mom would say something wrong and he would just snap, you know. He would just throw her over the washing machine or just grab her and klap her. I hated seeing that.' (Participant 3)

- ‘When they went through the divorce, we had been visiting family and when we got home, he had taken almost everything out of the house - all the furniture, almost everything. I actually think we slept on the floor for a few nights.’ (Participant 3)
- ‘You know, he’d wake her up at two o’clock in the morning, come home with friends and expect her to cook. She used to do it, otherwise he’d hit her.’ (Participant 4)
- ‘Sometimes he’d come home and we were outside, just playing marbles or charms, anything. He’d come home drunk and he’d hit us because we were playing outside. Silly things, you know. We couldn’t do anything in front of him when he was drunk.’ (Participant 4)
- ‘He would just come at you, walking fast towards you. I was so nervous because you don’t know what to expect. He never hit me with a fist. He used to hit me with the grape vine; he hit me with a belt, he slapped me. He slapped me just before I got married. He hit me so hard in my face that my head hit the wall.’ (Participant 4)
- ‘He always shouted at me, that’s why I am so nervous. You know for me, some hidings weren’t that bad. For me it was more the shouting and the way he did it. I was petrified of my dad. I mean he was my father, you shouldn’t be scared of your dad, but I was petrified of my dad. I couldn’t stand it when he was home.’ (Participant 4)
- ‘I always wished that my dad would stop drinking, but that was never the case.’ (Participant 5)
- ‘If he was under the influence, yes, we would get a hiding for no reason.’ (Participant 5)
- ‘You’d be sleeping and he’d just come home drunk and hit you for nothing while you’re sleeping. One day he did that and I was so angry, I grabbed an umbrella and hit him with it. I actually hit him with this umbrella. Then I ran out of the house. I went to the people next door and stayed there until the next day. I came back when he was sober. I couldn’t understand it; he was a complete different person. It was like there were two people inside.’ (Participant 6)

- ‘He didn’t always hit us; it was only when he was canned. The alcohol changed him completely. When he drank, he was aggressive, he was abusive, he was all those things.’ (Participant 6)
- ‘He was looking for his gun. He finds it, it was rusty. He was hitting her and you know, trying to make the gun work. He was in the army; he knows how to use it.’ (Participant 7)
- ‘I was sitting on these stairs and he starts punching my mom so I scream and hit this wooden wall. I even left a mark there. I actually broke a bit of it off, and he looks at me with these eyes and grabs my leg. He tried to push me down the stairs.’ (Participant 7)
- ‘He once grabbed her by the hair and almost pushed her face into a pot of boiling oil.’ (Participant 7)
- ‘My dad was just so jealous. Like the dogs would go into the street, so the people in the cars would hoot as if to chase the dogs away from the road. My dad would be with my mom inside the house and start hitting her because he says the cars are hooting for her to come out.’ (Participant 7)
- ‘Even in the army, when the sergeants kicked open the door and made noise, that wasn’t a big shock to me. I was kind of used to that. I felt I was probably better prepared for the army. Even though I would shake a lot, I felt I was mentally prepared for everything.’ (Participant 7)
- ‘We ran away, so we were like criminals in a way, hiding from everyone. No one could know where we were in case he found us.’ (Participant 7)
- ‘I think I was eleven. We were living in Church Street and my dad was actually going to throw my mom off the balcony. It was so bad and he was drinking, but sometimes he didn’t even have to take alcohol to get to that level.’ (Participant 8)
- ‘It was the first time I had ever opened my mouth to my dad. I tried to protect my mom. He just looked at me and I ran and hid under the duvet and he started hitting me under the duvet.’ (Participant 8)
- ‘She would do bad things to me, like pour hot coffee on me a week before my Matric Dance. She would cut my contact lenses while I was sleeping. I washed my own clothes and she even switched my washing powder with chlorine.’ (Participant 8)

In the next and final chapter the researcher compares the theories discussed in Chapters 2 and 3 with the major findings that have emerged from the interviews as outlined in 5.2 and 5.3 above. The chapter further comprises the recommendations, limitations and conclusion of this study.

CHAPTER 6

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1 INTRODUCTION

Throughout the previous chapters of this dissertation, the focus has been on the social impairments of adults who have been exposed to domestic violence during childhood. The relevant literature has been reviewed in Chapters 2 and 3. Chapter 4 outlines the research design which was used in Chapter 5 to elicit first-hand accounts from eight childhood victims of domestic violence. This has enabled the researcher to gather valuable data from personal childhood experiences of domestic violence. The literature study and the participant interviews were complemented by the observed behaviour as reported together with the interviews in the previous chapter.

In this final chapter the central objectives of the study (as outlined in Chapter 1) are systematically organised and will mainly comprise a summary of the major findings that have emerged from the interviews and observations in relation to the theoretical propositions outlined in the literature review. This will enable the reader to gain a holistic perspective of the research and to simplify the results profiled in the previous chapters (literature study and empirical research).

This summary is followed by an analysis of areas in which future research is required. Finally, the study's limitations will be enunciated. This chapter begins with a summary of all the findings (a comparison of the literature study and empirical research).

6.2 FINDINGS: COMPARISON OF THE LITERATURE STUDY AND THE EMPIRICAL RESEARCH

The following table gives an outline of the researcher's findings from the literature review as well as the empirical research. The effects have been tabulated to show which of these effects have been suffered by the participants of the study, during their childhood. Bear in mind that all the listed effects have been suffered by at least one or more of the participants, not necessarily by all the participants.

Table 9: The effects of exposure to domestic violence suffered by the participants during childhood

THE EFFECTS OF EXPOSURE TO DOMESTIC VIOLENCE DURING CHILDHOOD	
Social effects	<ul style="list-style-type: none"> • Isolation from friends and relatives • Excessive social involvement to avoid being at home • Difficulty trusting people • Poor anger management and problem-solving skills • Passivity with peers or bullying • Engagement in exploitative relationships as perpetrators or victims • Low self-esteem and loneliness • Depressive symptoms
Emotional effects	<ul style="list-style-type: none"> • Grief for family and personal losses • Shame, guilt and self-blame • Confusion about conflicting feelings towards parents • Fear of abandonment • Fear of expressing feelings • Anger and depression • Feelings of helplessness and powerlessness
Physical effects	<ul style="list-style-type: none"> • Somatic complaints • Nervousness and anxiety • Short attention span • Frequent illnesses • Neglect by parents • Regression in development • High-risk play • Self-abuse • Bruising/scarring • Eating disorders • Sleeping disorders and bed wetting
Psychological effects	<ul style="list-style-type: none"> • Psychiatric disorders • Low self-esteem and anxiety

	<ul style="list-style-type: none"> • Fear and depression • Post-traumatic stress symptoms • Feelings of insecurity
Behavioural effects	<ul style="list-style-type: none"> • Acting out • Withdrawal • Refusing to go to school/staying out late • Acting as parent substitute to siblings • Lying to avoid confrontation • Rigid defences • Excessive attention-seeking • Manipulation and mood swings • Suicidal tendencies • Poor impulse control • Interest in drugs/alcohol

With qualitative research, each case study is unique, thus findings cannot be generalised. Although the effects of domestic violence, as listed in the table, are not all applicable to each participant, it is clear to see that several effects are shared. It must be emphasised that although the various effects are discussed separately, many of these effects do overlap and are in fact interlinked.

- *Social:* With regard to the social effects, these results support the hypothesis that having been exposed to domestic violence during childhood affects the socialisation of a child. Some of the social effects that have lasted into adulthood include difficulty trusting people, poor anger management, low self-esteem and some depressive symptoms. Some years ago, one of the study's participants attempted suicide.
- *Emotional:* In 100% of domestic violence relationships, the children are emotionally abused (Humm, 2014). Katz, et al (2007:531) have found that greater emotional understanding seems to equip children with the ability to build greater intimacy in relationships, but it is clear that domestic violence contributes to children's lack of emotional stability. Without emotional stability, appropriate emotional development is not possible. With time and support, the

participants have been able to develop greater emotional stability and have been able to overcome some of these effects. Some effects have, however, been carried through into adulthood. Some of these include confusion about conflicting feelings towards their parents, fear of abandonment, fear of expressing their feelings, anger and depression. Many of the emotional effects inevitably affect the participants social well-being.

- *Physical:* One participant mentioned that the physical abuse was not the worst effect for her. She knew that the violent episode would eventually pass. The emotional abuse seemed to be more distressing in her experience. Even though the physical abuse was traumatic, she knew that the injuries would heal. The only effects from the list above that are still suffered today by some of the participants are anxiety (where an actual panic attack/closing of the chest is experienced) and nervousness (where some participants have a facial twitch or their hands shake from nerves).
- *Psychological:* All the participants seem to share the same psychological effects, with the exception of one. These effects have, unfortunately, been carried on into adulthood, some to a further extent than others. Many of the participants have said that they only felt fear, depression and anxiety during their childhood, but admit to having experienced some of these feelings again later on in life at moments when they were feeling emotionally low, or when presented with a violent situation. One participant mentions a fear of insecurity that haunts her to this day. Another participant has been hospitalised during his adulthood for severe depression following suicide attempts.
- *Cognitive:* The cognitive effects are very difficult to determine given the nature of this research study. The data collection tool used is not able to exactly determine the cognitive effects. Only two of the eight participants have been afforded the opportunity to complete high school. Learning disorders have not been identified but one can tell by their stories that they felt it was difficult to concentrate at school, given the circumstances at home. This could be due to a number of factors such as the abuse at home, the lack of nutritious food, the lack of sleep, the inability of their parents to offer support or assistance with

homework, etc. It is also incorrect to assume that they have reduced intellectual competency. Six of the eight participants had been made to leave school at an early age, either to help support their families financially or because of their low self-esteem brought about by increasing difficulty at school due to poor performance. Not being able to complete school has affected the self-esteem of some of the participants. Although they are all literate, many of them feel self-conscious about their reading and writing abilities, adding to their lower self-concept.

- *Behavioural:* Many of the behavioural responses vary. According to a study by Katz, et al (2007:531), higher levels of domestic violence have been associated with lower emotional competence. Children with lower emotional competence have been found to have inferior peer relations and more behavioural problems. Some of these effects may have been carried on into adulthood, if there has not been sufficient intervention or emotional / psychological support provided. It is very important to keep in mind that domestic violence has a unique impact on each child. How that violence affects them depends on the existence and strength of a number of factors that can be either a source of resilience or a source of risk in determining how they will be affected by the violence, both in childhood and later during adulthood.

The results support the hypothesis that the socialisation of adults and their ability to form healthy relationships are hindered by being exposed to domestic violence during childhood.

In our society, the most important function of the family is to ensure the socialisation of children according to the norms to which most people in society adhere. It is within the family that children learn the traditions and habits of their group; and by identifying with their parents, children's character and personality are formed (Pretorius, 1998:39). Since children's patterns of behaviour are largely established by their early life experiences, it is expected that those living in domestically violent homes will be socially maladjusted. If children are exposed to violence during their early childhood years, before outside influence, they may perceive violent behaviour to be socially

appropriate. It is within the family that children learn how effective they will be in relating to others. If relationships in the home are not effectively established, there is a danger of persistent distortion of norms and morals as children grow into teenagers, and then into young adults.

With reference to the research interviews, it is the researcher's finding that if there is domestic violence in the home, children's socialisation will be impaired. During childhood, they will be unable to form meaningful relationships with others as they may find it very difficult to trust anyone. If the people who are supposed to love and care for their children (one or both parents) only provide them with insecurity and abuse, then they may find it increasingly difficult to trust anyone else.

This inability to trust influences child-educator relationships as those children experiencing academic or social problems at school may refrain from asking the educator for assistance. It may affect friendships with peers their own age because the victims may be unable to feel completely comfortable with their friends as they may be unable to trust anyone enough to confide in them about their abusive situation. It is difficult for these children to develop close and positive friendships. These children often appear guarded or passive. It is possible to encounter the other extreme too. This would be those children who, because of their distrust, have an intense fear of abandonment. So when these children do make a friend, they may become very possessive and clingy. This behaviour may make it challenging for these children to maintain friendships.

Poor socialisation becomes increasingly associated with depressive symptoms, such as loneliness, social anxiety, lower self-worth and ultimately suicidal tendencies. Some children seem to cope well under stressful home circumstances and will report a comparable number of friendships, but with a diminished degree of depth and connectedness. Perhaps this is because children of battered women are less likely to have a best friend (Katz et al, 2007:513) and more likely to build relationships based on superficial interaction patterns.

In terms of the goals of intervention, the basic principle is that children need to be provided with a safe environment, appropriate discipline and a secure relationship with

an attentive caregiver who fits with their age or stage of development (Bentovim et al, 2009:296). The ultimate goal (Bentovim et al, 2009:270) of intervening in the lives of children living with trauma and family violence, subject to a cumulative set of traumatic and stressful experiences, is to prevent further harm and transform their lives to recover and fulfil their potential. From a socio-educational perspective, goals should include being taught to communicate and settle differences without the use of violence, to promote the development of well-adjusted social beings.

Protective factors, both internal and external to the child, make a crucial difference in the child's ability to cope with adverse situations. These protective factors will be discussed in the following section.

6.2.1 Internal and external protective factors

Protective factors are characteristics or traits that buffer exposure to risk. In situations of high risk, protective factors such as attachment to educators or other adults at school may reduce risk and decrease the likelihood of school-related problems (Jenson and Fraser, 2006:68).

Internal protective factors refer to children's ideations about themselves, their environment and their ability to control what happens to them. External protective factors pertain to environmental elements existing outside those children exposed to abuse, such as a caring parent or other adult. School and community resources are examples of external protective factors.

Characteristics such as a positive self-image and an ability to detach oneself from the parent's problems would contribute to a child's ability to withstand adversity. Researchers (Crowe et al, 1996:60) have studied resilient individuals from abusive families to determine common internal protective factors that may have prevented them from repeating the cycle of violence.

Inward-looking strategies are emotion-focused and include crying, emotional withdrawal, watchfulness and hiding of emotions (Cooper and Vetere, 2005:60). Outward-looking coping is active and problem-focused. This involves talking to others,

such as friends, extended family, community figures or educators. It also includes having a safe and quiet place to go, calling the police, relying on supportive family members and being involved in finding solutions (Cooper and Vetere, 2005:60).

Wallen (Bornman et al, 1998:376-377) states that psycho-educational interventions that support the development of children's self-esteem and sense of competence, and help them devise strategies to protect themselves and stay safe in their home, seem appropriate for children dealing with repeated exposure to violence.

6.3 RECOMMENDATIONS FOR FURTHER RESEARCH

This section will be divided into three main areas of intervention, each of which will provide recommendations for further research.

6.3.1 School support

In this section, certain recommendations for further research will be made with regard to the different role players in the provision of socio-educational support for children in the context of domestic violence. The school has a very important role to play in providing support for children. Counselling should be offered to child witnesses of domestic violence, but preventative measures, in schools for example, should also be implemented for all children, in cooperation with their local community. These measures will be targeted at currently abused children and children currently living with the abuse of their mothers (these two groups will overlap), as well as children who may and others who might not grow up to abuse or be abused. It cannot be predicted which children may find themselves in the latter two groups, so the work undertaken needs to be aimed at a wide audience.

It is essential that there is thorough knowledge, training and awareness of the different patterns of presentation, routes for consultation and access to the appropriate professionals (Bentovim et al, 2009:274). Guidance and counselling cannot be left out of school programmes since it develops and promotes the academic achievement and social development of children. According to Wallen (Bornman et al, 1998:376), a school is, in many ways, an ideal setting to help children deal with exposure to

violence. Schools, and classes within schools, are a natural potential support network for children. An appropriate educational programme that meets the needs of both the adult learners in a clinical arena and subsequently the needs of abuse survivors needs to be developed (Keeling and Mason, 2008:77).

6.3.1.1 The role of the educator

Educators are ideally positioned to ensure early detection of abuse. They spend many hours of the day with the learners in their classes. They need to be observant and watchful for changes in behaviour. Educators must be made aware of the symptoms of abuse in order to be able to identify possible abusive situations.

Educators really need to know the children who are entrusted to their care. Children who are subjected to domestic violence often lack consistency in their lives. In general, they are on edge because they do not always know what is going to trigger a violent situation. Often, their educator may be the most stable, consistent adult in their lives. That is why it is so important for educators to know how to identify this type of child and immediately provide assistance in terms of guidance within the classroom situation.

Training should be provided for educators to help them recognise symptoms of trauma-related stress. Armed with the appropriate training, educators can provide support for children who need to express or discuss their experiences and fears, as they surface daily. The key message (Sterne and Poole, 2010:17) is that although staff in schools may not be able to stop the violence at home, they are in a position to make a considerable difference in children's lives. Educators can have a pivotal influence on children, both in a positive or negative sense. Some educators have the gift of drawing out children's aptitudes and centres of interest so as to help them make progress. Doyle (Sterne and Poole, 2010:16-17) believes that even one educator involved for a limited time in a child's life could make an inestimable contribution to the constructive survival of the victim of emotional abuse. Staff involved in early education environments and schools are well placed to make a positive difference in the lives of young people to increase their resilience. The power of recovery and resilience of children should not be underestimated. Staff could have a negative influence if they

minimise the abuse or turn a blind eye, when support, guidance and/or intervention is required.

The statistics of domestic violence have remained remarkably consistent over time, even in the face of increased awareness and some intervention. It is believed that the reason for this is that because domestic violence occurs in the home, it is still considered a private issue. To address this obstacle, a national policy of zero tolerance for domestic violence is necessary. Given the pervasiveness of and the damage caused by domestic violence, such a policy, in conjunction with preventive efforts to support it, cannot be postponed any further (Wolfe and Jaffe, 1999:10).

It is imperative that educators working with children recognise domestic violence, understand its dynamics and intervene appropriately. Domestic violence places children at risk physically, emotionally, socially and developmentally. Educators have a professional responsibility to screen for domestic violence. The educator can play a pivotal role in breaking the cycle of family violence by timely identification of and appropriate intervention for domestic violence (Hornor, 2005:206).

At school, some children may respond to threatening or stressful situations by going into 'fight' mode, and they become aggressive and hostile; others may take flight and run out of a lesson or out of school (Sterne and Poole, 2010:30). Beneath the rage, it is frightening for children to feel out of control. After an outburst, children may feel shame and embarrassment, or they may feel inadequate because they believe they have let themselves down and those who try to help them. There can be severe consequences in school for children who have difficulties containing their anger, including exclusion from lessons. Severe behavioural outbursts are indications of unbearable levels of tension.

Educators are more likely to personally experience the negative effects of the behaviour of aggressive children (hitting), whereas the behaviour of the withdrawn children (playing alone) is less likely to have an immediate negative effect on others (Coplan et al, 2007:393). Peaceful surroundings are not familiar to children living with domestic violence. They struggle with their emotions, and thus their inability to cope with the trauma often leads to inappropriate behaviour.

It is as if these 'aggressive' children have been primed to be reactive and are 'hyper-vigilant'; they are always on the look-out for danger. This pattern of behaviour may serve as a protective mechanism for children living with domestic violence. Children may be inclined to aggression, they may find it difficult to focus on an activity and they could be over-active. In contrast, other children may react with a different evolutionary response known as 'freeze and surrender' (Sterne and Poole, 2010:19), whereby the child is unresponsive and dissociated. Emotional neglect or trauma very early in life can often lead to the impairment of brain-mediated functions such as empathy and attachment, and can affect the regulation of emotions.

Where there are frequent outbursts, there should be careful recording and analysis of incidents. The A-B-C Model (Sterne and Poole, 2010:94) may be useful to help staff identify triggers, and then make appropriate adjustments to support the child.

A – Antecedents: What was the context (day, time, seating arrangement, subject)?
 What happened just before the incident?
 What triggered the outburst?

B – Behaviour: Describe exactly what happened, including the child's response.

C – Consequences: What did the staff member and the young person do?

Socially withdrawn children typically do not receive as much attention from educators and other school professionals as their disruptive or aggressive peers. From an educator's perspective, this is understandable since the withdrawn child does not exhibit behaviours that disturb classroom order or threaten the educator's control. Consequently, these socially-withdrawn children are not frequently referred by educators to the relevant professionals for evaluation or intervention. If undetected in time, withdrawn children may become depressed. The treatment of depression in children needs to be a cautious undertaking (Kagan, 2004:34).

Depression in children, as in adults, is a very serious disorder that may result in life-threatening outcomes. Both the aggressive child and the socially withdrawn child have difficulty being concerned about school because they oftentimes are more concerned about their emotional and physical survival (Magano, 2004:14). Frequently, these

children have problems related to academic development, peer relationships and resentment or mistrust of adults. It is relatively easy for an adult to offer support, but these children have a general lack of trust that makes it challenging for them to accept the support.

School staff can help these young people understand that they need not become violent adults or victims of domestic abuse. Staff should challenge labels and stereotypes that may become attached to children (Sterne and Poole, 2010:15-16). School staff can improve the quality of life for children who have experienced domestic violence, and have a positive effect on them. Of all professionals working with young people, school staff may be ideally placed to identify signs of distress and to respond to the needs of the child. Staff should be trained to be alert to children's warning signs and understand the barriers they face to education (Sterne and Poole, 2010:102). Young people want to be able to seek support from adults in school; parents want staff to understand and support their children.

In South African schools we experience less time for individual attention, because of the constant increase of children per class. Due to the increase of learners per class and the fact that many children have been touched by some kind of trauma, there should be time set aside each day to include guidance and counselling in the school syllabus. However, this has not been allowed. If taught correctly, life skills programmes can reduce disruptive behaviour both in and out of the classroom. In addition to the content of their curricula, schools can make a major contribution to the reduction of violence in other ways. Principal among these is for school systems and educators to exemplify non-violent modes of resolving intrapersonal and interpersonal conflict (McKendrick and Hoffman, 1990:476). The heart of this approach is through the development of open communication, shared reasoning and responsibility, and positive reinforcement of non-violent behaviour.

6.3.2 Therapies and counselling

The school is not the only place where children who have been exposed to domestic violence can be helped. There are many other strategies and tools for intervention that could be considered as a way of helping children exposed to domestic violence. Many

of the effects suffered as a result of domestic violence can be worked through during counselling sessions. This is a good option for those victims who have already grown into teenagers or young adults. However, according to McKendrick and Hoffman (1990:210), the first five years of life are the most vital in the development of self-image and relationships with other people; therefore early detection of abuse is crucial. Individual and/or group therapy, play therapy and art therapy could benefit children living in a domestically violent home. Giving these children an opportunity to open up to a caring adult could also be helpful.

6.3.2.1 Trauma therapy approaches

It is important to design a therapeutic plan of intervention for a child who has been exposed to a violent act. A four-category approach to childhood trauma was developed by Lystad (1986:195) nearly thirty years ago, but this approach is still used today:

- Firstly, one must recognise the phenomenology of violence-related post-traumatic stress disorder, that is, those symptoms that unavoidably result from a traumatic state.
- Secondly, one must delineate those early efforts by children attempting to master the anxiety or avoid its renewal, including efforts to assure them that the violence will not recur.
- Thirdly, one must examine the possible mediating influences that enhance or adversely affect trauma resolution. These include a number of child-intrinsic factors as well as additional environmental stresses.
- Lastly, one must anticipate that the demands of mastering trauma will have an impact on the child. It is important to monitor this impact to determine whether trauma resolution significantly influences current childhood tasks and future social development by hindering normal progression or prematurely propelling the child into more mature roles.

More recently, some newer approaches have emerged. Robinson et al (2014) have identified three trauma therapy approaches, namely Somatic Experiencing, Eye Movement Desensitization and Reprocessing and Cognitive Behavioural Therapy.

- Somatic Experiencing takes advantage of the body's unique ability to heal itself. The focus of this therapy is on bodily sensations rather than thoughts and memories about the event. By concentrating on what is happening in the body, the child gradually gets in touch with trauma-related energy and tension. From there, the child's natural survival instincts take over, safely releasing this pent-up energy through shaking, crying and other forms of physical release.
- Eye Movement Desensitization and Reprocessing (EMDR) incorporate elements of Cognitive Behavioural Therapy with eye movements or other forms of rhythmic, left-right stimulation. In a typical EMDR therapy session, the focus is on traumatic memories and associated negative emotions while the child tracks the therapist's moving finger with his/her eyes. These back-and-forth eye movements are thought to work by 'unfreezing' traumatic memories, allowing the victim to resolve them.
- Cognitive Behavioural Therapy helps the victim to process and evaluate his/her thoughts and feelings about a trauma. While Cognitive Behavioural Therapy does not treat the physiological effects of trauma, it can be helpful when used in conjunction with a body-based therapy such as Somatic Experiencing or EMDR.

6.3.2.2 Play therapy

Play-based interventions provide a developmentally sensitive pathway for assessing a child's coping repertoire (Goodyear-Brown, 2010:83). Play can have value in itself: 'Constructive and creative activities help to restore balance to a child's life' (Women's Aid Federation), while building confidence and trust. Play is used to help children understand what has happened to them and why, and to develop new hope for the future together with their mother and any siblings (Mullender, 1996:154-155).

The ideology is that 'play is the work of children'. It seems indisputable that play alleviates stress, raises self-esteem and builds resilience. Non-verbal media such as drawings are also particularly powerful. Davies' message (2004:150-152) is that 'good'

education for traumatized children is also good education for 'normal' children. This includes play, art, music, using the imagination and taking time to express feelings in a way appropriate to the child. Instead, in most education systems, play is something that happens outside the classroom.

Due to time constraints because of the overloaded prescriptive syllabus, there tends to be a reduction in art and music activities. Trauma recovery programmes recognise that play and artistic expression are not just about recreation in 'relaxation' mode, but is a highly creative way of working through and reforming connections to the social world, finding a 'better fit' with others (Davies, 2004:150-152).

6.3.2.3 Art therapy

The visual arts tend to be peripheral in our schools, as though they were irrelevant to the cognitive demands of other subjects in the curriculum. Recently, however, scientists have found similarities between studio art experiences and the function of the human brain (Silver, 2005:10). Art therapy is the therapeutic use of making art within a professional relationship, and the process involved in making art is healing and life-enhancing. Art experiences can provide an alternative to verbal forms of assessment and treatment (Silver, 2005:13). Artwork produced in therapy embodies subtleties, ambiguities and multi-dimensions of expression which can be difficult to articulate verbally (Case and Dalley, 2006:70). Drawing is seen as less confrontational, less familiar and less judgmental than speech.

Children's drawings are of great value diagnostically as projections of the personality, of the fears and hostilities at the basis of many behavioural disorders (Case and Dalley, 2006:70). Just as deviant child behaviours cannot be properly diagnosed except in terms of what is normative at a given age or stage, so too, the interpretation of drawings must take into account that changes occur normatively in the development of graphic expression. Art therapy can be used effectively at every level of human development, provided that the practitioner works appropriately within the children's environment and at their level of comprehension (Silverstone, 2009:85). Armed with knowledge of what is normative, the investigator is able to detect significant deviations

and, in many instances, to decipher what children are saying about themselves and their difficulties.

Silver's book (2005) builds on previous studies that found responses to the drawing task useful as a first step in identifying children at risk for aggression and depression. Defensive aggression is a sub-type of aggressive behaviour that can be defined as an angry reaction to real or perceived danger. It arises in response to a threat or frustration. According to Silver (2005:8), studies have found that it is associated with peer rejection and exposure to violence. Rather than benefit the aggressor, its intent is to defend against threat. This aggressiveness emerges early in life and may result from abuse, harsh parental discipline or family instability.

In 2000, Kaplan (Silver, 2005:13) reviewed the findings of other neuroscientists who noted that graphic representation is a complex activity involving areas of the brain associated with language. Kaplan also suggests that studio art can facilitate problem-solving abilities, stimulate pleasure and self-esteem, and provide opportunities for successful functioning in children and adults with cognitive impairments. Art therapy is uniquely suited to promoting basic goals of crisis intervention involving cognition and problem-solving, ventilation of effect and working with family systems.

Art can be used to build self-image and improve the learning experiences of children. Initially, art therapy appears to have very little to do with the socialisation of children because, for the most part, it is an individual activity. However, children will not be able to effectively communicate with others until they are at peace with themselves. Art therapy is one way of promoting the healing of children's inner selves, and improving self-esteem so that they will be able to form healthy relationships with others. If children have not been able to empower themselves, they may be forever passive in all future relationships. Art therapy appears to reduce anxiety. After art therapy sessions, children appear more confident in expressing their feelings directly, which can be seen as a clear sign of self-empowerment (Kalmanowitz and Lloyd, 2005:153).

When the researchers in a study conducted by Mullender et al (2002:107) asked the children living with domestic violence what they needed, the children were astonishingly clear and consistent. Most commonly cited was safety, followed by

someone to talk to. Children want to be listened to (Khan, 2000:16). Two issues in particular have an important bearing on children's ability to cope with domestic violence, namely being listened to and knowing they are being taken seriously. They also need to be actively involved in making decisions and helping to find solutions (Cooper and Vetere, 2005:59).

6.3.2.4 Talking about the problem

Narrative research on children's experiences is highly unusual, in part because researchers face heightened scrutiny by their institutional review boards when persons younger than eighteen are their research subjects (Miller and Knudsen, 2007:264). Mullender and her colleagues make a strong plea for including children's voices in the development of child care policy and practice around domestic violence (Cooper and Vetere, 2005:59).

Some children appear to construct accounts, but not excuses, for the abuse their mothers have experienced. They want to make sense of recurring and nightmarish events by reaching for some type of causal explanation for family violence (Miller and Knudsen, 2007:265). The children's narratives highlight the importance of examining how domestic violence can affect primary and secondary victims. They tell social actors who are external to the family abuse/violent episodes to remember the children when they respond to the adults who disclose the abuse (Miller and Knudsen, 2007:265). When episodes of domestic violence are not prevented, they can cause harm and injury to the adults and children who require understanding and healing.

Cristine Scolari, a child psychologist at Bryanwood Therapy and Assessment Centre in Johannesburg says, 'If children don't want to talk about a topic at a certain time, acknowledge this and let them know you will be available to talk when they are ready' (Van Reizig, 2010:29). Scolari also believes that folded arms and an angry or impatient look will not make children comfortable about opening up. She also feels that an adult hovering above a child during a discussion can be intimidating, which would ultimately hamper communication. In terms of getting children to open up, best results have been experienced by going down to the child's level and making direct eye-contact.

Judy Jaye, who runs communication workshops at the Voice Clinic in Johannesburg, states that in order to have effective communication, the child should not be belittled. This includes name-calling, ridiculing and blaming. These actions could seriously hamper further communication (Van Reizig, 2010:29) and constitute a continuation of abuse. The re-establishment of a child's sense of safety should be at the forefront when planning treatment (Goodyear-Brown, 2010:49). Very little work can be done around a child's trauma issues until the child feels safe with the counsellor or educator. Supporters and the non-abusive parent must be adequately prepared and fully present when children decide they feel safe enough in their new environment to reveal their fears. Under these conditions, they may articulate more freely. The supporting adult must also be ready for the erratic behaviour that comes in the aftermath of family violence (Hamel and Nicholls, 2007:545).

Exposure to violence does not affect all children to the same extent. Some children are simply more adaptable to adverse situations, however, sometimes the problems do not manifest outwardly until later in life. It is thus important not to assume that domestic violence causes inevitable irreversible damage to an individual, yet the harm it causes should never be underestimated. The importance of providing support should also be acknowledged as a priority. If intervention or support is not provided, it is possible that children may carry the effects of domestic violence into adulthood, which will have repercussions on society.

6.3.3 Domestic violence and the community

Domestic violence is much more than an individual or family problem; it is a wide spread community and societal problem. Domestic violence has consequences for both the individual victims and society. Apart from the health consequences which can result from the violent acts or from long-term effects of violence, the social and economic costs of violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children (Basinskaite et al, 2011:22). The table below will show the socio-economic costs of domestic violence, as depicted by Buvinic et al, and cited in Khan (2000:14).

Table 10: The socio-economic costs of domestic violence: A typology
(Buvinic et al, as cited in Khan, 2000:14)

<p>Direct costs: Value of goods and services used in treating or preventing violence</p>	<ul style="list-style-type: none"> • Medical • Police • Criminal justice system • Housing • Social services
<p>Non-monetary costs: Pain and suffering</p>	<ul style="list-style-type: none"> • Increased morbidity • Increased mortality via homicide and suicide • Abuse of alcohol and drugs • Depressive disorders
<p>Economic multiplier effects: Macro-economic, labour market, intergenerational productivity impacts</p>	<ul style="list-style-type: none"> • Decreased labour market participation • Reduced productivity on the job • Lower earnings • Increased absenteeism • Intergenerational productivity impacts via grade repetition and lower education attainment of children • Decreased investment and saving • Capital flight
<p>Social multiplier effects: Impact on interpersonal relations and quality of life</p>	<ul style="list-style-type: none"> • Intergenerational transmission of violence • Reduced quality of life • Erosion of social capital • Reduced participation in democratic process

It is vital that there are accessible channels through which children and family members can report that they are living in a context of family violence (Bentovim et al, 2009:274). These are essential given the context of absolute secrecy and loyalty to the family which characterises abusive family situations.

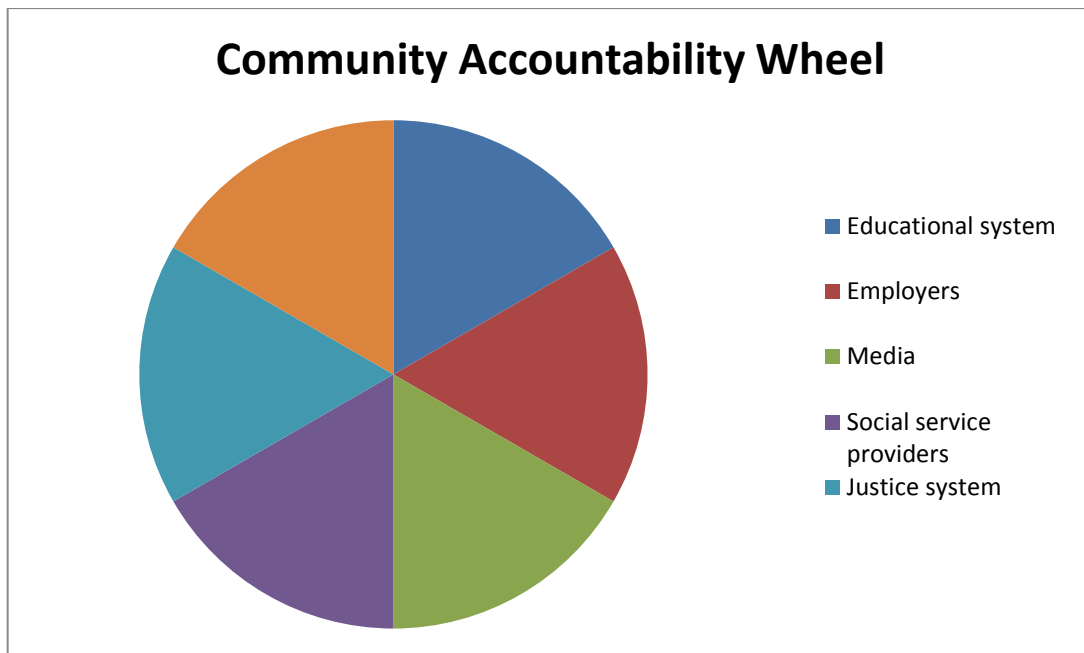
The regrettable problem of domestic violence is all too common in our society. The destructive problems it causes are complex in nature and their solution requires both a comprehensive approach with contributions from multiple disciplines and the elevation of awareness in the general public (Giardino and Giardino, 2010:1). Caryl Clarke Colburn and Mike Denton, the co-chairs of Travis County Family Violence Task Force state, 'We cannot have a healthier community unless we all work together to recognise our strengths, abilities, weaknesses and needs to achieve the common goal of preventing family violence' (Wilson, 1997:195).

Efforts to end family violence must be community driven, as individual communities are in the best position to understand their needs and resources. They are also in the best position to prioritize community needs with respect to family violence and to allocate increasingly scarce resources. The ideal community response to domestic violence requires that the community have a unified, strong opinion that domestic violence is unacceptable. This will lead all social institutions to demand full accountability from batterers by applying appropriate consequences. Violence against anyone, regardless of age, gender and sexual orientation should be treated as a significant social problem (Davis, 2008:204), thus society also needs to provide a form of support. The various community services offered to those experiencing domestic violence will be discussed in the following section.

6.3.3.1 Community support

Mike Jackson and David Garvin from the Domestic Violence Institute of Michigan have developed a Community Accountability Wheel that outlines the actions comprising the ideal institutional responses to domestic violence. Collectively, these responses can have a major impact on both the intervention and prevention of domestic violence (Wilson, 1997:196-197).

Diagram 17: The Community Accountability Wheel (Wilson, 1997:196-197)



The education system will:

- Educate students about violence in their homes, the dynamics of domestic violence and how domestic violence is founded on the oppression of women.
- Provide a leadership role in research and theoretical development that prioritizes gender justice, equal opportunity and peace.
- Intervene in harassment, abuse, violence and intimidation of girls and women in the education system.

Employers will:

- Condition batterers on continuing employment and on remaining non-violent.
- Actively intervene against stalking and harassment in the workplace.
- Support, financially and otherwise, advocacy and services for battered women and their children.
- Continually provide education on domestic violence issues

The media will:

- Educate the community about the epidemic of domestic violence.
- Prioritize safety, equal opportunities and justice for women and children over profit, popularity and advantage.
- Expose and condemn patriarchal privilege, abuse and chauvinism.

- Cease its practice of glorifying violence against women and children.

Social service providers will:

- Become social change advocates for battered women.
- Refer batterers to accountable intervention programmes.
- Stop blaming batterers' behaviour on myths such as substance abuse and loss of control.
- Design and deliver services that are sensitive to women and children's safety needs.

The justice system will:

- Adopt mandatory arrest policies for batterers.
- Charge and prosecute batterers in a manner that does not rely on the survivor's involvement.
- Refer batterers exclusively to intervention programmes that meet state or federal standards.
- Never offer a deferred sentence option to batterers. This option withholds sentencing pending a defendant's completion of probation. If the defendant successfully completes probation, the sentences procedure is dropped.
- Provide easily accessible protection orders and back them up.
- Incarcerate batterers for non-compliance with any aspect of their adjudication.

The clergy will:

- Conduct outreach within the congregation regarding domestic violence and provide a safe environment for women to discuss their experiences.
- Develop internal policies for responding to domestic violence.
- Speak out against domestic violence from the pulpit.
- Organise multi-faith coalitions to educate the religious community.
- Actively interact with the existing domestic violence intervention community.

Local law enforcement, legal aid agencies and shelters should be made available to women and children who have experienced domestic violence (Meyer, 2011). The ability to leave a situation of violence is important for those who are under attack

because such situations frequently involve an imbalance of power that limits the victim's financial options.

Programmes for victims of domestic violence are an integral part of the community approach to prevention of violence (Natarajan, 2007:483). Charles E. Correy (2000) writes in the Equal Justice Foundation website: 'Shelters for battered women are an essential part of any campaign to control family violence.' Worldwide, there are hundreds of thousands of shelters for battered women and children. These non-profit organisations try to provide a place of refuge for abuse victims.

6.3.3.2 The shelter movement

The initial societal response to domestic violence was the development of the shelter movement for battered women. The goals are to provide a safe environment for abused women and their children, to offer advocacy, counselling and medical services, and to empower women to leave their abusers (Geffner and Rosenbaum, 2001:3).

Since the mid 1970's, shelters have been at the heart of the system designed to provide a safe place and supportive services to women and children who are fleeing their homes to escape violence. Shelters provide an environment where women and children can obtain food, shelter and emotional support, as well as helpful information, advocacy and services. They offer a wide variety of services and benefits that help abused women sort out their options and begin the process that will enable them to take control of their lives.

Shelter for abused women and children is not a new concept. Pringle-Patric House was one of the first women's domestic violence shelters in the United States, built in 1877. In feudal Japan, some Buddhist temples were known as *kakekomi dera* (runaway temple) where abused women would take shelter before filing for divorce (Japan Times Online, 2001:para.3). Finally, the conspiracy of silence which surrounds domestic violence made it difficult for the issue to emerge until the shelter movement had reached a certain level of visibility and maturity.

In the West, crisis accommodation has been available for women for some time. In 1964, Haven House, the first 'modern' women's shelter in the world, opened in California (LaViolette and Barnett, 2014:4). Later, others opened in places such as Sydney with similar ideals in mind. Cardiff and Vale's Women's Aid was opened in Wales in 1972/3 and Rosie's Place in Boston, Massachusetts was opened in 1974 (Women's Shelter, 2014).

By 1990, there were 1 500 shelters for battered women in the United States (Stewart, 2012). According to a report published by the National Coalition Against Domestic Violence in 1999, there were well over 2 000 groups involved in sheltering abused women and their children (Domestic Violence Statistics, 2012).

In South Africa, the Salvation Army provides several shelters for abused women and their children, and an opportunity for them to find healing and learn skills that will empower them to cope as self-reliant members of society. There are also many smaller shelters around South Africa that have been established to offer sanctuary and short-term housing to victims of domestic violence and their children. Women of all races and creeds are embraced and no one is ever turned away due to lack of money. These shelters provide safety, professional counselling, support groups, access to medical care and legal advice, HIV/AIDS counselling and training, day care services for children, life skills and parent training, development of practical subjects, spiritual encouragement and support, and love and care (Salvation Army, 2015).

The battered women's movement is working to change attitudes about domestic violence in our culture. The abuser must be seen as the cause of violence and the one responsible for stopping the violence. Our societal institutions must take action by responding to the violent behaviour with consistent legal and social consequences (Rosenberg, 2007:185).

For many years, the battered women's movement has done a commendable job of advocating for battered women and children and increasing public awareness about domestic violence. This alone is not enough. Increased community accountability and collaboration must become the standard if we are to realise our dream of a future without family violence. While shelters continue to serve these and other critical needs,

they address only part of the problem. Left untreated, batterers often will continue to abuse their partners who leave shelters and return to the relationship. If their partner leaves the relationship, the batterers may find new victims to abuse. The response to this harsh reality was the socio-educational development of batterer intervention programmes.

6.3.3.3 Batterer intervention programmes

Since violent behaviour is socially constructed, strategies for the reduction of violence must be aimed at the nature of the society and the amendment of negative socialisation experiences to which many of its younger members in particular, are subjected. Fundamental to maintaining peace and order in any society is the control of anti-social behaviour. From a socio-educational perspective, this can be done on two levels: at a societal level through sanctions imposed by a legitimate authority or, at an individual level through the learning of appropriate behaviours or through controlling how we think about things (Clarke, 2003:113).

6.3.3.4 Child welfare workers versus domestic violence activists

An issue at stake in the battle against domestic violence is the fact that the two leading service providers, namely child welfare workers and domestic violence activists, do not always work together as partners. Each organisation has its own good intentions but they do not hold the same views with regard to their procedures. Local authorities have a responsibility to enquire into the welfare of any child who may be suffering or to be likely to suffer harm and then to decide whether they need to take any action to safeguard or promote the child's welfare (Mullender, 1996:96). The mandate of the child welfare system is to ensure that children are safe from harm. Cases in which children are exposed to domestic violence are particularly complex and challenging for child welfare professionals because the institutional practices developed within the child welfare system often do not take into account the dynamics of domestic violence. Although adult and child victims are found in the same households, historically child protection workers and domestic violence activists have responded separately to them (Ross, 2010:89).

The child welfare system has developed over the past century into a bureaucratic, largely publicly run system that is heavily governed by state and federal regulations. Domestic violence agencies are largely non-profit and emerged from the grassroots battered women's movement of the 1970's. Differences in philosophy, mandates, training and roles have hampered collaboration (Ross, 2010:89-90). Battered women's advocates have viewed child protection workers as unfairly penalising women by removing children from their care for failure to protect. They do not believe that a vulnerable child should be removed from the one person he/she is close to and relegated to the care of strangers. On the other hand, child protection workers sometimes view advocates for battered women as ignoring the needs of children to be kept out of harm's way (Ross, 2010:90). Effective intervention strategies that protect children, but do not penalise battered women, are still in developmental stages. Undoing the harm that violence does to children means that society should recognise that children are both victims and objects in struggles of power and control that do not end when their parents separate (Shepard and Pence, 1999:155).

6.3.3.5 Publicising domestic violence

The following (Sterne and Poole, 2010:120) are ways to demonstrate to the community that the educational environment is aware of the harm domestic violence does to children and that it aims to ensure that victims of domestic violence know where to go to for support.

- Display posters advertising help lines.
- Make leaflets available in a variety of languages aimed at both children and parents.
- Place stickers with useful information on the insides of public toilet doors.
- Address the issue in assemblies and on themed days to which parents and members of the community are invited.
- Ensure all school staff has received training on domestic violence.

6.3.4 Summary of recommendations

There are different role players involved in the provision of support for children in the context of domestic violence. The role of the school is important in providing a positive environment for children and in identifying school specific behaviours that children exposed to domestic violence may exhibit.

The focus of the study is on children's socio circumstances such as their social interaction at home, in the classroom and with their peers on the playground, as well as their ability to form healthy relationships later on in life. Educators can assist by being well-informed and knowledgeable about the social effects suffered by children who have been exposed to domestic violence. Educators should be able to identify these children and most importantly, they need to know how to provide support within the classroom to promote affective and social adjustments.

Members of the educational profession, such as educators and psychologists, can provide a variety of services that may help in the intervention and treatment of children suffering from social maladjustment. Despite considerable research (Bornman et al, 1998:395) indicating that the constructive management of conflict will increase the productivity of children, educators receive very little training in how to use conflict for instructional purposes.

Educators should be equipped with the necessary, relevant information regarding the effect of domestic violence on the social behaviours of children. The emphasis should be on helping the child develop healthy, socially appropriate relationships with people, which comprises the focus of this study. If educators are knowledgeable, they become positive instruments in creating a calmer, more productive atmosphere in the classroom. This may help these children to interact in a way that is socially acceptable.

Guidance and counselling within the school programme has been discussed. The key message is that although school staff may not be able to stop the violence and abuse at home, they are in a position to make a considerable difference in the lives of troubled children. Conflict resolution has been discussed, including the ways in which this can be taught from a socio-educational perspective.

The researcher has discussed the trauma suffered by children who have been exposed to domestic violence. Widely used approaches to trauma therapy have been identified, such as Lystad's four-step approach to trauma recovery as well as more recent approaches, namely Somatic Experiencing, EMDR and Cognitive Behavioural Therapy. Therapies that require the involvement of other professionals (outside of the school) have also been mentioned. These therapies include play therapy, art therapy, individual and/or group counselling sessions.

Today, battered women and their children have many places where they can seek refuge. Transition houses offer protection from abusive spouses, programmes to help women begin independent lives and programmes for their children. Second-stage housing provides extended counselling and accommodation for women who need longer periods to recover from abuse. Perhaps the greatest accomplishment of the battered women's shelter movement has been the broader acceptance of abuse as a political issue (Janovicek, 2007:115). It is important to acknowledge the hard-won achievements of the women who opened the first transition houses. Indeed, their passion and determination should inspire activists who are working to develop inclusive services that will help women and their children live violence-free lives (Janovicek, 2007:117). The challenge, however, is the number of women and children living with domestic violence who do not come forward for help, who do not disclose their abuse, and who do not make use of the services available to them.

The ability to end family violence is directly related to the willingness of individuals and communities to unite their voices and efforts. Society cannot afford to rely solely on the battered women's movement to end this epidemic. While the movement has accomplished incredible feats, everyone's participation is needed to make our communities and our world a more loving place for all.

Interventions to undo the harm that violence does to children cannot be built on simplistic assumptions about innocence and victims, good women, bad men and bystander children. They but must be based on careful understanding of the dynamics of power in violent families (Shepard and Pence, 1999:165).

It is concluded from the above discussion that support for children exposed to domestic violence can be provided through a variety of structured educational and play activities. Discussions, role-playing, modelling and presentations can be used to offer support directly. Art projects and homework assignments can be used to offer support indirectly. The effects of socialising agents, such as parents, schools, community leaders, the peer group and churches will vary within the individual child's developmental level and exposure to violence.

This study may lead to the design and production of better intervention programmes (from a socio-educational perspective) for children living in a domestically violent environment. Professionals may begin to consider implementing more appropriate, up-to-date strategies within education programmes in order to help with the social difficulties and impairments experienced by children who have been or who are being exposed to domestic violence. It would also be worth exploring how educators could provide support within the classroom situation to promote affective and social adjustment.

6.4 LIMITATIONS

- In conducting this study, the researcher was forced to rely on the use of numerous foreign resources, mainly because related research literature published in South Africa lacked the breadth and depth required to complete such a study. This extensive use of literature published overseas may be seen as a limitation.
- Each participant has had his/her own unique experiences, and may not necessarily display all the characteristic traits of a person who has been exposed to domestic violence during childhood (as mentioned in Chapters 2 and 3). Thus it cannot be assumed that the results of this study can be generalised or adapted to other situations.
- The rather small sample of participants used in this study may also be seen as a limitation, mainly because of the uniqueness of the situation and the

extremely sensitive nature of the research topic. Many people may be unwilling to revisit their memories of an abusive past and may be unwilling to divulge any of their personal experiences to an outsider, such as the researcher.

- It has to be recognised that because of the sensitive nature of the research, it is possible that some of the participants who were interviewed have not been completely forthcoming and relevant information could have been withheld.
- As a result of the unique individuality of each participant who has been exposed to domestic violence during childhood, each social story also had to be participant-specific. It is true that case study research is incapable of providing a generalising conclusion, but bear in mind that this is not the purpose or intent of this research study. The aim has been to provide an understanding of the situation of domestic violence from the participants' perspective.

6.5 CONCLUSION

This chapter has brought the research to its culmination in that it is evident from the content that the main problem and sub-problems formulated in the first chapter have been investigated and the aims of the study have been met. The main findings from the literature review and the empirical study have been summarised in order to simplify the in-depth investigations reported and discussed in the previous chapters. The recommendations for further research have been put together from both the literature and empirical investigations. Finally, the limitations of the study have been discussed.

From the perspective of a researcher and educator, it is important to continue researching and keeping up to date with recent developments in the studies of socialisation with regard to children who have been exposed to domestic violence. A 'simple' intervention strategy of removal will not be enough to truly make a difference in the lives of the children who have been exposed to family violence. Intervention

needs to be ongoing and adaptable, according to the development level of the child. Intervening professionals would do well to remember a statement made by Hamel and Nicholls (2007:551), 'Although we can take children out of a violent environment, it can take years to take the violent environment out of them.'

BIBLIOGRAPHY

- Abrahams, H. 2010. *Rebuilding Lives After Domestic Violence: Understanding Long-Term Outcomes*. London: Jessica Kingsley.
- ACADV: Alabama Coalition Against Domestic Violence. 2010. 'The Effects of Domestic Violence on Children.' Available at: <http://acadv.org/children.html> [Accessed: 10 April 2010].
- Alasuutari, P., Bickman L. and Brannen, J. (eds). 2008. *The SAGE Handbook of Social Research Methods*. London: Sage Publications.
- Arnold, L.E. 1990. *Childhood Stress*. New York: John Wiley.
- Arriaga, X.B. and Oskamp, S. eds. 1999. *Violence in Intimate Relationships*. London: Sage Publications.
- Asay, S.M., De Frain, J., Metzger, M. and Moyer, B. (eds). 2014. *Family Violence from a Global Perspective: A Strengths-based Approach*. Los Angeles: Sage Publications.
- Atkinson, P. and Delamont, S. (eds). 2011. *SAGE Qualitative Research Methods. Volume III*. Los Angeles: Sage Publications.
- Bancroft, L., Silverman, J.G. and Ritchie, D. 2012. *The Batterer as Parent: Addressing the Impact of Domestic Violence of Family Dynamics*. 2nd edition. Los Angeles: Sage Publications.
- Baran, N. 2016. Center for Relationship Abuse Awareness (Education, Training and Action). Available at: <http://stoprelationshipabuse.org/educated/what-is-relationship-abuse>

- Barnish, M. 2004. *Domestic Violence: A Literature Review*. London: HM Inspectorate of Probation. Available at: <http://www.justice.gov.uk/inspectorates/hmi-probation/docs/thematic-dv-literaturereview-rps.pdf>
- Basinskaite, D., Berg, M. and Blache, J. 2011. *Professionals Against Domestic Violence: A Training Manual. PACT: Promoting Awareness for Co-operation and Training in the Field of Domestic Violence*. Gottingen: BUPNET GmbH Publishers. Available at: http://www.pact-eu.org/uploads/media/PACT_Training_Manual_EN.pdf [Accessed: 3 July 2012].
- Bennett, L.W. 1997. 'Substance Abuse and Woman Abuse by Male Partners.' Available at: <http://www1.umn.edu/humanrts/svaw/domestic/link/alcohol.htm> [Accessed: 8 July 2014].
- Bentovim, A., Cox, A., Miller, L.B. and Pizzey, S. 2009. *Safeguarding Children Living with Trauma and Family Violence: Evidence-based Assessment, Analysis and Planning Interventions*. London: Jessica Kingsley.
- Bergen, R.K. (ed). 1998. *Issues in Intimate Violence*. London: Sage Publications.
- Bornman, E., Van Eeden, R. and Wentzel, M. (eds). 1998. *Violence in South Africa: A Variety of Perspectives*. Pretoria: HSRC Publishers.
- Bowen, E. 2011. *The Rehabilitation of Partner-Violent Men*. UK: Wiley-Blackwell.
- Carew, S.A. 2004. *The Psychological Effects of Art Therapy on Children Who Have Experienced Traumatic Grief*. South Africa: [n.p].
- Case, C. and Dalley, T. 2006. *The Handbook of Art Therapy*. 2nd edition. London: Routledge.
- Chazan, M., Laing, A.F., Davies, D. and Phillips, R. 1998. *Helping Socially Withdrawn and Isolated Children and Adolescents*. Great Britain: Biddles.

- Chiland, C. and Young, J.G. (eds). 1994. *Children and Violence*. London: Jason Aronson.
- Child Welfare Information Gateway. 2009. 'Bulletins for Professionals: Domestic Violence and the Child Welfare System.' Available at: http://www.childwelfare.gov/pubs/factsheets/domestic_violence/impact.cfm [Accessed: 8 July 2014].
- Clarke, D. 2003. *Pro-Social and Anti-Social Behaviour*. London: Routledge.
- Cleaver, H. and Nicholson, D. 2007. *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*. London: Jessica Kingsley.
- Cohen, L., Manion, L. and Morrison, K. 2005. *Research Methods in Education*. 5th edition. London: Routledge Falmer.
- Cooper, J. and Vetere, A. 2005. *Domestic Violence and Family Safety: A Systematic Approach to Working with Violence in Families*. London: Whurr Publishers.
- Cooper, P.(ed). 1999. *Understanding and Supporting Children with Emotional and Behavioural Difficulties*. London: Jessica Kingsley.
- Coplan, R.J., Girardi, A., Findlay, L.C. and Frohlick, S.L. 2007. 'Understanding Solitude: Young Children's Attitudes and Responses Toward Hypothetical Socially Withdrawn Peers'. In: *Social Development*. 16 (3), 390-409.
- Correy, C.E. 2000. 'Domestic Violence is a Human Problem.' In: *The Voice Magazine*, Canada, November and December 2000, Volume 3 (2 and 3). Available at: <http://ejfi.org/DV/dv-4.htm#pgfld-1323314> [Accessed: 19 October 2011].
- Creswell, J.W. 2005. *Educational Research: Planning, Conducting and Evaluating Qualitative Research*. 2nd edition. North Asia: Pearson Education.

Crowe, A.H., Wack, P. and Schaefer, P.J. 1996. *Intervening in Family Violence*. USA: American Probation and Parole Association.

Culross, P.L. 1999. 'Health Care System Responses to Children Exposed to Domestic Violence'. In: *Domestic Violence and Children*. 9 (13), 111-121.

Cunningham, A., Jaffe, P. and Baker, L. 1998. 'Theory-Derived Explanations of Male Violence Against Female Partners: Literature Update and Related Implications for Treatment and Evaluation.' Available at: <http://www.lfcc.on.ca/maleviolence.pdf> [Accessed: 3 July 2012].

David, K.M. and Murphy, B.C. 2007. 'Inter-parental Conflict and Pre-schooler's Peer Relations: The Moderating Roles of Temperament and Gender'. In: *Social Development*. 16 (1), 1 – 23.

Davies, L. 2004. *Education and Conflict: Complexity and Chaos*. London: Jessica Kingsley.

Davis, R.L. 2008. *Domestic Violence: Intervention, Prevention, Policies and Solutions*. London: CRC Press.

Definitions Online Dictionary. nd. Available at: <http://definitions.net/definition/educational> [Accessed: 15 August 2010].

Denscombe, M. 2010. *The Good Research Guide for Small-Scale Social Research Projects*, 4th edition. England: McGraw Hill, Open University Press.

Dictionary.com. Available at: <http://dictionary.com> [Accessed: 15 August 2010]

Di Leo, J.H. 1970. *Young Children and their Drawings*. New York: Brunner/Mazel Publishers.

- Du Plooy, G.M. 2009. *Communication Research: Techniques, Methods and Applications*, 2nd edition. Cape Town: Juta.
- Encarta Dictionary. nd. Available at:
<http://encarta.msn.com/encnet/features/dictionary/DictionaryResults>
[Accessed: 12 April 2010].
- Engel, B. 2005. *Breaking the Cycle of Abuse: How to Move Beyond your Past to Create an Abuse-Free Future*. New Jersey: John Wiley.
- Flowers, R.B. 2000. *Domestic Crimes, Family Violence and Child Abuse: A Study of Contemporary American Society*. USA: McFarland.
- Free Dictionary. Available at: <http://thefreedictionary.com> [Accessed: 8 July 2013].
- Geffner, R., Griffin, D. and Lewis, J. (eds). 2009. *Children Exposed to Violence: Current Issue, Interventions and Research*. London: Routledge.
- Geffner, R.A. and Rosenbaum, A. (eds). 2001. *Domestic Violence Offenders: Current Interventions, Research and Implications for Policies and Standards*. New York: The Haworth Press.
- Giardino, A.P. and Giardino, E.R. (eds). 2010. *Intimate Partner Violence: A Resource of Professionals Working With Children and Families*. St. Louis: STM Learning.
- Giordano, P.C. 2010. *Legacies of Crime: A Follow-Up of the Children of Highly Delinquent Girls and Boys*. New York: Cambridge University Press.
- Goldstein, S. and Brooks, R.B. (eds). 2013. *Handbook of Resilience in Children*, 2nd edition. New York: Springer.
- Gondolf, E.W. 2002. *Batterer Intervention Systems: Issues, Outcomes and Recommendations*. California: Sage Publications.

- Goodwin, D.W. 1981. *Alcoholism: The Facts*. New York: Oxford University Press.
- Goodyear-Brown, P. 2010. *Play Therapy with Traumatized Children: A Prescriptive Approach*. New Jersey: John Wiley.
- Haaken, J. 2010. *Hard Knocks: Domestic Violence and the Psychology of Story-Telling*. London: Routledge.
- Hague, G. and Malos, E. 2005. *Domestic Violence: Action for Change*, 3rd edition. Great Britain: New Clarion Press.
- Hamberger, L.K and Phelan, M.B. 2004. *Domestic Violence Screening and Intervention in Medical and Mental Healthcare Settings*. New York: Springer.
- Hamel, J. and Nicholls, T.L. (eds). 2007. *Family Interventions in Domestic Violence: A Handbook of Gender-Inclusive Theory and Treatment*. New York: Springer.
- Hampton, R.L. (ed). 1991. *Black Family Violence*. Toronto: Lexington Books.
- Harne, L. and Radford, J. 2008. *Tackling Domestic Violence: Theories, Policies and Practice*. New York: Open University Press.
- Hattery, A.J. 2009. *Intimate Partner Violence*. Lanham: Rowman and Littlefield.
- Helander, E.A. 2008. *Children and Violence: The World of the Defenceless*. Great Britain: Palgrave MacMillan.
- Hennink, M.M. 2007. *International Focus Group Research. A Handbook for the Health and Social Sciences*. United Kingdom: Cambridge University Press.
- Herzberger, S.D. 1996. *Violence Within the Family: Socio-Psychological Perspectives*. USA: Westview Press.

- Hester, M. 2009. *Who Does What to Whom? Gender and Domestic Violence Perpetrators*. Bristol: Northern Rock Foundation. Available at: www.nrfoundation.org.uk/downloads/who-does-what-to-whom.pdf
- Holt, S., Buckley, H. and Whelan, S. 2008. 'The Impact of Exposure to Domestic Violence on Children and Young People: A Review of the Literature.' In: *Journal of Child Abuse and Neglect*. Volume 32, Issue 8, 797-810.
- Hopkins, A. and McGregor, H. 1991. *Working For Change: The Movement Against Domestic Violence*. Australia: Allen and Unwin.
- Honor, G. 2005. 'Domestic Violence and Children'. In: *Journal of Pediatric Health Care*. 19 (4), 206-212. Available from: [http://www.jpmedhc.org/article/S0891-5245\(05\)00089-1](http://www.jpmedhc.org/article/S0891-5245(05)00089-1) [Accessed: 3 July 2012].
- Humm, S. 2014. 'Domestic Violence is Child Abuse!' Available at: <http://angelsonearth.tripod.com/id25.html> [Accessed: 6 July 2014].
- Humphrey, J.H. 1988. *Children and Stress*. New York: AMS Press.
- Humphreys, C. and Stanley, N. (eds). 2006. *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Integrity Business Systems and Solutions. nd. 'Alcohol Abuse and Domestic Violence.' Available at: http://www.about-alcohol-abuse.com/Alcohol_Abuse_and_Domestic_Violence.html [Accessed: 11 August 2011].
- Itzin, C., Taket, A and Barter-Godfrey, S. 2010. *Domestic and Sexual Violence and Abuse: Tackling the Health and Mental Health Effects*. London and New York: Routledge.
- Iwi, K. and Newman, C. 2011. *Picking Up the Pieces After Domestic Violence: A Practice Resource for Supporting Parenting Skills*. London: Jessica Kingsley.

- Janovicek, N. 2007. *No Place To Go: Local Histories of the Battered Women's Shelter Movement*. Vancouver: UBC Press.
- Jansen, J. 1992. *Why So Much Violence in South Africa? Activist-Educator Offers Insights*. Stanford University, 10 November 1992. Available from: <http://news.stanford.edu/pr/92/921110Arc2038.html> [Accessed: 17 October 2011].
- Japan Times Online. 2001. 'NPO Tackles Cybercrime as Government Drags its Feet.' 2 May 2001. Available from: <http://www.japantimes.co.jp/text/nn20010502b4.html> [Accessed: 21 October 2011].
- Jenson, J.M. and Fraser, M.W. 2006. *Social Policy for Children and Families: A Risk and Resilience Perspective*. London: Sage Publications.
- Jha, A.K. (ed). 2002. *Anatomy of Domestic Violence*. New Delhi: Anmol Publications.
- Johnson, M.P. 2008. *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situational Couple Violence*. London: North Eastern University Press.
- Johnston, J.R. 2006. 'A Child-Centered Approach to High Conflict and Domestic Violence in Families: Differential Assessment and Interventions'. In: *Journal of Family Studies*. 12 (1), 15 – 35.
- Kagan, R. 2004. *Rebuilding Attachments with Traumatized Children: Healing From Losses, Violence Abuse and Neglect*. New York: The Haworth Press.
- Kalmanowitz, D. and Lloyd, B. 2005. *Art Therapy and Political Violence: With Art, Without Illusion*. London: Routledge.
- Kantor, G.K and Jasinski, J.L. (eds). 1997. *Out of the Darkness: Contemporary Perspectives on Family Violence*. London: Sage Publications.

- Katz, L.F., Hessler, D.M. and Annett, A. 2007. 'Domestic Violence, Emotional Competence and Child Maladjustment'. In: *Social Development*. 16 (3), 513 – 538.
- Keeling, J. and Mason, T. (eds). 2008. *Domestic Violence: A Multi-Professional Approach for Health Care Practitioners*. England: Open University Press.
- Kelly, J.A. 1982. *Social-Skills Training: A Practical Guide for Interventions*. New York: Springer.
- Khan, M. 2000. Innocenti Digest, Number 6, June 2000. 'Domestic Violence Against Women and Girls'. Available at: <http://www.unicef-irc.org/publications/pdf/digest6e.pdf> [Accessed: 3 July 2012].
- Klimes-Dougan, B. and Zeman, J. 2007. 'Introduction to the Special Issue of Social Development: Emotional Socialisation in Childhood and Adolescence'. In: *Social Development*. 16 (2), 203 – 209.
- Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B. and Lozano, R. (eds). 2002. 'World Report on Violence and Health.' Geneva: World Health Organisation. Available at: http://www.who.int/violence_injury_prevention/violence/world_report/en/FullWRVH.p201df [Accessed: 3 July 2012].
- LaViolette, A.D and Barnett, O.W. 2014. *It Could Happen to Anyone: Why Battered Women Stay*. 3rd edition. Los Angeles: Sage Publications.
- Lawrence-Neuman, W. 2007. *Basics of Social Research: Quantitative and Qualitative Approaches*. 2nd edition. Boston: Pearson.
- Lecomte, J. 2004. *Recovering from Childhood Wounds*. United Kingdom: Free Association Books.

Leedy, P.D. and Ormond, J.E. 2010. *Practical Research: Planning and Design*: 9th edition. Boston: Pearson Educational International.

Let's put a stop to violence and abuse. 2012. 'Domestic Violence Statistics.'
Available at: <http://domesticviolencestatistics.org/domestic-violence-statistics/> [Accessed: 3 July 2012].

Linesch, D. (ed). 1993. *Art Therapy with Families in Crisis: Overcoming Resistance Through Non-Verbal Expression*. New York: Brunner/Mazel.

Lipsey, M.W., Wilson, D.B., Cohen, M.A. and Derzon, J.H. 1997. 'Is There a Causal Relationship Between Alcohol Use and Violence? A Synthesis of Evidence.'
In: *Recent Developments in Alcoholism. Volume 13, 1997, 245-282.*

Lystad, M. (ed). 1986. *Violence in the Home: Inter-disciplinary Perspectives*. New York: Brunner/Mazel.

Mabena, L. 2002. *Exploration of Factors Contributing to Abuse in Black South African Women*. South Africa: Unisa.

Magano, M.D. 2004. *The Relationship Between a Disadvantaged Home Environment and the Self-Concept of Children: A Guidance and Counselling Perspective*. Pretoria: Zendubind.

Maree, K. (ed). 2007. *First Steps in Research*. Pretoria: Van Schaik.

Marsh, B.L. 1989. *Spouse Abuse: A Review of the Literature and Implications for Law Enforcement and Research in the Republic of South Africa*. Pretoria: University of South Africa.

Mason, L. 2014. 'Hidden Hurt: Domestic Abuse Information.' Available at:
http://hiddenhurt.co.uk/domestic_violence_and_children.html
[Accessed: 6 July 2014].

- Mathews, S., Abrahams, N., Martin, L., Vetten, L., Van der Merwe, L. and Jewkes, R. 2004. 'Every six hours a woman is killed by her intimate partner': *A National Study of Female Homicide in South Africa*. MRC Policy Brief. Number 5. June 2004.
- Matthews, B. and Ross, L. 2010. *Research Methods: A Practical Guide for the Social Sciences*. England: Pearson.
- McCarthy, J.R. and Edwards, R. 2011. *Key Concepts in Family Studies*. Los Angeles: Sage Publications.
- McCue, M.L. 1995. *Domestic Violence: A Reference Handbook*. Santa Barbara: ABC-CLIO.
- McKendrick, B. and Hoffman, W. (eds). 1990. *People and Violence in South Africa*. Cape Town: Oxford University Press.
- Mercer, J. 2010. *Child Development: Myths and Misunderstandings*. Los Angeles: Sage Publications.
- Meyer, C. 2011. 'Negative Effects of Domestic Violence.' Available at: http://divorcesupport.about.com/abusiverelationships/p/effects_abuse.htm [Accessed: 11 August 2011].
- Mignon, S.I, Larson, C.J and Holmes, W.M. 2002. *Family Abuse: Consequences, Theories and Responses*. Boston: Allyn and Bacon.
- Miller, J. and Knudsen, D.D. 2007. *Family Abuse and Violence : A Social Problems Perspective*. United Kingdom: Alta Mira Press.
- Moloney, L. 2006. 'Child Sensitive Practices in High Conflict Parenting Disputes: A 30-year Road to Serious Reform'. In: *Journal of Family Studies*. 12 (1), 37 – 56.

- Monyela, A. 2010. 'Statistics on Domestic Violence in South Africa'. Available at: <http://www.womeninaction.co.za/statistics-on-domestic-violence-in-south-africa/> [Accessed: 3 July 2012].
- Morris, A.S., Silk, J.S., Steinberg, L., Myers, S.S. and Robinson, L.R. 2007. 'The Role of the Family Context in the Development of Emotion Regulation'. In: *Social Development*. 16 (2), 361 – 388.
- Mullender, A. 1996. *Rethinking Domestic Violence: The Social Work and Probation Response*. London: Routledge.
- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L. 2002. *Children's Perspectives on Domestic Violence*. London: Sage Publications.
- Mullender, A. and Morley, R. eds. 1994. *Children Living With Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda*. London: Whiting and Birch.
- Murphy, C. 2009. 'Alcohol Does Not Cause Domestic Violence'. 25 January 2009. Available from: <http://speakoutloud.net/alcohol-violence/alcohol-violence> [Accessed: 3 July 2012].
- Natarajan, M. (ed). 2007. *Domestic Violence: The International Library of Criminology, Criminal Justice and Penology*. Second Series. England: Ashgate.
- OED: Oxford English Dictionary. Available at: <http://www.oed.com> [Accessed: 8 July 2014].
- Parker, J.S., Stewart, G.S. and Gantt, C. 2006. 'Research and Intervention with Adolescents Exposed to Domestic Violence'. In: *Family Therapy. The Journal of the California Graduate School of Family Psychology*. 33 (1), 45 – 52.

Pence, E. and Paymar, M. 1993. *Education Groups for Men Who Batter: The Duluth Model*. New York: Springer.

Pernanen, K. 1991. *Alcohol in Human Violence*. New York: The Guilford Press.

POWA: People Opposing Women Abuse. 2010. 'One in Six Women Killed by Intimate

Partner: POWA' Available at: <http://tembisan.co.za/20652/one-in-six-women-killed-intimate-partner-powa> [Accessed: 3 July 2012].

Pretorius, J.W.M. (ed). 1998. *Sociopedagogics 2000*. South Africa: Van Schaik.

Pryke, J. and Thomas, M. 1998. *Domestic Violence and Social Work*. Michigan: Ashgate.

Pryor, J.E. and Pattison, R. 2007. 'Adolescent's Perceptions of Parental Conflict: The Downside of Silence'. In: *Journal of Family Studies*. 13 (1), 72 – 77.

Reiss, A.J., Miczek, K.A. and Roth, J.A. (eds). 1994. *Understanding Violence, Volume 2. Bio-behavioural Influences*. Washington DC: National Academy Press.

Reiss, A.J. and Roth, J.A. (eds). 1994. *Understanding and Preventing Violence, Volume 3. Social Influences*. Washington DC: National Academy Press.

Renzetti, C.M. and Bergen, R.K. (eds). 2005. *Violence Against Women*. Lanham: Rowman and Littlefield.

Roberts, A. (ed). 2002. *Handbook of Domestic Violence Intervention Strategies: Policies, Programmes and Legal Remedies*. New York: Oxford University Press.

- Roberts, A.R. (ed). 2007. *Battered Women and their Families: Intervention Strategies and Treatment Programmes*. 3rd edition. New York: Springer.
- Roberts, G., Hegarty, K. and Feder, G. (eds). 2006. *Intimate Partner Abuse and Health Professionals: New Approaches to Domestic Violence*. Edinburgh: Churchill Livingstone.
- Robinson, L., Smith, M. and Segal, J. 2014. 'Healing Emotional and Psychological Trauma: Symptoms, Treatment and Recovery.' *March 2014*. Available from: http://helpguide.org/mental/emotional_psychological_trauma.htm [Accessed: 8 July 2014].
- Rosenberg, J. (ed). 2007. *These are our Stories*. Lanham: Hamilton Books.
- Rosher, J.H. 1979. *Violence Towards Children as a Social Problem: A Sociological Analysis*. Michigan: University Microfilms International.
- Ross, L.E. (ed). 2010. *The War Against Domestic Violence*. New York: CRC Press.
- Rossi, L. 2010. 'The Social Experiences of a Young Adult Growing Up as an Only Child.' Available from: <http://upetd.up.ac.za/thesis/available/etd-06102011-133859/unrestricted/dissertation.pdf> [Accessed: 3 July 2012].
- Sanders, D.A. 2006. *The Impact of Story Telling on the Social Development of Learners with Asperger's Syndrome*. Pretoria: University of South Africa.
- Sawyer, E. and Burton, S. 2012. *Building Resilience in Families Under Stress: Supporting Families Affected by Parental Substance Misuse and/or Mental Health Problems*, 2nd edition. London: NCB.
- Schnall, M. 2012. 'Facts About Violence.' Available from: <http://www.feminist.com/antiviolence/facts.html> [Accessed: 3 July 2012].

- Shaffer, D.R. 2005. *Social and Personality Development: Infancy Through Adolescence*. New York: WW. Norton.
- Shannon, J.B. (ed). 2009. *Domestic Violence Sourcebook*, 3rd edition. USA: Omnigraphics.
- Sharman, C., Cross, W. and Vennis, D. 1995. *Observing Children: A Practical Guide*. London: Cassell.
- Shelton, K.H. and Harold, G.T. 2007. 'Marital Conflict and Children's Adjustment: The Mediating and Moderating Role of Children's Coping Strategies'. In: *Social Development*. 16 (3), 497 – 512.
- Shepard, M.F. and Pence, E.L. (eds). 1999. *Co-Ordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*. USA: Sage Publications.
- Shipway, L. 2004. *Domestic Violence: A Handbook for Health Professionals*. London: Routledge.
- Silver, R. (ed). 2005. *Aggression and Depression Assessed Through Art*. New York: Brunner-Routledge.
- Silverman, D. (ed). 2011. *Qualitative Research*. 3rd edition. London: Sage Publications.
- Silverstone, L. 2009. *Art Therapy Exercises: Inspirational and Practical Ideas to Stimulate the Imagination*. London: Jessica Kingsley.
- Smith, M and Segal, J. 2014. 'Domestic Violence and Abuse: Signs of Abuse and Abusive Relationships.' *February 2014*. Available at: http://helpguide.org/mental/domestic_violence_abuse_types_signs_causes_effects.htm [Accessed: 7 July 2014].

- Sterne, A. and Poole, L. 2010. *Domestic Violence and Children: A Handbook for Schools and Early Years Settings*. London: Routledge.
- Stewart, S. 2012. 'The Clark County Prosecuting Attorney: Domestic Violence.' Available at: <http://www.clarkprosecutor.org/html/domviol.htm> [Accessed: 6 July 2014]
- The Salvation Army: Southern Africa Territory. 2015. 'Work With Abused Women and Children.' Available at: <http://salvationarmy.org/za/index.php/our-work/community-care-development/work-with-abused-women-children> [Accessed: 21 September 2015]
- Thompson, N. 2009. *People Skills*, 3rd edition. United Kingdom: Palgrave MacMillan.
- Tremblay, R.E., Hartup, W.W. and Archer, J. 2005. *Developmental Origins of Aggression*. New York: The Guilford Press.
- Tremblay, R.E., Van Aken, M.A.G. and Koops, W. (eds). 2009. *Development and Prevention of Behaviour Problems: From Genes to Social Policy*. New York: Psychology Press.
- Trinder, L. 2009. 'What Might Children Mean By a "Meaningful Relationship"?' In: *Journal of Family Studies*. 15 (1), 20 – 35.
- Twohey, M. 2009. 'How Can Domestic Abuse Be Stopped?' In: *The Chicago Tribune*. 2 January 2009. Available at: <http://www.chicagotribune.com/news/local/chi-abusers-02-jan,02,0,1147422.story?page=2> [Accessed: 11 August 2011].
- United Nations. 1993. *Strategies for Confronting Domestic Violence: A Resource Manual*. New York: United Nations.

- US Department of Justice, Bureau of Justice Statistics. 2013. Available at: <http://www.statisticbrain.com/domestic-violence-abuse-stats/> [Accessed: 7 July 2014].
- Valiente, C., Lemery-Chalfant, K. and Reiser, M. 2007. 'Pathways to Problem Behaviour: Chaotic Homes, Parent and Child Effortful Control and Parenting'. In: *Social Development*. 16 (2), 249 – 267.
- Van Riezig, K. 2010. 'Mom, Dad, Talk To Us!'. In: *YOU Magazine*. South Africa, 4 February 2010, 28-29.
- Veer, U. 2004. *Crime Against Women*. New Delhi: Anmol.
- Vlek, C. and Steg, L. 2007. 'Human Behaviour and Environmental Sustainability: Problems, Driving Forces and Research Topics'. In: *Journal of Social Issues*. 63 (1), 1 – 19.
- Wallace, H. 2002. *Family Violence: Legal, Medical and Social Perspectives*. 3rd edition. Boston: Allyn and Bacon.
- Waterhouse, S. and Nagia-Luddy, F. 2009. 'Linking Domestic Violence and Corporal Punishment'. In: *Journal of Child and Adolescent Mental Health*. Article 19. Volume 5. Number 2 (95-113). December 2009.
- Wexler, D.B. 2006. *Stop Domestic Violence: Innovative Skills, Techniques, Options and Plans for Better Relationships*. New York: WW. Norton.
- Willis, D.J., Holden, E.W. and Rosenberg, M. (eds). 1992. *Prevention of Child Maltreatment: Developmental and Ecological Perspectives*. New York: John Wiley.
- Wilson, K.J. (ed). 1997. *When Violence Begins At Home: A Comprehensive Guide to Understanding and Ending Domestic Violence Abuse*. Canada: Hunter House.

Wolfe, D.A. and Jaffe, P.G. 1999. 'Emerging Strategies in the Prevention of Domestic Violence.' Available at: http://futureofchildren.org/futureofchildren/publications/docs/09_03_9.pdf [Accessed: 3 July 2012].

Women's Aid. 2006. 'Until Women and Children are Safe.' Available at: <http://www.womensaid.org.uk> [Accessed: 3 July 2012].

Wikipedia. n.d. 'Women's Shelter.' Available from: http://en.wikipedia.org/wiki/women's_shelter [Accessed: 20 October 2011].

Wyness, M. 2006. *Childhood and Society: An Introduction to the Sociology of Childhood*. New York: Palgrave Macmillan.

Your Dictionary. Available from: <http://www.yourdictionary.com/intergenerational> [Accessed: 18 October 2011].

ZWRCN: Zimbabwe Women Resource Centre and Network. 2012. 'Making a Difference for Women.' 2012. Available at: <http://www.zwrcn.org.zw/> [Accessed: 3 July 2012].

APPENDIX A
Consent Letter: Adult Participants

Name of Researcher: Chantelle Manuela Alho

Institution: University of South Africa (UNISA)

The Purpose of the Study:

The main purpose of the study is to determine the social effects suffered by adults who have been exposed to domestic violence during childhood. The aim of these interviews is to explore the experiences of adults who have lived in a domestically violent home during childhood, and to try to find common themes in their interpretations to attempt an understanding of their experiences in relation to a social context.

The semi-structured interviews will be conducted in a single private session between researcher and participant. The researcher's aim is to ascertain which effects were experienced by the adults during their childhood and to what extent these effects have lasted into adulthood.

Explanation of Procedures:

You are invited to participate in a semi-structured interview. The questions are designed to help the researcher understand your experiences and beliefs concerning the many issues relating to domestic violence. You are one of eight adults being asked to participate in this study.

Risks and Discomforts:

You may be asked questions of a somewhat sensitive nature, but you are always free to choose not to answer a question if you do not want to do so. In the highly unlikely event of a participant needing debriefing after an interview, the researcher will make the necessary referral to a professional who can provide such a service.

Benefits:

You might not personally benefit from your participation in this research. However, your contribution to this study may provide the researcher with information that may

be used to develop programmes to assist children exposed to domestic violence to learn how to cope socially and to form appropriate relationships.

Confidentiality:

All information collected during the interviews will be kept confidential to the extent permitted by law. The session will be audio recorded and then converted into written format. Agreeing to participate means that you agree to allow the information to be used for scientific purposes, but your name will not be identified in any reports or publications.

Withdrawal without Prejudice:

You are free to withdraw your consent and to discontinue your participation in this study at any time without prejudice.

Costs for Participation in Research:

There are no costs to you for taking part in this study. Any services other than those routinely provided in the study will be the financial responsibility of the study participant. No payment will be awarded for participation in the study.

Questions:

You have the opportunity to ask any questions you may have, and to discuss your answers fully. You are urged to contact the researcher, Mrs Alho (012 754 2074) at any time if you have any questions regarding the study. For questions regarding your rights as a research participant, you may also contact the researcher's supervisor, Dr Kriek (012 429 6964).

Legal Rights:

You are not waiving any legal rights by signing this form.

Statement of Agreement to Participate in the Research Study:

You have read the consent form or had it read to you in a language that you can understand, and its contents have been explained to you. All of your questions have been answered. Your rights and privacy will be maintained. You freely and voluntarily choose to participate in this study. You have been given a copy of this consent form.

If you do not wish to keep a copy, the researcher will keep it for you in a safe and secure place. By signing your name or making your mark in the space below, you voluntarily agree to join the study.

Signature Printed name Date

Witness Printed name Date

Signature of Researcher

APPENDIX B

SEMI-STRUCTURED INTERVIEW SCHEDULE (EXPLORING THE SOCIAL EFFECTS OF DOMESTIC VIOLENCE DURING CHILDHOOD)

I want to thank you for participating in this research study. The purpose of this semi-structured interview is to obtain detailed information about your childhood experiences regarding the family violence you witnessed in your home.

However, please note that, although you are regarded as an individual likely to provide detailed information on the topic, your participation is completely voluntary. You are under no obligation to answer any questions that you do not want to. You may also withdraw your participation at any time for any reason without penalty.

If you do fully participate, please allow me to assure you of your anonymity and the confidentiality with which your views, comments and opinions will be treated. Please feel free to participate with ease. I really do value your honest contribution.

The voice recorder will be switched on during the interview to ensure that all the information is captured. Please do not hesitate to ask any questions regarding what I have just explained.

Do you agree/disagree to participate in a tape recorded interview?

If you are willing to participate in the interview kindly note and remember the following:

- You are allowed to ask me to repeat or rephrase a question, where necessary.
- Please answer questions as honestly as possible, and note that there is no right or wrong answer; your honest opinion will be appreciated.

Please tell me about your childhood and experiences of domestic violence by answering the following questions:

Section 1

(Section 1 relates to the relationships the participant has had with the perpetrating parent and the victimised parent, the participant's perception of the violence experienced during childhood, the behaviour of the parents and the influence of extended family members and members of society.)

1. Briefly describe your mother and the kind of relationship you had with her during your childhood and the relationship you have/had with her later in life.
2. Briefly describe your father and the kind of relationship you had with her during your childhood and the relationship you have/had with her later in life.
3. Generally describe your childhood in a few words.
4. Was your father a frequent drinker?
5. If he drank, how did he behave whilst drunk?
6. How did he behave whilst sober?
7. How did witnessing your father verbally/physically abusing your mother, make you feel?
8. Were you ever verbally/physically abused by your father as well?
9. During your childhood, did you ever feel isolated from the rest of your extended family, such as aunts, uncles or cousins?
10. Did your mother ever seek outside help to escape the abuse? If so, was she helped?
11. Did any family members ever try to step in to stop the abuse?

Section 2

(Section 2 relates to the school environment, the participant's social relationships with peers and the issues surrounding disclosure of the abuse, namely trust or lack thereof and possible intervention.)

12. How did you perform at school academically?
13. Did you have many close friends at school?
14. Were you involved in frequent fighting at school?
15. Would you say that you lived in fear at home?
16. Were you ever made to feel that the abuse at home was somehow your fault?

17. Did you ever confide in anyone outside the home about the abusive situation in your home? If yes, who? If not, why not?
18. Did any of your teachers notice a problem, or try to intervene?
19. Did you ever feel that you were the 'parentified child' or did any of your siblings assume that role?

Section 3

(Section 3 relates to support received, coping mechanisms and intergenerational transmission of abuse.)

20. During your childhood, did you receive any support from any significant adults?
21. Do you feel that the relationship you had with your mother helped you to cope? If yes, how so?
22. Do you drink? In your opinion, do you think you drink excessively?
23. How do you behave when you drink? Do you become verbally or physically abusive?
24. Have you/would you ever lift your hand to strike your spouse? If you have, what would you say leads you to repeating the behaviour of your father? If not, what are your reasons for not repeating the behaviour of your father?

Section 4

(Section 4 relates to conflict resolution and the relationships with the participant's spouses and children.)

25. When you are amongst friends, what is your first natural instinct with regard to resolving conflict?
26. Would you say you have a healthy, stable relationship with your spouse?
27. Briefly describe yourself as a husband.
28. Would you say you have a healthy, stable relationship with your children?
29. Briefly describe yourself as a father.

Section 5

(Section 5 relates to the effects of domestic violence that have been carried on into adulthood.)

30. Did you make a conscious decision to be different to your father? Or to be like him? Or neither?
31. Are there any physical or emotional effects that you still suffer as a result of your traumatic childhood experiences?
32. Do you often think back on your childhood?
33. Is there still a specific incident that still bothers/terrifies you today?
34. Have you ever been for counselling? If yes, when did you go? If not, why not?
35. If there is anything that you could say to your father right now, what would it be?

General:

Thank you for participating in the interview.