

**EFFECTS OF DOMESTIC VIOLENCE ON
CHILDREN**

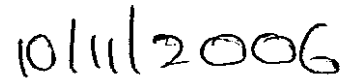
2007

DECLARATION

I, Nirvana Salligram, registration number 054466, hereby declare that this dissertation entitled: EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN is my own work in design and execution and that all reference material quoted has been duly referenced and acknowledged.



N. Salligram



Date

ACKNOWLEDGEMENTS

First and foremost I am thankful to God for the strength to complete this study.

I am greatly indebted to my husband, Nalin Salligram for his financial and emotional support and my children (Shivaan and Shriya) for their encouragement, unfailing confidence and support throughout my period of study. I could never have completed this without them being such wonderful children.

I am grateful to my supervisor, Prof. Nzima for the motivation and inspiration afforded to me to undertake and complete my study.

I also wish to express my sincere gratitude to Jenisha Govender for assisting with typing.

Finally, I would like to thank all those children and parents who participated and shared their personal life experiences with me.

ABSTRACT

This study explored the experiences of five children who witnessed domestic violence and the resultant psychological distress experiences by these children. The study was conducted within a phenomenological framework and used in-depth interviews with the children and caregivers. The data gleaned from the interviews with the children was substantiated by projective drawing tasks.

Analysis of the interviews and drawings showed that children who witnessed domestic violence experienced significant psychological distress. The significant findings of the study were as follows:

- Child witnesses exhibited behavioural, affective and cognitive responses to the traumatic event.
- Themes of guilt, shame and role confusion emerged from the interview data as a result of having witnessed the abusive episodes
- Fear was a result of having witnessed the abusive episodes, and was pervasive in all relationships – with significant others, peers and the researcher.
- Social support from peers and family members acted as a buffer by providing an escape to dealing with witnessing the trauma.
- There was a significant difference in the coping styles in relation to developmental status – the older children exhibited a multitude of coping styles as compared to the younger children.
- Gender pattern differences emerged – boys were more likely to exhibit externalising behaviour in response to witnessing the abusive episodes, whilst the girls exhibited more internalising behaviour patterns.

The results of this study were discussed within the ecological-transactional framework. Further research in the area of domestic violence is recommended.

TABLE OF CONTENTS

Content	Page
Declaration	i
Acknowledgements	ii
Abstract	iii
Table of contents	iv
Appendices	viii

CHAPTER ONE – INTRODUCTION

1.1	Motivation	1
1.2	Statement of problem	1
1.3	Aims of study	2
1.4	Definition of terms	2
1.4.1	Domestic Violence	2
1.4.2	Child Abuse	3
1.5	Research design and methodology	3
1.5.1	Target population	3
1.5.2	Sample procedure	3
1.5.3	Collection of data	4
1.5.4	Data analysis	4
1.6	Value of study	6
1.7	Summary	6

CHAPTER TWO – LITERATURE REVIEW

2.1	Introduction	7
2.2	Violence in the family	7
2.3	Theories in understanding the psychological impact of violence on children	
2.3.1.	Social Learning Approach	10
2.3.2	Parent-Child Attachment Theory	12
2.3.3	Family Systems Approach	14

2.3.4	Erikson's psychosocial stages	15
2.3.4.1	Stage 1 – Trust versus mistrust	16
2.3.4.2	Stage 2 – Autonomy versus shame and doubt	16
2.3.4.3	Stage 3 – Initiative versus guilt	17
2.3.4.4	Stage 4 – Industry versus inferiority	17
2.3.4.5	Stage 5 –Identity versus role diffusion	17
2.3.5	Ecological-Transactional Approach	17
2.4	A review of past research	18
2.4.1.	Behavioural Responses	19
2.4.2	Psychological Responses	20
2.4.3	Social Support	21
2.4.4	Coping	22
2.4.5	Role Confusion	22
2.4.6	Guilt	23
2.5	Reconsidering psychological damage: Children's resilience	24
2.5.1	Gender	26
2.5.2	Developmental Status	27
2.5.3	Coping Styles	29
2.5.4	Family organisation and parenting styles	29
2.6	Summary	31

CHAPTER THREE – METHODOLOGY

3.1	Introduction	33
3.2	Method of Investigation	33
3.2.1.	Design	33
3.2.2.	Criteria for participation	33
3.2.3.	Sample size	35
3.2.4.	Sampling procedure	35
3.2.5.	Collection of data	36
3.2.5.1	The semi-structured interview	37
3.2.5.2	The interview schedule	38
3.2.5.3	Reliability and validity of interviews	38
3.2.6	Analysis of data	39
3.2.6.1	Intuitive and holistic gasp of data	41

3.2.6.2	Spontaneous emergence of natural meaning units	41
3.2.6.3	Reflective transformation of meaning units	41
3.2.6.4	Synthesis into situated structure	42
3.2.6.5	Integrating	
3.3	Sample Profile	
3.3.1	Situated structure of participant no.1 (N.G.)	43
3.3.2	Situated structure of participant no.2 (M.G.)	45
3.3.3	Situated structure of participant no.3 (A.P.)	46
3.3.4	Situated structure of participant no.4 (T.S.)	47
3.3.5	Situated structure of participant no.5 (S.B.)	48
3.4	Summary	48

CHAPTER FOUR – INTERPRETATION OF DATA

4.1	Introduction	53
4.2	Emergent psychological themes	53
4.2.1	Behavioural responses	53
4.2.2	Affective responses	56
4.2.3	Ambivalent feelings towards the abuser and abused parent	56
4.2.4	Fear	59
4.2.5	Shame	60
4.2.6	Guilt	61
4.2.7	Cognitive responses	62
4.2.8	Role confusion	64
4.2.9	Disapproval	66
4.2.10	Secrecy and disclosure	67
4.2.11	Protective-action coping	68
4.2.12	Denial	69
4.2.13	Social support	69
4.3	Effects on family life: A theoretical integration	71
4.3.1	Person factors	71
4.3.2	Process factors	72
4.3.3	Context factors	72
4.3.4	Time factor	73

4.4	Summary	73
-----	---------	----

CHAPTER FIVE – CONCLUSION AND RECOMMENDATIONS

5.1	Introduction	78
5.2	Discussion of results in relation to study of aims 1 and 2	78
5.3	Limitations of the study	78
5.4	Recommendations	79
5.5	Conclusions	81
	References	83
	Appendices	viii

CHAPTER 1

Introduction

1.1 Motivation for the study

The psychological effects of domestic violence on children has been a relatively under – explored area of research, especially with regard to the correlation between children who are secondary victims of domestic violence these who have been witnesses to violence between their parents. Hence, a growing body of evidence(Browne 1989) suggests that the effects of witnessing such violence, has frequently been underestimated. Research(De La Rey et al,1997) indicates that witnessing domestic violence results in serious psychological distress to the child. Children who are witnesses of domestic violence cannot and should not be ignored. They should be recognized as victims as much as children that are physically abused. Therefore, my primary motivation for undertaking this research was that there is a dire need for further research to be done in this area. Secondly previous research has concentrated on quantitative approach. There is a paucity of qualitative studies in the area of witnessing domestic violence as evidenced in the literature review. This study instead adopted a qualitative phenomenology approach to investigate the effects of domestic violence on children.

1.2 Statement of the problem

This study was an attempt to investigate and explore the in-depth psychological experiences of children who are witnesses to domestic violence.

Critical Questions are:

- What are the internalizing psychological responses by child witnesses of domestic violence?
- What are the externalizing psychological responses by child witnesses of domestic violence?

1.3 Aims of the study

- To explore the internalizing psychological responses by child witnesses of domestic violence with respect to developmental status, gender, parenting style and coping skill.
- To explore the externalizing psychological responses by child witnesses of domestic violence with respect to developmental status, gender, parenting style and coping skills.

1.4 Definition of terms

1.4.1 *Domestic violence or family violence*

Domestic violence or family violence is defined as “any act of omission or commission by family members, and any conditions resulting from such acts or inaction, which deprive other family members of equal rights or liberties, and / or interfere with their optimal development and freedom of choice” (Pagelow, 1984). The terms, domestic and family violence will be used interchangeably. For the purpose of this study, the family would include any relative that resides in the household. The only criterion applied is that the child must witness physical violence between family members.

1.4.2 Child abuse

Child abuse has been defined, by law, as “the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby.”(Pagelow, 1984). This is differentiated from witnessing domestic violence which is defined as being within visual range of the violence and seeing it occur. For the purpose of this study, it will be taken to include instances whereby children have not visually observed, but rather have heard the abuse, or are subject to witnessing the aftermath of a violent event. Any definition of witnessing violence will include all of these various ways in which children experience a violent event. Children may see violence or be used as a part of it, but more often they may hear the violent event and experience the aftermath.

1.5 Methodology

1.5.1 Target population

Five caregivers and their children were selected to take part in the study after being screened by the social worker, according to the criteria suggested by Stones (1985). The 5 child participants from a welfare organization were between 8 & 12 years old. The participants were selected because of the physical violence they had observed between their parents.

1.5.2 Sampling procedure

The sample procedure were obtained from the welfare organization. Ethical clearance was granted. Social workers attached to the agency identified suitable participants on behalf of the researcher.

1.5.3 Collection of data

o Semi – structured interview

The semi-structured questionnaire was considered most appropriate for this study because:

- Data was systematically obtained
- The researcher had the opportunity of analyzing both the verbal and non-verbal responses
- The researcher had the opportunity to probe when the participants seems uncertain or unwilling to discuss issues
- In a face-to-face interview, the interviewer had the opportunity to check the honesty, the certainty, and the exact meaning of the participant's reply
- It stimulated further discussion

1.5.4 Data Analysis

The transcribed interviews was analyzed in their entirety consistent with the recommendations of Mishler (1986), who emphasizes the importance of treating interviews as narrative, rich and revealing when examined as a complex whole, rather than a server of answers intermixed with extraneous information. Each narrative script was read and reread with a concurrent reliving of the time spent with the informant, until a sense of empathic knowing is reached. Then, each narrative was combed for references to incidences of domestic violence and extensive notes was made on the thematic content of all such references. Next a search for recurring themes relating to the domestic violence and internalizing and externalizing behaviour. In addition, the projective drawings was analyzed to substantiate information received from the semi-structured interviews.

Thereafter, formal data analysis began. During the process, the following suggestions by Kruger (1988) was borne in mind:

- the descriptions could be incomplete or imperfect due to forgetfulness or an inability to clearly express oneself.
- these imperfect descriptions would not invalidate the experience, it may reflect an important part of the experience.
- issues related to witnessing domestic violence that were important to the participant would be articulated, and be evident in most of the interviews.
- a major assumption was that issues that were not articulated would be evident to the researcher in non-verbal behaviour.
- a participant may be fixated on describing one particular event. This does not necessarily indicate that there is nothing more to experience. There may be explicit themes evident in interviews of other participants that are not as clearly described.

The interview transcripts was analysed according to the five stages of phenomenological reduction (Kruger, 1988), which yield psychological meaningful information on children's experiences of witnessing domestic violence. They are as follows:

- Intuitive and holistic grasp of the data
- Spontaneous emerges of natural meaning units
- Reflective transformation of meaning units
- Synthesis into a situated structure

- **Integrating situated structures in a single general structure**

1.6 Value of the study

The experience of witnessing violence is clearly distressing and traumatic experience.

The value of study is to make it empirically communicable to parents, caregivers, children and health professionals the effects witnessing violence and also it can be used as a guide for both future research and intervention since research in this area is limited.

1.7 Summary

An attempt was to investigate and explore the in-dept psychological experiences on children who are witnesses to domestic violence in relation to internalizing psychological response and externalizing psychological responses effects.

CHAPTER 2

Literature Review

2.1 Introduction

Family violence is a problem that has permeated every country and culture. Research in America has shown that at least one in ten women are abused every year by the man with whom they live (Jaffe, Wolfe & Wilson, 1990). It has been estimated that approximately 3-4 million American households and 500 000 Canadian households live with this violence every year.

South African research has shown that at least one in three women is being abused in her relationship with her male partners (Padayachee, 1994). Children may suffer from this repeated exposure to violence, whether direct or indirect. Therefore, these children are at risk, whether as child physical abuse victims or as witnesses to domestic violence.

Compounding the problem in South Africa, is that violence takes different forms: potentially-motivated violence, domestic and other forms of interpersonal violence (physical, sexual, criminal). Children are therefore exposed to many forms of violence either as witnesses or as victims. This chapter looks into theories on psychological impact of violence on children and review of past literature.

2.2 Violence in the family

As mentioned before, until recently, the treatment of children who witness their parents' violence has not received separate attention from the mental health community. While

child witnesses may experience a wide range of behavioural and emotional difficulties similar to those of child victims, far more has been written about children's direct experience of physical abuse and neglect. Children who witness violence between adults in their homes are only the most recent victims to be visible. These children have been called the "silent", "forgotten", and "unintended" victims of adult-to-adult domestic violence (Elbow, 1982; Groves, Zukerman, Marans & Cohen, 1993; Rosenbaum & O'Leary, 1981). Comparative research done on the effects of family violence on children has been mixed. Some research findings indicate that the effects of both witnessing and experiencing violence is the same, whilst others show that experiencing violence is more traumatic than just witnessing it.

It is essential that at least 80% of the children in these violent homes will witness an episode of assault (Jaffe et al, 1990). Carlson (1984) has estimated that at least 3.3 million children between the ages of 3 and 17 are witnessing, if not directly, experiencing violence. Far from being a safe place for children, the home is often riddled with a range of emotional difficulties that impact on their development.

Violence, whether witnessed or experienced affects the individual on a number of levels. Evidence suggests that physically abused children generally are less securely attached, less able to express emotions, and more aggressive than other children (Cummings, Iannotti & Zahn-Waxler, 1985; Wolfe & Jaffe, 1991). In compassion, children who witness spouse abuse have been seen to vary in their adjustment disorders (Fantuzzo & Lindquist; 1989; Hughes, 1982; Straus, 1991; Wolfe & Jaffe, 1991).

The limited available evidence assessing the psychological effects of children witnessing domestic violence suggests that the violence has emotional implications, affecting the victim cognitively as well as behaviourally – children exposed to violence frequently exhibit signs of depression, anxiety, and increased levels of aggression.

The violence also has repercussions in the social – psychological sphere, with abused children often having difficulty establishing meaningful interpersonal relationships.

Research has shown that boys who witnessed their father beating their mother were more likely to become violent husbands (Jaffe et al, 1990). Strauss et al (1980), found that the rate of wife beating was higher for men who observed violence in childhood than for men who did not have such experiences.

In addition, the violence may affect the individual in ways that are not noted by standard mental health assessment procedures: the individual's "value system". The witnessing of violence may socialize the person to believing that violence is an appropriate means of resolving conflict. The experience of violence may also have a pronounced effect on an individual's self-perception of being responsible for the family problems and / or responsible for finding a solution (Jaffe et al, 1990, 470).

As mentioned previously, children who witness domestic violence experience a wide range of behavioural and emotional difficulties, although aggressiveness and conduct disorders are most frequently linked to homes with domestic violence (Cummings & Davies, 1994).

Cummings and Davies, (1994) also found that children do not simply react to conflict. Rather, they assess the overall meaning and message of the conflicts in the home. The general emotional climate of the family and outside family contacts also influence the impact of family conflict and children. These short term effects may be hidden or unrecognized while the children are living at home where the domestic violence is ongoing. Therefore, it may not be until they have reached some stability and safety in their lives that the full impact of domestic violence can be assessed (Smith, O'Connor & Berthelsen, 1996).

Marital violence can have long-termed consequences for the children that witness it. Exposure to domestic violence can affect children's self-concept, how they relate to others, and dating and marital relationships in the future. Considerable evidence (Henning, Leitenberg, Coffey, Turner & Bennett, 1996; McNeal & Amato, 1998), indicates that children who are exposed to domestic violence are at much higher risk of becoming both perpetrators and victims of domestic violence in later years.

2.3 Theories on the psychological impact of violence on children

According to the literature reviewed, it is clear that witnessing violence has adverse effects on the children that subject to it. The theoretical frameworks that are crucial in understanding this phenomenon are briefly discussed.

2.3.1. Social Learning Theory

Social learning theory suggests that children model behaviour that they see exhibited by their parents / role models. The social learning theory treats childhood aggression as a learned event that usually takes place in a social context (Herbert, 1989). The social learning theory posits that the ability to perform specific complex acts of aggression is acquired by learning – either by direct experience or by observing the behaviour of other people.

According to social learning theory (Bandura, 1977), many of the behaviours we engage in are a consequence of the behavioural models that we have been exposed to over the lifetime. From observing such models, we vicariously learn behavioural outcomes and establish efficacy expectancies without necessarily having direct experience of these ourselves. Families and peers provides strong modelling influences on young persons. The media also provide an enormous number of models of behaviour, not all of them positive.

The tendency of child victims of abuse to become adult perpetrators of abuse (Padayachee, 1994; Briere, 1992; Lauer, 1992) may be explained by the tenant of this perspective that “violence begets violence”. The child may have grown up with the notion that aggression was an acceptable means of achieving goals, and would therefore model this behaviour in future relationships.

2.3.2 Parent-Child attachment theory

A secure attachment between mother and child in infancy affects an adult's ability to form healthy relationships in later life. *Attachment* can be defined as the emotional tone between children and their caregivers and is evidenced by an infant's seeking clinging to the caregiving person. According to Bowlby (1969, 1973, 1980), attachment occurs when there is a "warm, intimate and continuous relationship with the mother in which both find satisfaction and enjoyment". Attachment thus gives infants feelings of security. Bowlby's theory of anxiety holds that children's sense of distress during separation is perceived and experienced as anxiety. Any stimuli that alarms children and cause fear mobilize signal indicators that cause the mother to respond in a caring way. The mother's ability to relieve the infants anxiety or fear is fundamental to the growth of attachment in the infant. When the mother is close and the child experiences no fear, the child gains a sense of security. Ainsworth (1985) expanded on Bowlby's observations and found that the interaction between the mother and her baby during the attachment period significantly influences the baby's current and future behaviour. Ainsworth concurs with Bowlby that attachment behaviour continues throughout life. They have shown attachment behaviour in middle childhood, adolescence and adulthood. According to Ainsworth (1985), low self esteem, poor social relatedness, and emotional vulnerability to stress are associated with insecure attachments during the early years of life. It has generally been agreed that all children need a stable and continuous relationship with a nurturant person or persons in order to develop physically, socially, emotionally, intellectually and morally. This stable relationship would foster and maintain an attachment between the parent and child. According to Hess (1982), parent- child attachment is the result of an ongoing process

between a child and his / her primary caretaker. The process initially occurs during infancy and toddlerhood and is related to the child's subsequent relative capacity for intimacy and strong human relations. Further to that, Pipp, Easterbrooks and Harmon (1982) suggest that an infant's self-concepts hypothesised to emerge within the context of caregiving relationships. This suggestion that the development of the self is rooted in the primary attachment relationship is a fundamental tenet of most psychodynamic and attachment theories.

It is evident from the studies cited in the literature review that the stability of the family relationship between the caregiver and the child is negatively affected in homes fraught with domestic violence. It is clear that this violence, and the resultant instability, will have a detrimental effect on the development of the child, and therefore on the parent-child attachment process. The effect is worsened if the violence results in the child being separated from the caregiver. According to Hess (1982), one of the most difficult aspects of dealing with separation is dealing with the process of grief associated with it. The process of grief associated with the separation of child from caregiver is a challenging ordeal for both parties. The separation from the parent may result in the child experiencing a feeling of total abandonment.

Witnessing any form of violence can have a detrimental effect on children, however, when a child is attached to both the victim and the perpetrator, the results are thought to be more severe (Osofsky, 1995). Psychopathology is four times more likely for children

who witness domestic violence than for children in non-violent homes (Cummings & Davies, 1994).

2.3.3 Family systems approach

The basic tenet of family systems theory is that negative, aggressive behaviour is a direct result of family dynamics. This model presupposes that the abusive behaviours that are evident in violent families are the result of dysfunctional patterns that exemplify a dysfunctional family (Cirillo & Diblasio, 1992). This perspective sees each part of the system as being, and involved in the origin and perpetuation of the problem (Flemons, 1989).

It has been suggested that the roots of family violence lie in the organisation of the family and in the implicit cultural norms tolerating or approving violence as a means for social control (Gelles & Straus, 1979). With respect to this research, it is assumed that the aggressive behaviour that is witnessed at home by the child will have a negative impact and will result in the child exhibiting aggressive behaviour, poor peer relations and high levels of anxiety. These may be a result of vague or rigid boundaries, over-involved or under-involved parenting and roles that are not clearly defined.

This notion is substantiated by research done by Schindler and Arkowitz (cited in Frude, 1989), which has shown that the parent-child interaction in “abusing” families differs significantly from the interactions in non-abusing families. Parents in abusing families were described as less warm and responded more negatively than positively to the

children. They were less empathic and had more unrealistic expectations and standards than parents in the non-abusing group. It has also been shown that disciplinary confrontations are more frequent and more hostile in families in which parent-child interactions are poor (Frude, 1989).

The child may be unclear about his / her role in the family and may exhibit this confusion in aggression. This role confusion may also lead to high level of anxiety, guilt, poor self esteem, poor academic performance and an inability to relate to peers. The child may also feel responsible for the violence at home and this could lead to low self-esteem. These problems at home could result in poor academic performance, and this would reinforce the low self-esteem of the child.

2.3.4. Erikson's psychosocial stages

Erikson (1950) describes eight stages of the life cycle. Each stage is marked by one or more internal crisis, defined as turning points, that is, periods when people are in a state of increased vulnerability. Ideally, when a crisis is mastered successfully, people gain strength and move to the next stage. According to Erikson, development is continuous; a person may have residual problems carried on from one stage to the next, or may be under severe stress and regress to an earlier stage.

Erikson's formulations were based on the concept of the epigenetic principle. This principle holds that development occurs in sequential, clearly defined stages, and that each stage may be satisfactorily resolved for development to proceed smoothly.

According to the epigenetic model, if successful resolution of a particular stage does not occur, all subsequent stages reflect the failure in the form of physical, cognitive, social and emotional maladjustment.

The psychological effects of children witnessing family violence may have severe implications for the emotional and behavioural problems that may arise later, possibly in their adult lives. Children who are witnesses to domestic violence throughout their formative years may experience difficulties in resolving each stage, and may therefore be at a higher risk for developing these problems. The following are the stages and crises that children need to resolve.

2.3.4.1 Stage 1 – Trust versus mistrust (0-1 year)

Trust versus mistrust is the first crisis that infant must face. Trust is the expectation that one's needs will be taken care of and that the world and providers can be relied on (Kaplan & Sadock, 1998). A loving mother, or caregiver, who gives consistent, high-quality care provides the basis for the development of trust.

2.3.4.2 Stage 2 – Autonomy versus shame and doubt (1-3 years)

Autonomy concerns children's senses of mastery over themselves and over their drives and impulses. During this stage, toddlers gain a sense of separateness from others. When parents permit children to function with some autonomy and are supportive without being over-protective, toddlers gain self confidence and feel that they can control themselves and the world.

2.3.4.3 Stage 3 – Initiative versus guilt (3-5 years)

As children approach this stage, they are able to initiate both motor and intellectual activities. If toddlers are made to feel inadequate about their behaviour or interests, they may emerge from this period with a sense of guilt and self-initiative activities. Conflicts over initiative can prevent developing children from experiencing their full potential and can interfere with their sense of ambition, which develops during this stage.

2.3.4.4 Stage 4 – Industry versus inferiority (6-11 years)

This stage is the school-age period. Industry, the ability to work and acquire adult skills, is the keynote of this stage. A sense of inadequacy and inferiority may result from several sources: if children are told they are inferior, if children are over protected at home or excessively dependent on the emotional support of their families, or they compare themselves unfavourably with the same-sex parent.

2.3.4.5 Stage 5 – Identity versus role diffusion (11 years adolescence)

Developing a sense of identity is the main task of this period. Children's success in attaining trust, autonomy, initiative and industry has much to do with their developing a sense of identity. Identity refers to a sense of inner solidarity with the ideas and values of a social group.

2.3.5 Ecological – Transactional Approach

Bronfenbrenner (1986) introduced four interacting dimensions that need to be considered when attempting to understand child development in context. They include person factors

(e.g., the temperament of the child or parent); process factors (e.g. the forms of interaction processes that occur in a family) ; context (e.g. families or neighbourhoods); and time (e.g. changes over time in the characteristics of the individual or the environment).

Bronfenbrenner demonstrated that it is enduring proximal interaction processes that are commonly the most important in shaping stable aspects of development. Proximal processes refer to face-to face interactions between childhood and other people. Therefore, a child's interaction with members of his / her family, as well as his teacher are paramount in shaping aspects of his development. The proximal interactions are affected by the characteristics of the child, the other people in the interaction, and the contexts in which they occur.

Children's perceptions of their contexts are central to an understanding of how they engage with their developmental settings. The environmental, therefore, does not simply impact on the child. Rather, children are active participants in their own development. The way they perceive their circumstances will influence the way they respond to their physical and human contexts.

2.4 A review of past research

Previous researchers have explored the effects of witnessing and experiencing violence fairly extensively. According to Hughes, Parkinson and Vargo (1989) and Strauss, Gelles and Steinmetz (1980), children who witness violence and are directly victimized have

shown more severe effects than those who only witness the violence. Fantuzzo, DePaolo, Lambert, Martino, Anderson and Sutton (1991) have also found that children from homes with verbal abuse show less severe psychological and behavioural effects than compared to children from homes with physical and verbal abuse. However children experiencing both these types of abuse who are then moved to battered women's shelters show the most severe effects.

2.4.1 Behavioural Responses

Rosenberg and Rossman (cited in Ammerman & Hersen, 1990) found that child witnesses to marital violence who are temporarily residing in shelters were perceived by their mothers as significantly more aggressive and hyperactive than children from discordant couples or satisfactorily married couples. Child witnesses who continue to live with their parents ongoing violence were reported to experience significantly more somatic complaints than children in any or other groups. Professionals that come into contact with child witnesses around academically orientated tasks have noted that some children have difficulty concentrating on material, are easily frustrated and distracted, achieve below their grade level in school, and attempt to avoid tasks that require sustained attention (Ammerman & Hersen, 1990).

Research conducted by Rosenbaum and O'Leary (1981) also found that marital disorder contributed to behavioural problems in children. Children exposed to such discord were at risk to developing conduct disorders and personality problems. Additionally, these findings suggest that men that were abusers were more likely to have witnessed such

abuse as children and were repeating the abusive dynamic. It also argues for several key mediating or moderating variables that may influence the psychological outcomes relating to child witnesses to domestic violence. These variables will be discussed later. In a methodologically more sophisticated study, Jaffe, Wolfe, Wilson and Zak (1986) targeted child witnesses and physically abused children. The aim of the study was to assess the psychological impact of exposure of family violence of physical abused boys as compared to witnesses. The research was conducted using a sample of boys, but included self-reports by the children as well as the mothers reports. The study found that boys exposed to violence had adjustment problems similar to those of abused boys, and significantly different from the comparison group. The abused boys did, however, exhibit more externalising behaviour than the boys that had only witnessed violence.

2.4.2 Psychological Responses

A study conducted by Hughes (1988) also examined the perspectives of both the mother and the child in relation to the experience of domestic violence. It examined the distress (in terms of anxiety, depression, behavioural problems and self-esteem) that is manifest by abused and non-abused witnesses. The study also hypothesised that developmental status would influence the functioning of the child. These findings revealed that the abused witnesses scored higher on the aggressive behaviour scale than the non-abused witnesses. However, the non-abused witnesses scored higher on the anxiety scales than the abused victims. Developmental status as reflected in the age of the child was therefore an important mediator to the level of distress experienced by this sample.

The methodological difficulties inherent to quantitative methodologies when dealing with the complex realities of children's lives motivates for more studies that are qualitative in nature. Unfortunately, there is a dearth of qualitative research on children who are witnesses to domestic violence. In a qualitative case study done by Rosenberg's (1995) analysis of a single case indicated that Maria, a 7 year old witness to marital violence experienced considerable difficulty in coping with the traumatic memories of her father's violence towards her mother. Whilst she was functioning in the high average range of intelligence, she was clearly experiencing emotional turmoil in the form of depression, anxiety and anger that exceeded her available psychological resources. The negative psychological reactions interfered in multiple domains in her life (viz., academic, social and familial spheres). Maria's case clearly illustrates the finding that witnessing marital violence can be a profoundly disorganising experience for children, with significant effects on their cognitive, emotional and behavioural functioning. Child witnesses may experience these effects on two levels, (1) directly – by actually witnessing the violence perpetrated against a loved one, and (2) indirectly – by living with the distorted parent-child relationships that results from marital violence.

2.4.3 Social support

Fantuzzo et al (1991) hypothesized that placing children in shelters separates them from their natural support system such as peers, neighbours and relatives, which leave them more defenceless in the face of family stress. This is congruent with the family systems perspective. Ironically, it seems that the immediate effect of ensuring the children's physical safety – through removal to a shelter- may also serve to decrease their ability to

cope psychologically with the violence. The absence of an available social support system would therefore adversely affect the children.

2.4.4 Coping

Peled (1998) found the children witnesses to domestic violence use what Folkman and Lazarus (1980) call “emotion-focused” and “problem-focused” coping strategies. Emotion- focused strategies are used to control responses to events. Peled (1998, 400) found that the children mostly applied this type of strategy including “wishing the violence away at the time of a fight, reframing and minimizing the violence, forgiving the father, and refusing to talk about the violence”. Problem-focused strategies that the children commonly used were characterised by actions aimed at changing events and were less often used by children in Peled’s study. These included children physically distancing themselves from, or inserting themselves into, the violent event. In another qualatiative study, Peled (1998) interviewed 14 pre-adolescent children of 12 battered mothers. The information gleaned from the interviews suggested that children move through 5 phases in their experience of adult domestic violence: (a) living with ordinary fights, (b) witnessing violent events, (c) challenged by mothers public confrontation of the violence, (d) adjusting to new realities in the aftermath of violence, and (e) when violence becomes history.

2.4.5 Role confusion

In an early study, Elbow (1982) reviewed the dynamics, communication patterns and children’s responses to role expectations in terms of how they impair the children’s

achievement of developmental tasks. It has been noted that the dysfunctional patterns of a violent marriage impair the ability of the parents to meet the developmental and emotional needs of their children. Elbow (1982) found that the parents poor self-image and excessive stereotypic role expectations place a burden upon the child, because they felt that they needed to help their parents feel better about themselves. The ambivalent nature of the relationship contributes to the tendency to form parent – child alliance as opposed to the establishment of a firm parental coalition.

2.4.6 Guilt

In addition, Elbow found that children sometimes feel responsible for the conflict between their parents. The children begin to internalise the notion that they are responsible for the behaviour of others. This guilt may be compounded by a sense of inadequacy for not having prevented a parental battle. Children of violent marriages are also often drawn in battles as rescuers of both the abused and the abuser. Elbow (1982) suggested that children may see the victim as both powerful in some of her attempts to avoid the violence and helpless in combat, and that the abuser is helpless in the face of his rage, but powerful by virtue of his superior strength. They then begin to equate maleness with hurting women, and femaleness with being hurt by men. Children from violent marriages may often be used as pawns in paternal battles, dragged from place to place, or used as an excuse for mothers remaining in the relationship. In this situation, the child may assume responsibility for their mother's wellbeing, believing they are keeping their mother in a dangerous situation.

As is evident, human experiences are complex and complicated. A phenomenological understanding of this experience will allow one to investigate the motivations and emotions associated with witnessing domestic violence which will facilitate a better understanding of this phenomenon.

2.5 Reconsidering psychological damage: children's resilience

Resilience may be defined as the individual's predisposition to resist the potential negative consequences of living in risky circumstances and develop adequately (Engle, Castle & Menon, 1996).

Questions have been raised about the fact that not all children develop major clinical symptoms in response to their observation or experience of violence. It is hypothesised that significant protective factors must exist for some children to appear to be relatively well adjusted in the face of such negative environmental assaults. On the other hand, some children may be exposed to several other risk factors that may make them more vulnerable to the violence (Jaffe, Hurley & Wolfe, 1990).

When considering the nature of the vulnerability that might predispose a child to developing psychological difficulties as a result of violence, one should take into account long-lasting factors, conditions, or attributes that serve to exacerbate the abuse. These may involve parental, child or environmental characteristics. Vulnerability factors may be biological in nature, historical (e.g., a parent with a history of being abused), psychological (viz., a low self-esteem) or sociological (viz., political violence).

Researchers cited in Engle, Castle & Menon (1996) have begun to investigate why some children manage to come through situations of multiple risks apparently unscathed by the experience. It was concluded that individual characteristics such as loss of control, intelligence or ego development might serve as a protective function for children raised in risky circumstances. Rutter (cited in Engle et al 1996), also suggested the resilient children differed on individual characteristics such as sense of self-efficacy and problem-solving skills. Factors in the environment were also found to ameliorate or diminish the potential negative effects of the risk exposure.

Kingery, McCoy-Simandle & Clayton (1997), found that students may feel more vulnerable to violence if they frequently see weapons in the school, if they experience violence more often, and if they lack coping resources. Students faced with violence and lacking coping resources may respond by striking out or carrying a weapon.

However, in a study done by Gibson (1993), with children that were exposed to political violence, it was found that children that possess an essentially positive temperament appear to cope better with incidents of political violence than children with a fundamentally negative temperament.

Enduring protective factors such as parent's history of good parenting or a supportive buffer provided by the extended family and friends would assist the child with coping in the abusive environment. One must also take into account the transient buffers that may

protect a family from stress and thereby reduce the impact of the abuse. Examples of these would be a sudden improvement in financial conditions, or periods of marital harmony.

A brief discussion of key variables that may mediate the negative effects of exposure to domestic violence follows.

2.5.1 Gender

Hughes (1988) found that 34% of boys and 20% of adolescent girls who witness violence demonstrate a level of adjustment problems that would warrant significant clinical intervention. In the study, boys demonstrate a higher level of externalising behaviour (viz., fighting, destruction of property) and internalising behaviour (viz., withdrawal, anxiousness and depression). They also exhibited behaviour problems as well as deficits in social competence (viz., school behaviours and achievement difficulties). Girls who observed this violence were most likely to experience significant internalising behaviour problems related to anxiety and depression. This is consistent with the gender based stereotypical notions present in socialization practices of patriarchal societies.

Girls appeared to be more likely to experience emotionally related symptoms, whereas boys appear more likely to develop cognitive or behaviourally related symptoms (Rudenberg et al, 1998). Girls were however, more likely than boys to seek social support, a response which is considered to be a protective factor (Rudenberg et al, 1998).

A study by Dawes and Tredoux (1990) that examined the effect of gender in abusive situations found that preadolescent boys may be more susceptible than girls to the effects of the abuse, whilst a study by Jaffe et al (1990) found that girls of latency age and adolescence appear to be more vulnerable than boys.

A research study done by Berman, Kortines, Silverman and Serafini (1996) investigating the impact of exposure to crime and violence among urban youth found no significant difference between males and females with regard to susceptibility to violence. The findings in this regard have been contradictory. Research by Fitzpatrick and Boldizar, 1993 (cited in Berman et al, 1996), reported that males were more likely than females to be witnesses and victims of violence. However, Fantuzzo et al (1991), found that girls did not differ significantly from boys in the degree of victimisation, but were five times more likely to report knowing others who had been victimised.

2.5.2 Developmental Status

There has been evidence that younger children have a heightened sensitivity to the negative effects of interspousal violence in comparison to older children. Hughes (1988) found that pre-school children exhibited more behavioural problems and lower levels of self-esteem than school-age children. This could be explained by the greater cognitive and emotional capacities of older children to cope with anger.

Another possible explanation posited by Masten, Best and Garmezy (1990) is that younger children that are at home most of the time, which makes them more vulnerable

to declines in quality of care and exposure to aggression than older children, who have more opportunities to be at school other locations of safety.

Children in the latency age group (6-12 years) are thought to be particularly vulnerable to severe mental disorders in the face of violent stressors (Jenson & Shaw, 1993).

Responses to violent trauma reported in this age group include social difficulties such as withdrawal and isolation, aggression, concentration and memory difficulties, hypervigilance, loss or change of interests, fears, sleep disorders and impaired initiative (Dawes & Tredoux, 1990; Rudenberg et al, 1998). It is possible that intensity of and exposure to violence could play a role in how children react, depending on their developmental status, but there has been little research available to shed light on this issue.

Whilst there is evidence that developmental status does play a role in the effect violence will have on children, there is also conflicting evidence that the outcomes are similar across the different age groups. Vissig, Straus, Gelles and Harrop (1991) examined a sample of US parents with a child under 18 living at home and found that children who experienced frequent verbal aggression from parents exhibited higher rates of physical aggression, delinquency and interpersonal problem. This applied to pre-school, elementary school and high school-age children, to both boys and girls, and to children that were physically abused as well as those who were not. Children who experience both verbal aggression and severe physical violence showed the higher rates of aggression and interpersonal problems.

2.5.3 Coping styles

Aldwin (1994) states that it would be safe to assume that by middle childhood coping repertoires increase and become increasingly more differentiated. That is, there is a developmental shift from primarily behavioural actions to cognitive ones. She points out that one of the most consistent findings in the child coping literature is the dramatic increase in emotion focused coping between the ages of 6 and 9 where children are more able to verbalise and differentiate their feelings. However, Spaccerelli, Coatsworth and Bowden (1995) argue that coping strategies are more likely to be situation development.

Much less is known about coping among “normal” adolescents than various adolescent clinical populations. However, a few generalisations can be made. Problem-focused coping in adolescents should become sophisticated with the onset of formal cognitive operations, which is associated as a measure of “optimal adjustment” (Peled, 1998). Developmental changes with regard to the utilisation of social support and emotion-focused coping have also emerged fairly clearly in the literature (Aldwin, 1994). Bryant (1985) suggests that adolescents may turn more to their friends and siblings for social support than to their parents, especially if there is family discord.

Interestingly, it is between the ages 6 and 9 that gender differences in seeking social support emerge, with girls seeking more support than boys (Frydenberg & Lewis, 1990), a pattern that continues into adulthood.

2.5.4 Family organisation and parenting styles

Hershorn and Rosenbaum (1985) investigated the impact of maternal parenting skills on male children within the context of marital violence. The parenting styles of abused mothers were found to be no different from the parenting styles of non-abused mothers. The dysfunctional behaviour (viz., conduct disorder) exhibited by the child was therefore not a result of “bad” parenting, but more likely as result of witnessing the violence. The abused mothers were, however, more inclined to characterise their sons as aggressive as compared to non-abused mothers who describe their sons as more passive.

However, parental responses to violence play an important role in shaping adolescents’ different developmental outcomes (Ramphela, 1997). A study in Harbin and Madden (cited in Ramphela, 1997) found that in a sample of assaultive adolescents, there were significant differences between the families which produce violent teenagers and those that have “normal” adolescents. Family variables identified as being related to violent behaviour by adolescents were: less argument as a group, less argument between mother and son, coalition between the mother and father to influence choices within the group. This motivates for a family systems theoretical orientation to understanding this phenomenon.

One can see that family patterns play a major role in the resultant self image and behaviours manifested by the child. An abusive household would therefore result in children modelling negative behaviours congruent with negative familial patterns (Bandura, 1977). The coercive, inconsistent patterns of family interaction that are evident

in abusive families are not conducive to healthy family life. The goal should therefore be to understand the reasons for the violence, with the aim of modifying the dysfunctional patterns in which the violence is rooted.

2.6. Summary

It is clear that undertaking research with children, especially research related to violence, is difficult and problematic in several ways.

Firstly, research on children of battered women is complicated by the fact that the violence is not an isolated variable. Violence is often associated with a host of other variables related to family dysfunction and disadvantage. For example, it is often associated with repeated separations from the disruptions in a child's principle residence and school activity (Fantuzzo et al, 1991). Secondly, some studies done on the effects of family violence on children have often confounded the effects of experiencing child abuse with witnessing spousal abuse. Thirdly, some studies have treated children of diverse ages (e.g. 4-16 years old) as homogenous groups (Berman et al, 1996). Fourthly, some studies have focused on parental reports exclusively (Jaffe et al, 1986). Here, research evidence relied largely on mothers' accounts of how the children coped with the stress brought on by marital violence. This is a disadvantage because the mothers' reports have been distorted by their experience of being abused. Research on children's distress symptomatology associated with violent exposure found that parents from violent homes were significantly less likely to agree with their children about their child's distress symptoms (Martinez & Richters, 1993). Whilst this lack of consistency between parents

and children might have serious implications for a research study, the lack of parental awareness of the child's distress symptoms also places the child at an additional disadvantage of coping.

Also, further research cited has shown that the outcomes of violence are varied, depending on key intervening variable such as age (developmental status), gender, coping skills, etc. Research in this area has therefore only focused on a few indicators at a time.

The bulk of research on young children, as cited above, has been located within the quantitative paradigm. Research has been focused on instrumental measures of difference and outcome using inadequate sample sized, with a reliance on psychosocial and behavioural entities that are amenable to measurement. As a result, researchers often reduce the complex realities of children's lives to scores on instruments and questionnaires, to counts on individual behaviours, or to behaviours in contrived settings. Human life, in its complexity and context, is described in terms of variables and results. Further to that, there is a lack of standardised, reliable instruments to measure exposure and psychological effects family violence. The next chapter will cover methodology and sample profile.

CHAPTER 3 METHODOLOGY

3.1 Introduction

This chapter documents the methodological procedures utilized in investigating the psychological effects of children witnessing domestic violence. The phenomenological approach was used, therefore procedures consistent with the basic tenets of this approach are outlined.

3.2 Method of investigation

3.2.1 Design

The phenomenological method of inquiry was selected for the use in this investigation (Kruger, 1988). This entailed an average of 3 semi-structured interviews and projective drawing tasks with each child participant. The primary caregiver (maternal grandmother in one case) were interviewed during the first session only. They, however, accompanied the child on subsequent sessions, and were therefore available for further enquiries.

This research was motivated by a depth of studies that explore the subjective experience of the child who witnesses domestic violence. The phenomenological method allows for a meaning-centred and discovery orientated approach to the problem. This enabled the researcher to explore the life as it is experienced by the participants in this study.

3.2.2 Criteria for Participation

Four criteria are suggested by Stones (1985) in selecting participants suitable for phenomenological research:

- They should have had experience relating to the phenomenon under investigation.
- They should express a willingness to speak only to the researcher about the experience, and
- They should be verbally fluent and able to communicate their feelings and thoughts with regard to the research phenomenon .
- They should be naïve regarding psychological theory so as to avoid working off implicit assumptions. This facilitates direct access to their feelings and emotions.

The first two criteria were easily met by the study participants. Firstly, the participants were recruited by a welfare agency that screened children for witnessing domestic violence. Secondly, informed and voluntary consent was obtained from the primary caregivers to participant in the study. Participants were also relatively ignorant of prevailing psychological theory. Therefore, they were unable to work off implicit assumptions and tell the researcher what he/she thinks the researcher wants to hear. The researcher also found participants to be relatively ignorant of psychological concepts that could potentially bias the data collection process.

With respect to the third criteria posited by Stones (1985), it is acknowledged that children can be resistant to speaking openly and freely on sensitive issues like domestic violence. Therefore, the analysis of verbal self reports in this study was supplemented by an observation of their non-verbal behaviour in the interview sessions. This allowed the researcher to access and describe the subjective experience of each child participant.

3.2.3 Sample size

Five caregivers and their children were selected to take part in the study after being screened by the social worker according to criteria suggested by Stones (1985). The 5 child participants were between 8 and 12 years with a mean age of 10.6. Participants were all selected because of the physical violence they had observed between their parents. None of the children had been physically abused. However, in the case of one participant, the child was also exposed to verbal abuse from the abuser. Two of the participants belonged to the historically Indian group, two were Black African, and one was White. Four of the participants belonged to the lower to middle income group, and one belonged to the middle to upper income group. All lived in the Durban metro region. Four of the children spoke English fluently, and one spoke Zulu. In the case of the Zulu speaking child, an interpreter had participated to facilitate the interview process.

3.2.4 Sampling Procedure

The participants were therefore selected in the following manner. Once ethical clearance had been granted, a welfare agency and several non-governmental organizations (NGOs) were contacted. Three meetings were held with the senior staff of the welfare agency where the sample of children were eventually accessed. The researcher discussed the aim of the study and criteria for participation. Ethical concerns with regard to participation such as confidentiality, voluntary participation, feedback and anonymity were discussed in detail. After these issues were covered to the satisfaction of the stakeholders, permission was granted to recruit participants on

behalf of the researcher. Guardians of the participants who were volunteered for the study gave their full informed consent. The nature of the research was also explained to the participants by the social worker. Once consent was obtained, the social worker contacted the researcher with a list of possible participants. The researcher contacted the caregivers and appointments were made to conduct initial interviews.

Before the interview process, it was clearly stated that the research might open up issues that are highly sensitive for the interviewee. Participants were therefore not obliged to answer all the questions and could stop the interview at any time.

Caregivers were also made aware that they could opt out of the study whenever they deemed this necessary. In addition, they were informed that the follow-up sessions may be required for additional data collection.

- **Collection of data**

3.2.5.1 The semi-structured interview

In-depth, semi-structured interviews were conducted with the 5 children who had reported to have witnessed domestic violence between their parents. The semi-structured method was considered most appropriate for this study because:

- data are systematically obtained;
- the researcher has the opportunity of analyzing both the verbal and non-verbal responses;

- the researcher has the opportunity to probe when the participants seems uncertain or unwilling to discuss issues;
- in a face-to-face interview, the interviewer has the opportunity to check the honesty, the certainty, and the exact meaning of the participant's reply;
- it stimulates further discussion.

The interviews were conducted by the researcher and were audiotaped with the permission from the study participants. Initial sessions were used to gain background information from the caregivers and to discuss the ethical concerns of the study (eg. anonymity, confidentiality and debriefing). Participants were also informed on their right to withdraw from the study at any time. At least two sessions were spent to establish rapport with each participant. This required an openness and personal responsiveness on the part of the interviewer.

Central to the interviewing process and the collection of data is the issue of trust. Trust has to be earned by engaging the participant and striving for intimacy in the initial interview sessions. Once the client was comfortable and a trusting relationship had been established, subsequent sessions focused on gleaning information related to the witnessing domestic violence. The semi-structured interviews with the children yielded narratives detailing their lives and how they felt the abuse had affected their lives. Projective drawings were also administered during the course of the sessions to corroborate information gleaned from the interviews.

3.2.5.2 The Interview Schedule (See Appendix B)

An intensive analysis of the literature review highlighted the areas that needed to be addressed in the interview schedule. The questions on the interview schedule were first piloted on a group of two children and their caregivers. Based on feedback from the pilot group, the initial questions were refined as the questions re-administered to the pilot group participants. The interview schedule was then finalized.

3.2.5.3 Reliability and Validity of Interviews

According to Breakwell (1995), there is no evidence to suggest that in any generic manner, interviews as a data elicitation technique yield data which are less valid or reliable than other methods. Like any self-report method, the interview approach relies upon respondents being willing to give accurate and complete answers to questions posed. However, by constructing a systematic set of questions which help the respondents to understand provides an opportunity for consistency across responses.

Like any other method where the researcher is an overt participant in the data collection process, interview involves *researcher effects*. In an interview the characteristics of the researcher (for example, demeanor, accent, dress, gender, age, etc) will influence the respondents' willingness to participate and to answer accurately.

It is evident from the research that the characteristics of the interview interact with the subject matter of the interview to determine how the interviewee will respond. To minimize the effects of interviewer bias and other problems that might arise with respect to reliability and validity, each interview was audio-taped. This record is permanent and open to verification by other researchers.

3.2.6 Analysis of Data

The transcribed interviews were analyzed in their entirety consistent with the recommendations of Mishler (1986), who emphasizes the importance of treating interviews as narratives, rich and revealing when examined as a complex whole, rather than as a series of answers intermixed with extraneous information. Each narrative script was read and reread with a concurrent reliving of the time spent with the informant, until a sense of empathic knowing was reached. Then, each narrative was checked for references to incidents of domestic violence and extensive notes were made on the thematic content of all such references. Next came a search for recurring themes relating to the domestic violence and internalizing and externalizing behaviour. In addition, the projective drawings were analysed to substantiate information received from the semi-structured interview.

Thereafter, formal data analysis began. During this process, the following suggestions by Kruger (1988) were borne in mind:

- The description could be incomplete or imperfect due to forgetfulness or an inability to clearly express oneself.
- these imperfect descriptions would not invalidate the experience; it may reflect an important part of the exercise.
- issues related to witnessing domestic violence that were important to the participant would be articulated, and be evident in most of the interviews.
- a major assumption was that issues that were not articulated would be evident to the researcher in non-verbal behaviour.
- a participant may be fixated on describing one particular event. This does not necessarily indicate that there is nothing more to experience. There may be explicit themes evident in interviews of other participants that are not as clearly described.

The interview transcripts were analysed according to the five stages of phenomenological reduction (Kruger, 1988), which yielded psychologically meaningful information on children's experiences of witnessing domestic violence. They are as follows:

3.2.6.1 Intuitive and holistic grasp of data

In the first step, it is important that the researcher read the participant's description several times to gain a sense of the whole. In the initial reading of the protocol, the research should bracket preconceptions and judgments, and to the fullest extent "remain faithful to the data" (Kruger, 1988). The second reading of the protocol requires more reflection in order to prepare for further phases in which a more exacting analysis is required.

3.2.6.2 Spontaneous emergence of Natural Meaning Units (NMU's)

The protocols are broken down into naturally occurring units, called natural meaning units (NMU). This can be defined as:

"A statement made by the subject which is self-definable and self-delimiting in the expression of a single' recognizable aspect of the subject's experience" (Cloonan, cited in Stones, 1985, p119).

Each natural meaning unit conveys a particular meaning, which emerge spontaneously from the reading. The shared nature of our lived world suggests that we will be able to understand others' meanings. It is therefore possible for the researcher to articulate the essence of each NMU in words other than those used by the participants.

3.2.6.3 Reflective transformation of meaning units

The researcher then reflects on the given meaning units and transforms the meaning of each unit from the everyday language of the participant into language expressing the psychological viewpoint of the phenomenon. The aim here is to express the meaning or

theme of each NMU as accurately as possible. This step can result in the elimination of NMU's which are repetitive and those that are irrelevant to the question.

3.2.6.4 Synthesis into a situated structure

The research then integrated the insights contained in the transformed meaning units into a consistent description of the psychological structure to the event. This allows the emergence of themes which are common to all participant description, including the contradictions and discrepancies among them.

3.2.6.5 Integrating situated structure in a single general structure

In the final phase, the researcher must formulate a single general description of the phenomenon, based on the specific descriptions built on the previous stage the main difference between the situated structure description and the general description is that the first remain true to the lived-in experience of the participant, while the present phase gives a more psychological perspective of the phenomenon.

As Giorgi (1986, p120) puts it:

"It is the intent of the method, however, to arrive at the general by going through the concrete and not by abstraction or formalization".

3.2.7 The Projective Drawings

Since the mid-1930's, drawings have been classified and understood as projective techniques (Groth-Marnat, 1984). In psychological terms, the person actively and spontaneously structures unstructured material, and in doing so, reveals the principles of his psychological structure (Groth-Marnat, 1984). Understanding the complexity of the symbolic meaning in drawings relies on the existence of the unconscious as a theoretical construct.

Given that the mechanism of projection has as its source unconscious meaning, establishing validity and reliability is a formidable task. Due to this, lack of objective scoring criteria is often cited as a major limitation in projective drawings (Ogdon, 1984; Burn, 1982; Koppitz, 1968).

Despite this, a number of correlation studies assessing "normal" and "pathological" drawings have attempted to issue some guidelines towards the interpretation of projective drawings. These guidelines included, among others: erasing, shading, size, placement, omissions and distortions (Ogdon, 1984; Burn, 1982). Machover's (1949) approach to interpretation consists of a molecular evaluation of numerous specific graphic and content details about which is formulated interpretive hypothesis. For example, the head and facial features are considered to be expressive of social needs and responsiveness; long, outstretched arms indicate a reaching out or ambition; a tie on a male figure indicates inadequacy; and buttons and pockets indicate maternal dependency or maternal deprivation, since pockets are seen as the child's representation of breasts. Machover (1979) and Koppitz (1978) found that a tiny figure indicates extreme feelings of

inadequacy, insecurity, withdrawal, depression and concern over dealing with the environment, while a large figure is associated with expansiveness, immaturity, feelings of narcissism and poor inner controls.

However, Ogdon (1984) warned that these are interpretive hypotheses, that no single sign is conclusive of anything, and that findings need to be validated against other assessment findings. Therefore projective drawings were employed in this study to supplement information gleaned from the semi-structured interviews.

Various writers, notably Anastasi and Foley (1941) and Kellogg (1970) have noted the uniformity of artistic expression from country to country, culture to culture, and from Paleolithic times to present. Pictorial drawings made by children in many lands are remarkably similar, especially at the very early stages of representations, before the culture influences a child's artistic productions. A child's drawings is based on the environment in which he / she lives and the developmental stage that he / she is in. According to Kellogg (1970), children fall in six categories, depending on their age. The participants used in this study fall in two stages: the academic stage ($\pm 7-9$ years) and the drawing of realism stage ($\pm 9-12$ years).

3.2.7.1 The schematic Stage ($\pm 7-9$ years)

After much experimenting, the child arrives at a define concept of person and his / her environment. At this stage, the acquisition of the flexible use of the schema is generally seen as an important requisite for the child's true self-expression. The schema of an object is the concept at which the child has finally arrived and it represents the child's

active knowledge of the object. And important aspect of the child in the schematic stage is that he / she will express in art that which is important significant to him.

The child's human schema is a readily recognizable symbol – usually a head, body, arms some of the facial features, separate symbols for heads and feet and fingers are usually drawn. Often clothing is drawn instead of body, often including buttons, shoelaces and hat. The human schema is usually highly individualized, and the way in which the schema is modified is clearly shown in drawings of groups of people, especially the family.

3.2.7.2 The Drawing of Realism (± 9-12 years)

By about the age of nine years, the child finds that the schema which he / she had developed is no longer adequate. The child now starts drawing to express his / her awareness of sex characteristics. He / she shows an increased awareness of detail in his / her drawing. The awareness of detail is expressed in such things as finger details, opposing thumbs, pupils, eyelashes and eyebrows. However, the child is still far from a realistic visual representation – he / she characterizes his / her environment, strictly differentiating male and female figures in a somewhat stiff and formal manner.

The concept that drawings of the human figure are useful for the study of the personality, or as diagnostic tools in clinical assessment, finds its theoretical justification in the psycho-analytic concept of projection. Projection, as originally defined by Freud, is a defense mechanism. A person is projecting when he / she ascribes to another person a trait or desire of his / her own that would be painful for his / her ego to admit. Since the act of projection is an unconscious mechanism, it is not communicated to others, nor is it

recognized as projection by the person him / herself. Many different definitions of projective techniques have been offered, and many of these definitions repeatedly mention the same features of projective techniques. According to Goodenough (1949), these features include:-

- There is a sensitivity to unconscious or latent aspects of the personality,
- The test involves, and indeed encourages, a multiplicity of responses. This wide latitude is achieved by ambiguity, or lack of structure in the test,
- The participant is usually unaware of the purpose of the test, or the kind of inference which the experimenter intends to make from his / her performance.
- There is a profusion and richness of the response data which is elicited because there is an unlimited number of variables and inter-relationships which may be looked at,
- Responses have no right or wrong status, and,
- There is an encouragement for a holistic treatment of the personality – projective tests are generally regarded as being sensitive to the “total person”.

3.3 Sample Profile

3.3.1 Situated structure of participant No.1 (N.G.)

N.G. is 12 years old. His mother had been in the abusive relationship for 7 years and the abuse was ongoing. The perpetrator of the abuse was N's stepfather. The nature of the abuse was both physical and emotional, with N being on the receiving end of some of the

emotional abuse. N was not in contact with his biological father anymore, and had not been living with his mother for almost two years. N lives with his grandmother, due to his mother having married the stepfather, and bearing him two children. N got along well with his step-siblings, but did not share a cordial relationship with his stepfather.

Given to the nature of the abuse, N was angry with his mother for not leaving his stepfather. He felt that she welcomed the abuse, and inadvertently, put him on the receiving end of the abuse because she would not divorce N's stepfather. N's grandmother, who has encouraged N's mother to leave her abusive husband on several occasions, share this feeling.

Apart from being on the receiving end of emotional abuse, N has also seen his mother being physically abused by his stepfather. In addition to these episodes, N's stepfather would taunt him occasionally, goading him to fight. This makes N feel helpless and out of control. However, it results in him to fight. This makes N feel helpless and out of control. However, it results in him taking his frustration out on other targets. He bullies the smaller children in his school. The emotional abuse has also decreased his interest in school. According to his grandmother, N has no interest in school and does not concentrate on his academic work. N agrees with the sentiments expressed. He seemed to have no ambition and would rather drop out of school and become a bus driver.

When his stepfather fights with his mother, N indicated that he would like to help, but does not know how. He sees violence has the only solution, but realises that he is helpless because his stepfather is physically stronger than he is. He understands his mother remaining in the relationship as an indication that she welcomes this sort of abuse. He is at a loss in explaining why she does not leave, and his dismissive about the effect the abuse has had on him. He is also dismissive of the relationship that he shares with his mother and her husband. N understands that his mother is financially independent and can support herself and her children if she chose to leave.

N was recalcitrant and very reluctant to talk about the relationship he has with his parent and stepfather. He was also initially resistant to undertaking the projective drawing task, but eventually consented to the request.

3.3.2 Situated structure of participant No.2 (M.G.)

M.G is 11 years old. His mother has been in an abusive relationship for the past 12 years. The perpetrator of the abuse in this case was M's father. The mother is currently in the relationship and the abuse is ongoing. However, the abuse does not take place as often as it used to. M's mother has sought refuge in a shelter for battered women on two occasions. On both these occasions, she has taken her children with her. M has two siblings – a sister (8) and a brother (4).

M and his siblings have been witnesses to the domestic violence. M's mother reported that even though they would not physically be present in the room where the abuse was taking place, the children would often be in the next room. They would therefore be able to hear the abuse – the beatings and their mother's sobbing. They would also see the physical evidence of the beatings the next day (viz. bruises, cuts, swellings).

M's mother felt that the witnessing of domestic violence has had a serious effect on M. He has begun performing poorly at school and his behaviour has become more aggressive. He has been getting in trouble with the teacher at school for bullying other children. This has resulted in M and his mother being taken to task by M's father. M's mother would often be accused of being a 'bad mother'. M has also not performed well academically. This is another source of conflict between M's parents. However, M indicates that he is good at soccer and that he feels 'powerful' and perhaps, in control, when he is playing soccer.

M shares a close relationship with his mother and his siblings. He does not share a good relationship with his father. M is also very protective of his mother. M reports that his parents fighting scares him and that he does not think that their fighting is normal. He

compares his parents' relationship of his friend's parents. M has noticed that his friend's parents do not fight like his parents do.

M appeared reluctant to talk about his parent's marriage. He agreed to the drawing of the person, but refused to draw a picture of his family.

3.3.3 Situated structure of participant No.3 (A.P.)

A.P. is 9 years old. Her mother was in an abusive relationship for 5-and a-half years. The perpetrator of the abuse was A's stepfather. A was 18 months old when her mother moved in with her stepfather. She left him two years ago, when A was 7 years old. The nature of the abuse was both physical and emotional. According to A's mother, he would become abusive only when he abused alcohol.

A is one of 4 children. She has two older half-sisters and a younger half-brother. Even though A does not have any contact with her stepfather anymore. A's mother has minimal contact with him as he visits his biological son twice a month. All of the children have witnessed the domestic violence. On occasion, he has threatened to hurt the children, especially if they attempted to protect their mother.

According, to A's mother, A still has nightmares of the abuse at least 3 times a week, during which she screams at her stepfather to 'let go of her' and 'leave her mother alone'. Her academic performance is poor and it seems to be deteriorating. She has no friends at school and only plays with her younger brother. She shares a close relationship with her mother, frequently confiding in her, but does not speak of the domestic abuse.

In general, A was very up resistant to interacting with the interviewer. She gave single sentence answers. However, she feared that her mother would abandon them. She also worried about her friends who may find out about her family circumstances. Despite contradictory reports from her mother, A indicated that she liked school and valued her

friends. In spite of their financial difficulties, she expressed relief that her stepfather no longer lived with them.

3.3.4 Situated structure of participant No.4 (T.S.)

T.S's mother has been in an abusive marriage for the past 19 years. The perpetrator of the abuse is T's father. The nature of the abuse is both physical and emotional. T is 12 years old and has been witnessing the domestic abuse between her parents for 12 years. T has not been physically abused. The abuse is ongoing, but less frequent than it has been in the past. T is one of two children – she has a younger brother who is 6 years old.

T and her brother have witnessed the abuse. T's mother reported that it did not matter to her husband whether the children were present or not when the abuse took place. He frequently lost his temper and would 'explode' when he got home.

T has become very quiet and rarely speaks to her father. She is extremely close to her mother, often encouraging her to leave her father. She has also encouraged her mother to use the Family Violence Interdict against him.

T's academic performance, surprisingly, seems to have improved drastically as a result of her strained family environment. She strives to excel in an attempt to gain her father's attention and praise. When she does not receive it, this only serves to motivate her to try harder. She also compares the relationships that her friend's parents share with that of her parents. She seemed disappointed that her father is not more loving like other fathers.

T is very protective towards her mother. Whilst she cannot protect her physically from her father, she tries not to leave her mother alone with him in an attempt to dissuade him from becoming violent. She hates when her parents fight and admits to being angry with her father. She has also expressed that she would not want to be treated the same way in a relationship.

T was open and honest during the interview. She appeared reluctant to talk at first but agreed once her mother consented. She was also agreeable to the projective drawing tasks.

3.3.5 Situated structure of participant No.5 (S.B)

S.B. is 9 years old. His mother was in an abusive relationship for 3 years. The perpetrator of the abuse was S's father. The relationship began in 1992, but the abuse began in 1996. S's parents separated in 1999, but S's mother tried to leave him once before. Her husband found her and made her return. S now lives with his mother and maternal grandmother. S is an only child.

The nature of the abuse was physical and emotional. S's father was extremely possessive and this is cited as the reason for the abuse. S's father became involved with another woman and did not tolerate being questioned by his wife about the affair.

S is in contact with his father once a month. His father defaults on child maintenance payments. This troubles S and he questions whether his father loves him. The feeling of being unloved is compounded by the abuse that S has witnessed and the witnessing of his grandmother being robbed at gunpoint. With regard to the domestic abuse, S would sometimes be in another room, but would hear the blows and see the evidence (viz., the bruises and scars) the next day.

According to S's mother, the abuse has affected S in two ways. He is performing very poorly academically. He has failed Grade 1 three times. He does not concentrate at school and often does not pay attention to the teacher. Secondly, S has an aversion to violence. He has become 'almost passive'. When confronted with a potentially aggressive situation, S would begin to cry and would then run away. S shares a close relationship with his mother since she left his father. He is not very close to his father but visits him once a month. He has high expectations of these visits and is often disappointed when his father does not send money for his upkeep.

S was agreeable during the projective drawing tasks but was not very forthcoming with details of the abusive period at home during the interview.

3.4. Summary

With the DAP, the person is just asked to “draw a person”. When this is completed, the client is then asked to draw a figure of the opposite sex. The DAP is assumed to evaluate the environmental self. That is, how the person views herself in the world amidst all environmental influences (Burn, 1982). The DAP was analysed using the method of Handler (1979). In this method of analysis, the drawing is combed for distortions and omissions. Also, any additional figures or diagrams were noted. These features were then interpreted using the guidelines suggested by Handler (1979).

With the Kinetic Family Drawing, the instructions are simply “draw your family doing something”. The person is then asked to describe her drawing. The emphasis is on family dynamics and how the person perceives family interaction. The Kinetic Family Drawing was analysed using the method of Reynolds (1978). This was done in a similar method to that of the DAP. The drawing was combed for distortions and omissions. Additional figures were noted. In addition, with the Kinetic Family Drawing, the space between family members and the order in which members were drawn was noted. These features were then interpreted using Reynold’s (1978) guidelines.

The next chapter will cover data presentation and interpretation.

CHAPTER 4

DATA PRESENTATION AND INTERPRETATION OF RESULTS

4.1 Introduction

This chapter attempts to explore the findings of this study in the light of current theoretical and empirical perspectives in order to develop a more comprehensive and richer understanding of the psychological effects of children witnessing domestic violence.

4.2 EMERGENT PSYCHOLOGICAL THEMES

The study revealed that the experience of witnessing a parent being abused is an overwhelming, distressing life event that has specific psychological themes. These themes have emerged from the interviews with the caregivers and the children, and the projective drawing tasks conducted with the children. For the purposes of academic discussion, these themes will be presented separately, while acknowledging that many are inter-related. The psychological sequelae of the abusive experiences encompassed a range of internalising and externalising responses.

4.2.1 Behavioural Responses

When children present with behavioural problems, parents consult a general practitioner. It may be the case that parents feel ill-equipped to deal with behavioural problems of the child or that they do not perceive the symptoms as manifestations of witnessing the domestic abuse. However, during the consultation the general practitioner may not be privy to the dynamics of the family and may treat the child for somatic or behavioural symptoms that are manifestations of witnessing the violence at home. It may also be that little attention is paid to the interplay between physical and psychological factors which results in the latter being ignored. The practitioners may also not enquire into domestically related problems in any great depth, as it is believed that this would be 'prying' into the patient's family life.

Warner and Braen (1982) stated that the recipient of domestic violence is a person under chronic stress. Whilst it is commonly being understood that the recipient referred to the abused parent, literature has shown that the children that witness domestic violence are also 'recipients' of trauma (Elbow, 1982; Groves, Zukerman, Marans & Cohen, 1993; Rosenbaum & O'Leary, 1981). It is therefore understandable that these children would seek to express their feelings in a manner appropriate to their age, that is, either by crying or throwing a tantrum.

The individual experiences and background of the child, as well as their cultural context, will determine the types of behavioural problems that emerge. Some children may externalise their distress in the form of problematic behaviours, while others may internalise their distress and exhibit symptoms like anxiety, psychosomatic problems, suicidal fantasies, etc. It appears that these reactions to violence are gender specific. Other research has shown that boys demonstrate a high level of externalising behaviour problems (viz., fighting, destruction of property) as well as deficits in social competence (viz., school achievement difficulties), whilst girls who observe the violence are most likely to experience significant internalisation behaviour problems related to anxiety and depression (Jaffe, Hurley & Wolfe, 1990; Carlson, 1991; Stagg, Wills & Howell, 1989; Govender & Killian, 2001). This differential response in terms of gender can be explained by the social construction of gender and its consequent socialization practices. In a patriarchal society males and females are socialized differently. The stereotype of the ideal male and female is informed by the social construction of gender, which is informed by gender, which is informed by personal interaction, media, language, culture and religion (Berger & Luckman, 1967). These messages we receive from society are internalised and influence the way that we think about ourselves and others, the way that we feel about ourselves, and the way that we behave. Whilst males are encouraged to be 'macho' and aggressive, females are encouraged to be passive. In addition, males are discouraged from expressing emotion and are expected to be stoic, whilst females are expected to be in tune with their emotions. During a crisis, males are encouraged to react aggressively, which would explain the externalisation reaction exhibited by the boys in the sample. Females, however, are allowed to show emotion which would explain the

observation of the girls in the sample, who cried more often in response to witnessing the abuse.

During the abusive episodes, most of the participants reported that they cried continuously. However whilst the girls admitted to crying openly, the boys seemed ashamed at this sign of weakness. The crying response was an expression of their frustration and helplessness at not being able to control the situation in which they found themselves. The older participants reported that they would also become angry or afraid during these times. This may be directly related to the child's developmental status – the older participants were likely to have been exposed to the domestic violence for a longer period of time than the younger children. It would appear that the older participants had more time to adjust to the traumatic effects of witnessing the abusive situation. One could speculate that the older children in the sample were more likely to use a multitude of coping styles to deal with the abusive episodes. This is consistent with research that has shown that younger children who had witnessed violence exhibited more negative symptoms than older children who were also witnesses (Hughes, 1988).

One could also locate the reactions of the participants within Erikson's model (1950) of ego development. He argues that the development of trust is the initial step in forming healthy relationships. Mistrust can develop from a single trauma or from chronic environmental stress. Children that witness domestic violence are faced with a constant environmental stress. In this initial stage of child development, the parent is responsible for the basic needs of the child, and fulfilment of the child's needs would result in the child trusting the outside world. However, the establishment of basic trust may be impaired in the case of family violence where the child's needs are neglected, denied, or dismissed. The non-achievement of this basic ego strength may result in the child regressing to the trust stage when faced with a crisis situation. It may also compromise the successful resolution of future psychological crises.

4.2.2 Affective Responses

Affectively, participants' responses indicated feelings of depression and anxiety with a pervasive sense of helplessness and powerlessness. Statements such as : *"They can do what they want..."*, *"I would just sit there in my room..."*, *"I didn't want to hear mummy crying..."*, *"I don't understand why she don't leave him..."* were noted in the protocols.

The feelings appeared to be related to:

- a) the trauma of witnessing the actual abusive encounter,
- b) the abuser being a close family member, and
- c) the breakdown of their relationship with the abuser.

The negative effective symptoms evident in the interviews were corroborated by the projective drawings. Participants' drawings showed signs of depression and anxiety: drawings were small and sometimes heavily shaded. There was also a concerted effort

by child participants to avoid potentially anxiety arousing situations, by leaving the room when they expected an abusive outburst. The depression and anxiety experienced by the children in the sample is consistent with findings in past research of children who are witnesses to domestic violence (Hughes, 1988; Sternberg, Lamb, Greenbaum, Dawud, Cortes, Krispin & Lorey, 1993). It is not surprising that children are traumatized when they are witnesses to a constant barrage of abusive episodes between the people they love the most, and the people on whom they depend. Rather than being free to experience their own growth, these children are enmeshed in their parental conflicts. The children in the sample expressed this depression and anxiety by crying, throwing tantrums and hiding from the abusive parent.

4.2.3 Ambivalent feelings towards the abuser and abused parent

All the participants exhibited ambivalent feelings towards the abuser. Whilst they exhibited a desire for affection, they also strongly disapproved of the abuser's violent acts:

"My father is okay some of the time...not when he is hitting my mother...",

"I am glad daddy is not there to hurt mummy anymore... she doesn't cry"

anymore... ”,

“I get really angry with my father...and I just want him to go and never come back...but then...I would miss him too...”

However, it was also clear that the participant’s craved attention and affection from the abusive parent. Caregivers reported that children would either exhibit aggressive behaviour in an attempt to gain attention:

“Sometimes I used to think that he would get into trouble so his father would get mad with him and not with me...”,

or would excel at school to please the abuser, possibly to prevent further abusive episodes:

“I think she uses it...her school performance... to get her father’s attention... I think she wants him to tell her that he is proud of her...”

One participant expressed ambivalent feelings towards his mother, as she chose to remain in the relationship despite having the financial means to support herself:

“I don’t know why she stays with him...it is so much better at my granny’s house...she’s asking for it...she can leave if she wants...she has a job... she is making money...she knows how to leave...she can do it if she wanted to...”

The projective drawings clearly exhibit that participants were very sensitive to rejection from their parents, especially the abusive parent. Participants drew the abusive parent as being rejection of them and their siblings. In addition, participant’s often excluded the abusive parent from the family (KFD), indicating that they rejected the parent due to his abusive behaviour. The abusive home situation often leaves children feeling confused. Children have ambivalent feelings towards their parents. Children love their father but disapprove of his violence.

They feel sorry for their mother but also resent her helplessness and inability to protect herself and her children (Jaffe, Hurley & Wolfe, 1990). A mother’s pain may raise the

child's empathy and generate anger towards the abuser. However, siding with the person who has the power and control can be attractive as well. Children may feel violence is wrong and damaging but still feel love and attachment to their fathers. This is the very nature of the ambivalence experienced towards the abusive parent (viz., they love him but they hate what he does). Child witnesses may also see the abused parent as powerful in some of her attempts to avoid the violence, but also helpless during the abusive episodes. Also, the abuser may be seen as helpless in the face of his rage, but powerful by virtue of his superior strength.

They begin to equate maleness with hurting women, and femaleness with being hurt by men (Elbow, 1982). This has implications for gender identification, which is a crucial achievement at this developmental stage. Usually, children do not want to identify with the violence of the abuser or the helplessness of the abused parent. Unfortunately, children witnessing of abusive episodes may result in identification with the same-sex parent. In the case of the male participants, this strong identification with the same-sex parent may result in the child imitating the violent behaviours they see perpetrated by their fathers. The witnessing of these violent episodes may reinforce the notion that violence is an acceptable means of resolving differences. This notion of violence is further reinforced when the child perceives end rewards for his behaviour (viz., increases locus of control).

Jaffe, Wilson, and Wolfe (1990) found that latency aged children (6-12 years) exposed to domestic violence have more inappropriate attitudes about violence as a means of resolving conflict and indicated a greater willingness to use violence as a means of resolving conflict and indicated a greater willingness to use violence themselves as compared to children not exposed to domestic violence. This argument is consistent with the verbal transcripts from the participants in the study who indicated that they often wanted to hit the abusive parent in an attempt to 'make him stop'.

"I told you I wanted to catch him alone and I wanted to hit him hard...",

"My father is okay some of the time...not when he is hitting my mother..."

I wanna just break him then...",

"I want to yell at them to stop... I want to hit my father... but he is my father..."

Children who witness violence lack alternative role models who will help them deal with their own anger. Continued exposure to acts of violence is likely to induce a process of learning and imitation, culminating in the acceptance of violent conduct as a dominant and normal mode of conflict resolution (Dawes, 1990). Children who observe domestic violence have potent models of aggressive behaviour that they are likely to imitate. Children are more likely to imitate the violence if they strongly identify with the perpetrator of the violence and if the violence is, as stated earlier, rewarded with gaining a sense of power and control over the lives of family members.

4.2.4 Fear

In addition to these feelings, there was an overarching sense of fear for their safety:

"If daddy finds out, he might hit me too..." "I was scared he would hurt me too".
(Do you like school?) *Yes...I like school...I have friends...and we play...*(Do you tell them about what happens at home?) ...*No...I can't tell them...if daddy finds out, he might hit me too...*

There is also a fear that they might end up in a similar situation in a future relationship:

"I would never want to be treated like that".

In addition to the fear for one's life or future relationships, children may also be living with the fear of losing one or both parents:

"...I thought mummy was going to go away and leave me..."

Once a person's physiological needs are satisfied, the person becomes concerned with safety and security needs. These needs reflect concerns about long-term survival (Maslow, 1968). Young children are helpless and dependent on adults, and respond fearfully when their safety is threatened. According to Maslow (1968), another indication of the need for safety is a child's preference for dependable, undisputed routine. Young

children function most effectively in a family setting that has at least some degree of structured routine. If such elements are absent in the environment, the child feels insecure and anxious. Maslow (1968) cited parental quarrelling and physical assault as particularly harmful to a child's sense of well-being. In effect, these factors render a child's environmental unstable, unpredictable, and hence, unsafe. The instinctual response to these stressors are, therefore, fear.

An abusive parent is a threat to the physical and emotional survival of the family members. Traditionally, domestic violence is targeted towards the mother, who is the principle source of nurturance and guidance for the child. After a violent episode, children may find that their principle caregiver is unavailable to them because she is struggling with emotional and physical consequences of her victimization. This has a direct impact on the emotional development of the child, and can lead to depression, anxiety and other post-traumatic symptoms.

4.2.5 Shame

Related to the participants' ambivalence towards their parents, they also reported feeling ashamed to be related to the abuser:

"I just want him to go and never come back..."

However, these feelings were in conflict with the love they felt towards the abuser as a parent:

"...but then I would miss him too...", "My father is okay some of the time..."

These feelings should also be weighed up against the feeling of responsibility the participant might feel if they believe that they are the cause of the abuse or the feeling that they should be able to protect their mother:

"I wanted them to stop fighting...but I couldn't make him stop"

The sense of shame may also be related to not having the “perfect family”, and may be linked to the child’s feeling of responsibility that s/he needs to maintain this illusion. Children hold themselves responsible for the violence in the family.

According to Jaffe et al (1990), children readily admit that their behaviour caused their father’s violence. His/her failure to prevent the abusive episodes shatters the illusion that the family is ‘perfect’, and may cause the child to feel inadequate, and the child may start to question his/her self worth (Rogers, 1980). This may be linked to the secrecy surrounding the ongoing violence in the family. The ‘family secret’ is seen as shameful and therefore something that should be hidden. Disclosure of the ‘family secret’ would make public the knowledge that the child could not prevent the abuse. Fear of disclosure of the ‘family secret’ may also be linked to a fear of being stigmatised by peers and members of the extended family which will further contribute to feelings of inadequacy.

4.2.6 Guilt

It has been found that children in violent families frequently feel responsible for the situation. From an early age, children tend to blame themselves when their parents express anger or sadness (De la Rey et al, 1997). This guilt is also reflected in their desire to ‘make things better’ and to prevent parental battles. Feelings of inadequacy may develop when they cannot meet this unrealistic expectation. Participants expressed guilt that they were not able to do more to protect the abused parent:

“I wanted to save her...but I didn’t know how...I was scared he would hurt me too...”,

“I wanted to yell at them to stop...I wanted to hit my father...but he is my father...”,

“I wanted them to stop fighting...but I couldn’t make him stop...”

The participants’ perceived inability to stop the abuse, while making more determined efforts to preserve the relationship with the family member, further enhanced their feelings of inadequacy.

The feelings of guilt exhibited in this sample could be explained by psychological crisis that has to be resolved in the stage of industry versus inferiority (Erikson, 1950). The successful resolution of this phase which result in the child achieving competence with his/he social relationships and in dealing with the outside world. According to past research, children that witness violence struggle to achieve competence in the social skills that are necessary to deal with the outside world (Jaffe, Hurley & Wolfe, 1990). The act of witnessing the violence between parents undermines the child's sense of industry and s/he begins to accept responsibility for the anger and violence that often seem to centre around the abuse. The child also begins to internalise the notion that s/he causes the behaviour of others. The child's guilt may be compounded by a sense of inadequacy for not having prevented a parental battle.

4.2.7 Cognitive Responses

When the parent remained in the relationship, the participant questioned the reason for remaining:

"I don't know why she stays with him...", "I don't understand why she doesn't leave him..."

The reaction of the participants was to rationalize the abused parent staying in the relationship:

"It must be okay, otherwise she would leave ...she can leave if she wants"

Cognitively, it was also reported that the participants suffered from nightmares and sleep-talking despite the abusive relationship between their parents having ended two years previously. Thus, the trauma appeared to be continually relived by the participants resulting in them experiencing nightmares and other problems (viz., sleeping difficulties, loss of appetite). Pynoos and Eth (1985) found that school-aged children are likely to report somatic complaints (viz., headaches, stomach aches) and cognitive distortions and deficits that manifest as learning difficulties. These symptoms form part of a constellation of PTSD symptoms that manifest themselves

when an individual is exposed to a traumatic event. In the case of children who witness domestic violence. These children are constantly exposed to the trauma, which would exacerbate their symptoms.

Four out of five children in the study also presented with academic problems. The projective drawings of these participants also appeared to be childish and immature which may be indicative of their emotional immaturity. One participant, as alluded to earlier, strived to excel a school in order to gain attention (and praise) from her father. Her academic excellence was reflected in the maturity of the drawings in the projective drawing tasks. The projective drawings 3 of the 5 children appeared childish and immature. This findings is consistent with previous research which suggest a relationship between cognitive maturity and emotional maturity (Harris, 1963).

The cognitive impact of witnessing violence is borne out by research carried out by Pynoos and Eth (1985) and Dyson (1990). They found that traumatised children often show a decline in academic performance. The learning problem may result from the child being distracted by intrusive thoughts associated with trauma and / or increased psychological arousal that can make it difficult to concentrate, trying to control intrusive thoughts by deliberate memory lapse, or fatigue from lack of proper rest due to sleep disturbances (Pynoos and Nader, 1988; Nader, Pynoos, Fairbanks & Frederick, 1990). It is also been suggested that exposure to chronic violence impairs leaning by leading to an avoidance of the aggressive-assertive behaviour necessary for problem solving (Gardner, 1971).

The lack of stability and negative emotional climate within an abusive family situation would compromise any child's confidence and self-esteem. This coupled with the considerable energy being expended in trying to cope with the abusive situation, allows the child limited time to keep pace with the rapid developmental spurts that is typical of children at this age (6-12 years) (Jaffe, Hurley & Wolfe, 1990). As a result, these children usually struggle academically and appear emotionally immature for their age. However, this pattern is not an invariant one. In some cases, as evidenced in this study, a child may

present with inordinately high levels of academic functioning, but the motive for sometimes having such unrealistic expectations may still be infantile. This immaturity is demonstrated in the child witnesses constantly and usually unsuccessfully trying to gain the attention of the 'powerful' abuser. Feelings of inadequacy on the part of the child usually result.

4.2.8 Role Confusion

Children are observed in this study usually battle to make sense of the relationship between the abuser and the victim. They often find themselves in a confusing situation where the parent-child boundaries have been blurred (Elbow, 1982). They often have to take on the role of protecting the abused parent. This may lead to confused generational boundaries and role reversal. Participants expressed the following feelings:

"I don't want my father to hurt her...and I wanted to save her...", *"Well the first time I wasn't there...but now I make sure that I am there with her most of the time..."*

Elbow (1982) points out that parents in a violent relationship often have an extremely poor self image which may place a burden on children. Children may become the confidantes or support of the abused parent. They often feel the need to make the abused parent feel better or to make the situation better. This may lead to them taking on roles which are excessively demanding for their developmental age. The child attempts to protect their parents from themselves; the role of the parent and child is reversed as the child loses trust in the parent who are supposed to be the ones who protect them. This role reversal, together with the lack of trust in their parents as caretakers, often lead to intense feelings of ambivalence (Roy, 1988).

Child witnesses of domestic violence find their relationship with their parents compromised.

A parent who is battered is coping with the physical and emotional ramifications from the abuse and, thus, had less energy available to focus on child-rearing. The battered parent is preoccupied with fears for safety, for herself and her children. Therefore, recognition and response to the child's needs is more difficult. The abusive parent, on the other hand, may be preoccupied with asserting control and may not be sensitive to the child's needs. Research has shown that battering fathers are less available to their children, are less likely to engage in rational discussions with their children and are less affectionate than fathers who do not abuse (Carter, Weithorn & Behrman, 1999). Furthermore, an angry parent may choose to be uninvolved or to engage in harsh parenting as a strategy for retaliation or indirect attack against a spouse (Holden, Geffner, & Jouriles, 1998).

One of the features of the abusive family is the establishment of parent-child coalitions. The parent may inadvertently force the child to make a choice between the two parents, which only exacerbates the ambivalent feelings the child has shown towards his / her parents:

"I hate leaving her alone with him...I never know what he is going to do..."

"I like to stay with my mummy...she is nice...my father does not give me lots of money..."

"I like my mummy...she takes care of me...she give me a bath and changes me..."

With respect to child-parent attachment theory (Bowlby, 1969, 1973, 1980), it is not clear from the interviews and projective drawings that the abusive behaviour perpetrated by the abuser takes its toll on the relationship between the participant and the abusive parent. The bond that should exist between the child and his / her caregiver is compromised because the child no longer feels secure or safe in that home environment. This insecure parent-child attachment during the earlier years of life result in the child experiencing low self-esteem, poor social relatedness and emotional vulnerability to stress (Ainsworth, 1985). This was clearly evident in the interviews and drawing tasks.

Parents may turn to children for support. Children may be asked to 'take sides' about issues and to spy on the other parent. The abused parent's poor self image and excessive

stereotypic role expectations place a burden upon the children, because they feel a need to help a need to help the parent feel better about themselves.

The symbiotic and ambivalence nature of the relationship contributes to the tendency to form parent-child alliances as opposed to the establishment of a firm parental coalition (Elbow, 1982).

4.2.9 Disapproval

The reactions of the participants varied from the reactions of the abused parent. Generally, there appeared to be an initial tolerance and acceptance of the abuse by the abused parent. However, this differed from the attitudes of the participants. There was a strong disapproval by the participants towards the behaviour of the abuser:

"My father is okay sometimes...not when he is hitting my mother", "I wanted them to stop fighting...but I couldn't make him stop",

"Sometimes, y'know, I get really angry with my father...I just want him to go and never come back".

In essence, it appeared that the participants had ambivalent feelings towards the perpetrator of the abuse. However, despite the filial love, the priorities of the participant generally lay with the abused parent.

According to Hoff (1990), it is common knowledge that woman have been charged with and have largely accepted the emotional and social work of keeping families together in domestic tranquillity. In this sample, however, it was generally accepted by the participants that the abused parents rights transcended the social norms of the mother keeping the family together. The main priority for the participants was that the parent removes herself from the abusive relationship even though this would lead to the breakdown of the family unit.

Sometimes, the children's needs for an intact family may be a consideration for the abused parent to remain in a violent marriage, but the abuse of her children may finalise

her decision to leave. In either situation, the children may assume responsibility for their mother's well-being, believing that they are keeping her in a dangerous situation, or that she would be happier if she had not left.

4.2.10 Secrecy and Disclosure

In some cases of domestic violence, secrecy about the abusive situation was encouraged. The abused parent remained close-mouthed about the abuse, thereby influencing the participants to remain silent.

This may be due to the fact that the participants in the sample lived within a nuclear family. The supportive role usually taken on by the extended family was largely absent with the participants in the sample.

Only in two of the cases did the child disclose the abuse to a close family member. However, apart from confronting the abused parent, the family member also remained silent about the abusive situation. The abuser was never confronted about the situation by any family member. However, family members (and the abused parent) often rationalized the abuse:

"I thought it was so romantic...but then when we got married, and it got worse...", "He used to hit me so badly ...he was not always like that ...only when he drinks...", he drinks, then he hits me...I know that the alcohol is just an excuse...but that is when he usually does it..."

Secrecy is a coping mechanism related to maintaining the illusion of the 'perfect family'. Children may be afraid to disclose the abuse to others for fear of shattering the 'perfect family' illusion.

"...Y'know, you see these families on TV ...and they all look so happy... like they never have any problems...I wish my family was like that...but, I guess I am stuck with this one..."

Peled (1998) found supporting evidence for this. In her study, she found that children mostly applied the 'emotion-focused' coping strategy whereby a child controls his / her own emotional response to events. In her study, this included "*wishing the violence away at the time of a fight, reframing and minimizing the violence, forgiving the father, and refusing to talk about the violence*".

4.2.11 Protective-Action Coping

In order to cope, participant used a variety of strategies. According to Andrews (1990), coping involves adjusting cognitions, feelings, and behaviours in response to environmental events. Sternberg et al (1993) has suggested that specific coping strategies may lessen the effects of violence on children. They concluded that 'perhaps the experience of observing spouse abuse affects children by a less direct route than physical abuse, with cognitive mechanism playing a greater role in shaping the effects of observing violence' (p.50).

Participants reported that when the abusive episodes first begun, they attempted to

protect the abuse parent. O'Brien, John, Margolin, & Erel (1994) reported that, when presented with simulated family interactions, boys who witnessed physical aggression between parents were more likely to report that they would actively intervene in family conflict than boys who had not reported any family violence. In addition, Spaccarelli, Coatsworth & Bowden (1995) reported that adolescent boys who had been exposed to interadult weapons use at home were significantly more likely to use aggressive control as a coping strategy.

Holden et al (1998), have suggested that child problems associated with witnessing domestic violence may be reframed as active coping mechanism. In their view, children's problems are ways to express negative emotions, receive reassurances, and divert attention from marital problems at home. However, this would refer specifically to children who exhibit externalising behaviour patterns, and not internalise their distress.

All the participants reported hiding when the abusive episodes occurred. In addition to reporting feelings of fear - that is, fear for the plight of the abused parent as well as fear for their own lives – participants used “hiding” as a protective-action coping technique. In doing this, it protected the participant from any potential danger, as the presence of the child in the potentially volatile situation may serve to incite the abuser.

4.2.12 Denial

Denial is a common coping response used by children when faced with traumatic situations (Kaplan & Sadock, 1998). In the study, the child used a façade with others by pretending that the abuse does not exist, by modelling the abused parent’s response. In the majority of the cases, the participant would not let anyone outside of the immediate family know of their abusive home environment (Jaffe et al, 1990). This, in part, served to protect the abuser, as ‘outsiders’ would not know what s/he was doing, but also saved the participant the embarrassment of others knowing distressing family circumstances. This was not the case with all participants. In two cases, the participants disclosed their ‘family secret’ to the maternal grandmother.

However, attempting to protect the abused parent often led to the child coming into the line of fire. Participants therefore resorted to ‘hiding’ during the outbreaks of violence. This allowed the participant to physically but also psychologically ‘escape’ the ongoing violence.

“I used to hide...and block my ears...I didn’t want to hear mummy crying...

(Did you want to stop daddy from hurting mummy?)... (nods).

4.2.13 Social support

Research has shown that people often cope better when they have family or peer support (Carter et al, 1999; Kolbo, 1996). In the present study, most participants expressed reluctance to talking about the abuse. However, the presence of family and friends appeared to help the participant cope with the abusive situation. Participants were able to ‘escape’ the traumatic memories of the violence when they were with their friends. Most

participants reported having friends whom they could 'count on', even though they would disclose the nature of the abuse to them:

"I like school...I have friends...and we play...(Do you tell them about what happens at home?)...No...I can't tell them...if daddy finds out, he might hit me too..."

Participants reported preferring to spend time with their friends or relatives than at home:

"I don't like to stay with her (his mother)...she stays with someone else...and I don't like him...". *"My friends don't have the same thing...I stay at their house sometimes...they don't fight..."*, *"My friend's parents don't fight like my father and mother..."*.

However, in one case, the female participant reported being afraid to leave home to be with her friends, because her mother might need her:

"I hate leaving her alone with him...I never know what he is going to do..."

She did report having close friends *"whose parents don't fight all the time"*.

Two of the participants reported that they had disclosed the details of the family violence to their maternal grandmothers. In both cases, the participant was being cared for by the maternal grandmother who was the primary caregiver of the child at the time of the abuse. As alluded to earlier, children look to their primary caregivers for safety and security (Maslow, 1968). In these cases, the child may have looked to their maternal grandmother for help, and perhaps, protection. However, apart from confronting the abused parent, the maternal grandmothers remain silent about the abusive situation.

Generally, the entire family was affected by the abusive situation. According to Andrews (1990), violence that occurs in a family is a symptom of a problem with the family system, indicating a reduced capacity for the family to function in a supportive role. This is consistent with the tenets posited by the family systems approach. The abusive behaviours that are evident in these families are a result of the dysfunctional patterns that exemplify the overall family (Cirillo & Diblasio, 1992). This perspective sees each part of the system as being, and involved in the origination and perpetuation of the problem

(Flemons, 1989). The incidents reported by the participants in this study support the notion that the family members were involved in the perpetuation of the cycle of violence. The violence was a symptom of a problem with the family system, which had adopted dysfunctional ways of dealing with the problems they were faced with.

4.3 EFFECTS ON FAMILY LIFE: A THEORETICAL INTEGRATION

The ecological- transactional framework (Bronfenbrenner, 1986) provides four interacting dimensions that are considered useful when attempting to understand the experiences of child witnesses in this sample who were exposed to domestic violence. These four dimensions are: 1) Person factors, 2) Process factors, 3) Context, 4) Time.

4.3.1 Person factors

With regard to the person factors, it is argued that trait factors such as the temperament and personality of child would contribute significantly to how the child would contribute significantly to how the child would cope and react in situations of ongoing domestic violence. Evidence gleaned from this study suggests that the gender of the child witness was a significant mediator to the type of psychological response. That is, male participants in the study tended to exhibit with more externalising reactions (eg. conduct disorder), whilst female participants presented with more internalising reactions (eg. depression). This finding is consistent with previous research (Govender & Killian, 2001), and can be explained by the social construction of gender and its consequent socialization practises, which is typical of patriarchal societies.

Developmental status was also a significant mediator to the psychological responses. That is, older child witnesses displayed a variety of coping styles in response to their traumatic experiences. This finding is consistent with the literature which argues for an increasing sophistication in coping style as a function of developmental maturity.

(Hughes, 1988; Aldwin, 1994).

4.3.2 Process factors

The nature and severity of the abuse are important process factors when considering domestic violence. The cycle of violence, as witnessed by the child, becomes more ingrained with the course of time, partly because the abused parent is physically and psychologically coerced into accepting her role as the victim in the abusive situation. In a desperate act of searching for some meaning to the incessant abuse, the abused parent may even resort to rationalizing the actions of the abuser, which the child

witnesses as evidenced in this study, may find difficult to deal with and understand. This is manifested in a sense of powerlessness and helplessness by the child witness, which mirrors the situation of the victim (the abused parent). The associated clinical symptomatology patterns experienced by child witnesses to domestic violence in this study include: depression, anxiety, conduct disorder, etc. This is again consistent with previous documented findings (Hughes, 1998).

4.3.3 Context factors

In terms of context, the socio-cultural background of a child may also impact on his / her ability to manage with witnessing the abuse. Most of the children sample in this study were from nuclear families. The detached nature of the nuclear family unit meant that coping with witnessing the domestic abuse is a "private" act for the child. The peripheral supportive role occupied by the extended family in lives of most children in this study meant that peers took on an instrumental supportive role for the child witnesses. However, in the company of peers, the powerful pact of secrecy surrounding the abusive situation remained unbreached. This was mainly due to two considerations on the part of the child witness.

Firstly, the child feared retribution from the abusive parent. Fear of the abuser has been a pervasive theme in this study. It is argued that fear is an elementary emotion, a visible response of the power that the abuser asserts within the family domain and in the child's relationships with significant others. However, the power of the abuser was also perceived as an attractive quality for the child witness in this study. At points during the

course of witnessing the abuse, the child even began to identify with the rationalizations provided for the abuser, as demonstrated in this study, only served to heighten the child witness's clinical symptomatology pattern.

Secondly, the anticipated acts of stigmatisation by the child's peers in response to the possible disclosure of the family violence further entrenched the secrecy pathology. In essence then peers, as evidenced in this study, provided an escapist coping resource for child witnesses. When our child participants were in the escapist company of their friends, they did not have to deal with their troubling experiences.

4.3.4 Time factor

The last factor to be considered within this framework is time. More specifically, this refers to changes in the characteristics of the individual or environment over time. Interestingly, this study revealed that coping style of child witnesses to domestic violence varied through the course of the abuse episodes. Whilst none of the child participants approved of the acts of the abuser, they did develop multiple ways of dealing with their circumstances. This included attempts at retaliation, denial, escapism, self-blame, seeking social support and role reversal with the abused parent. Palliative coping mechanisms such as crying, was also evident in the sample. It is interesting to note that all children in the sample constantly and vehemently disapproval of the violent acts of the abuser that they were witness to. This finding is significant and suggests that these child witnesses' value systems were less amenable to alternations or accommodations during the period of the abuse. This response is unlike that of the 'victim parent' who began to rationalise the acts of their abuser husband during the course of the abuse.

4.4 Summary

All 5 participants had witnessed domestic violence between family members with whom they had lived for a period of time. The abusers were their fathers and stepfathers. In describing the experience of witnessing family violence, participants had difficulty with opening up and expressing their feelings to the researcher due to the depth of pain associated with the experience. The trauma and distress that they had experienced was

conveyed in their resistance and reluctance to talking about the various forms of abuse that they had witnessed.

The psychological effect of witnessing these abusive relationships was significant. At the time of crisis, participants would cry, try to stop the perpetrator from hitting their mother, or hide in other rooms until the abuse was over. Often they would feel depressed and anxious for long periods of time after witnessing an abusive episode. There was also a pervasive sense of helplessness and powerlessness in coping with the abuse. These feelings were reinforced by the participants' perception of a lack of control over the abusive relationship. Often, participants were afraid of leaving their parents alone or doing anything that might trigger further abusive episodes. Participants also felt unloved and unworthy of loving due to being a product of an abusive marriage. Generally, participants whose parents were no longer in the abusive relationship expressed relieve and joy. Children whose parents were still in the relationship expressed their desire for their mother (abused parent) to leave the abuser.

With respect to the abusive relationships, in 4 out of 5 cases, the abuse originated early in the relationship. This early abuse was tolerated and accepted by the abused parent because it was felt that "*He would change*", or "*I was at fault*", or "*It was the alcohol*", or "*He loves me so much, that he hates when other guys look at me.*"

In later year the abuse appeared to continue and worsen in intensity and frequency. The participants now found it difficult to accept the validity of the above reasons as a justification for the continuing abuse.

The actions of the abusers were often attributed to gambling, possessiveness, and alcohol use/abuse. These perceived external triggers were often used by the participant and the caregiver in an attempt to rationalise the abuse:

" He hits her so badly, every time he drinks, and when he wants money for:

gambling and she doesn't give him....",

‘I think it was the drink that did it to him....’

“ When we were courting, he would be very possessive, and I would think it was so romantic....”

The participant and caregiver also denied the seriousness and the extent of the abuse. They argued that the abuse only occurred when the abuser was “drunk” or “possessive” and that he was well behaved and “nice” at other times. The rationalisations appeared to diminish the responsibility and the role of the abuser in the abuse. Commonly, a period of respite from the abuse created hope that the abuser was “improving”. However, the destructive pattern would recur, resulting in further abusive episodes.

Initially, the rationalisations were accepted by the child participants. However, they were less likely to be forgiving when the abuse continued and worsened. They recognised the fallibility of these relationships and would often blame themselves for not being able to protect their parent from the abuser. These failed attempts at protecting their parent increased their sense of vulnerability to being physically assaulted:

“I tried to stop him from hitting her, but he nearly hit me, so I never tried after that...”

The witnesses of the abuse were impacted on the children’s reactions to interpersonal situations:

“He tells his mother all the time, “ Let me grow big and I’ll show him what I can do...”

“She keeps all to herself...and only plays with her brother....”

“If someone was picking on him, he would start to cry and then he would run away....”

The reactions of participants, where the parent remained in the abusive relationship were:

- A sense of disbelief that the parent was tolerating the abuse.
- A feeling of anger when the parent tolerated the abuse, especially if the abused parent was financially independent.
- Keeping silent about the abuse because they were embarrassed or ashamed. This was often weighed up against what they perceived to be “normal” or what they thought was happening in their friend’s home.

- Attempting to retaliate against the abuse, but abandoning any further attempts once the first attempt was unsuccessful.
- A deep sense of disappointment and anger with the abuser for having 'betrayed' them.

The reactions of participants, when the parent had left the abusive relationship, were:

- Keeping silent about the abuse because they were embarrassed or ashamed. This was often weighed up against what they perceived to be 'normal' or okay when compared to the child-parent relationship pattern in their friend's family.
- A deep sense of disappointment with the abuser for having 'betrayed' them.
- A sense of relief that the parent was no longer in the abusive relationship.

In order to cope with having witnessed the abusive episodes, participants used a variety of strategies, not all of which were adaptive. One of these strategies was denial. This strategy also aided in concealing the abuse from people outside the home, a cue that was often taken from the abused parent. Therefore, if the parent did not disclose the abuse, the child would remain silent in a like manner. This was a form of denial on the part of the child – if he kept silent about the problem, then the problem would go away. However, if the child did disclose the abuse, they often disclosed this to a relative that was close to the abused parent. This non-disclosure of the problem, except to a close relative, contributed to a sense of secrecy about the abusive relationship. During abusive episodes, participants coped by hiding from the abuser. Often this involved going into another room, or 'covering' one's ears to block out the noise.

An active denial of the abusive episode by withdrawing from witnessing the violent outbursts of the abuser seemed to be an instinctual coping response. In addition, participants reported that offering support and comfort to the abused parent on a day-to-day basis. This allowed them to gain some sense of control in a situation where they usually felt powerless.

Differential patterns in coping strategies of male and female participants emerged. Whereas the male child participants in the sample tended to exhibit a more externalising response as a result of witnessing the abuse, the female child participants resorted to an internalising reaction. The male child witnesses were more aggressive and often dismissive of the abuse. The female child witnesses, by comparison, became quieter and more introverted. However, an atypical pattern emerged for the last male participant who was interviewed. His naturally quiet nature was introverted personality as well as an overexposure to witnessing other types of violence outside the family may have impacted on his coping style. This participant responded by internalising this experience.

The entire family system was affected by the abuse experienced. The dynamics of the situation varied:

- Participant's relationships with family members were affected. Often the abuse served to strengthen the relationship between the abused parent and the participant. This caused a rift between the child and the abuser.
- However, the participant's relationship with family members differed when the participant was not living with the abused parent. In this case, the participant believed that the abused parent was 'asking for it' and this caused a rift between the abused parent and the child.
- Relationships with family members, other than the abusive parent, were often strengthened in an attempt to support each other during the abuse.
- This supportive relationship between family members may often have been interpreted by the abuser as collusion against him.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses on the discussion of the results in relation to the study aims. The limitations of the studies are discussed and the recommendation for future research are made and conclusions.

5.2 Discussion of results in relation to study aims

Aims 1 was to explore the internalizing psychological responses by child witnesses of domestic violence with respect to developmental status, gender and coping skills, the following were significant. Aims 2 was to explore the externalizing psychological responses by child witnesses of domestic violence with respect to developmental status, gender and coping skills. In relation to these aims the results indicates developmental status younger children responses included more withdrawal, isolation, fears and sleep problems. The older children experienced more loss or change on interest, memory difficulties, concentration and low self-esteem. The girls exhibit more internalizing behaviour related to anxiety and depression withdrawal. Differential patterns in coping strategies of girls and boys emerged. The boys exhibit a more externalizing response as a result of witnessing the abuse and the girl participants resorted to an internalizing reaction. The boys were more aggressive and often dismissive of abuse, eg. fighting and verbal aggression. The girls by comparison became quieter and more introverted. Their crying response can be seen as a sign of frustration and hopelessness.

5.3 Limitations of the study

The study adopted a qualitative, phenomenological approach to investigating the psychological effects of family violence on a sample of children who were witnesses to domestic violence. The aim of the study was to explore a variety of collateral factors which impact on child witnesses to domestic violence. Whilst the study was challenging and will make a significant contribution to research, there were limitations to this study.

Firstly, the size of the study sample was small, and this makes it difficult for the researcher to assume that every child who witnessed domestic violence would experience it in the same way. However, in keeping with the scope and requirements of the mini-dissertation, the volume of work could not be increased. It was deemed more important to maintain the integrity of the research by staying true to the descriptions of the experiences as they were revealed and not sacrifice quality for the sake of volume.

Secondly, the nature of the study proved to be a limitation. It was problematic when the parents of the children refused to give consent to the children to participate in the research. This impacted on the size of the sample. It was also important to get informed consent from the parents timeously so as to carry out the research. However, it was found that even after informed consent had been obtained from parents, they often changed their minds about allowing their children to talk about the abuse. Reasons given for this included the fact the parents' marriage would be affected when the previous accounts of abuse were discussed. Parents were also afraid that the researcher, in talking about the violent episodes with the children, would open up issues that may be anxiety provoking the child.

Related to this was difficulty experienced with the age range of children chosen. It was found that even that children between the ages of 8 and 12 are often more verbal, the subject matter of the study inhibited them from talking openly. In light of the trauma related to witnessing domestic violence, it is advisable that these children are counselled extensively before and after research of this nature takes place. It would therefore be advisable that in future in this area adopts a more longitudinal approach.

5.4 Recommendations

It is evident from the discussion that a number of aspects are central to the understanding of the psychological effects of children witnessing domestic violence.

- As evidenced in the study, direct research with witnesses is possible. As revealed in this study, participants are willing to talk under the appropriate circumstances. Concerns such as privacy, non-judgemental listening,

confidentiality, etc was assured to each participant. It was also my experience that the abused parent often found it cathartic to talk about their experiences and how they believe it affected their children. Most of the participants also appeared to be relieved to be able to talk about the abuse openly. Attempts should also be made to explore abusers' perceptions, since this would allow for a holistic understanding of the phenomenon.

- Furthermore, the phenomenological methodology itself can be utilised in further research on the witnessing of domestic violence since it allows for the opening up of human experience to empirical study.
- The experience of witnessing abuse is clearly distressing and traumatic. A wide range of effects, reactions and coping strategies were manifest. The present study has opened up this area of human experience and made it empirically communicable to researchers and health officials. This can guide both future research and intervention.
- In view of the complex nature of the abuse, a typology of family violence may be an important step in sorting out the ways in which the different factors – psychological, social, cultural and economic – combine to produce distinctive patterns of family abuse. Furthermore, this typology should be grounded in a broader context, taking into account socio-cultural and political factors which seem to engender and foster victimization.
- The provision of counselling appears to be a necessity for the long-term well being of victims and witnesses of abuse. The emphasis needs to be on empowerment such that the conflicts and ambivalence of witnessing a parent being abused by the other parent can be integrated and resolved. The loss of a loving relationship between the abuser and the abused noted both covertly and overtly, was significantly distressing for the child witnesses. Family intervention also appears to be a necessity, as the effects of abuse appeared to affect the entire family dynamic.

- Finally, the impact of stereotypical attitudes and community reactions to disclosure of abuse suggests the need for education, both in terms of awareness of the effects of witnessing domestic violence and the socio-cultural attitudes that lead to the silence around disclosure. The facilitation of support to survivors of domestic violence and their families will reduce stress and promote healthy recovery, and may serve to prevent secondary harm.

5.5 Conclusion

The following were the significant conclusions:

- Child witnesses exhibited behavioural, affective and cognitive responses to witnessing the traumatic events.
- Themes of guilt, shame and role confusion emerged from the interview data as results of having witnessed the abusive episodes.
- Fear for the abuser was a result of having witnessed physical violence committed during the abusive episodes, and was pervasive in all relationships – with significant others and the researcher.
- Social support from peers and family members acted as a buffer by providing an escape to dealing with witnessing the trauma.
- There was a significant difference in the coping styles in relation to developmental status – the older children exhibited a multitude of coping styles as compared to the younger children
- Gender pattern differences emerged – boys were more likely to exhibit externalising behaviour in response to witnessing the abusive episodes, whilst the girls exhibited more internalising behaviour patterns.
- Participants initially appeared to be reluctant to disclose details of the abuse that was being perpetrated in their homes. It was only after encouragement from the abused parent that the participant would reveal the presence of the abuse.

- Participants appeared to share a closer relationships with the abused parent than the abuser. However, the relationship with the abuser and the abused parent was often marked by ambivalence.
- The participants at some stage in the cycle of violence did try to 'save' or 'protect' the abused parent from the abuser.
- The participants exhibited signs of depression and anxiety manifested by crying jags, temper tantrums and nightmares.
- The witnessing of the abuse led to the participants performing poorly at school, often struggling to pass a grade. In one case, however, the abuse served to motivated the participant to excel at school in order to perceive praise from the abuser.
- Participants used a variety of behaviours to cope with the abuse.
- The effects of the abuse generated to the entire family system. It negatively affected the participant's relationship with family members or was reflected in the deterioration of the abuser's relationship with family members.
- The participant-sensitive approach offered by the phenomenological method of research, was found to be beneficial to the participants as it validated their experience of having witnessed the domestic violence.

REFERENCES

- Ainsworth, M.S. (1985). Attachments across the life span. *Bull New York Academy of Medicine*, 61, 792-795.
- Aldwin, C.M. (1994). *Stress, coping and development: An integrative perspective*. New York: The Guilford Press.
- Ammerman, R. T and Hersen, M (1990). *Treatment of family violence*. New York: John Wiley and Sons.
- Ammerman, R. T and Hersen, M (1990). *Case studies in family violence*. New York: Plenum Press.
- Anastasi, A. and Foley, J.P.(1941). A survey of the literature of artistic behaviour in the abnormal: Approaches and Inter-relationships. *Ann New York Academy of Science*, 42, 106-110.
- Andrews, A. (1990). Crisis and recovery services for family violence survivors. In A. Roberts (Ed). *Helping crime victims: Research, policy and practice*. (p.206-230). Newbury Park: Sage.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Berger, P & Luckman, T. (1967). *The social construction of reality*. New York: Doubleday
- Berman, S.L., Kortines, W.M., Silverman, W.K., and Serafini, L.T. (1996). The Impact of exposure to crime and violence on urban youth. *American Journal Of Orthopschiatry*, 66 (3), 329-335.

Bowlby, J (1969, 1973, 1980). *Attachment and loss: Vol. 1, 2, and 3*, New York: Basic Books.

Briere, J.N. (1992). *Child abuse trauma – Theory and treatment of the lasting effects*. London: Sage.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723-742.

Browne, k.d. (1989). Family violence: Spouse and elder abuse in *Clinical approaches to violence*, Howells, K and Hollin, CR (eds). Chichester: John Wiley and Sons.

Brownfield, D. (1987). Father-son relationships and violent behaviour. *Deviant Behaviour*, 8 (1), 65-78.

Bryant, B.K. (1985). The neighbourhood walk: Sources of Support in middle childhood. *Monographs of the society for research in child development*, 50(3),
Serial no. 210

Burn, R.C. (1982). *Self-growth in families. Kinetic family drawings, Research and application*. New York: Brunner/ Mazel.

Carlson, B.E. (1984). Children's observations of interparental violence in *Battered woman and their families: Intervention strategies and treatment programs*. A.R. Roberts (ed). New York: Springer

Carter, L.S., Weithorn, L.A. & Behrman, R.E. (1999). Domestic violence and children. Analysis and recommendations. *The future of children*, 9(3) 4-20.

Cirillo.,S and Diblasio, P. (1992). *Families that abuse – Diagnosis and Therapy*: New York: W.W. Norton and Co.

Cummings, E.M., & Davies, P. (1994). *Children and marital conflict: The impact of family dispute and resolution*. The Guilford Press, New York.

Cummings, E.M., Iannotti, R.J., & Zahn-Waxler, C (1985). Influence of conflict between adults on the emotions and aggression of young children. *Developmental Psychology*, 21, 495-507.

Cummings, E.M., Vogel, D. Cummings, J.S., and El-Sheikh, M.(1989). Children's responses to different forms of expression of anger between adults. *Child Development*, 60, 1392-1404.

Cummings, J.S., Pellegrini, D.S., Notarius, C.I., ad Cummings, E.M. (1989). Children's responses to angry adult behaviour as a function of marital distress and history of interparent hostility. *Child Development*, 60, 1035-1043.

Dawes, A. (1990). The effect of political violence on children: A consideration of South African and related studies. *International Journal of Psychology*, 25, 13-31.

Dawes, A.,& Tredoux, C. (1990). The impact of political violence on the children of KTC In Centre for intergroup studies. *Occasional Paper No.13: The influence of violence on children*. Cape Town, CIS.

De La Rey, C., Duncan, N., Shefer, T., and van Niekerk, A. (1997). *Contemporary Issues in Human Development: A South African Focus*. Johannesburg; Thomson Publishing.

Donald, D.,Dawes, A., & Louw, J. (1999). *Addressing Childhood Adversity*. Johannesburg. David Philip Publishers

Dyson, J. (1990). The effects of family violence on children's academic performance and behaviour. *Journal of the National Medical Association*, 82., 17-22

Elbow, M.(1982). Children of violent marriages: The forgotten victims. *Social Casework*, 63, 465-471.

Engle, P.L., Castle, S., Menon , P. (1996) Child Development: Vulnerability and Resilience. *Social Science Medical*, 43(5), 621-635.

Erikson, E. (1950). *Childhood and society*. Norton: New York.

Fantuzzo. J.W., & Linquist, C.U. (1989). The effects of observing conjugal violence on children: A review and analysis of research methodology. *Journal of Family Violence*, 4, 77-94.

Fantuzzo, J.W., & DePaola, L.M. Lambert, L, Martino, T, Anderson, G and Sutton, S (1991). Effects of interparental violence on he psychological adjustment and competencies of young children. *Journal of Consulting and Clinical Psychology*, 59, 1-8

Flemons, D.G.(1989). An Ecosystematic View of Family Violence. *Family Therapy*, 16(1) 1-10.

Folkman, S., & Lazarus, RS (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behaviour*, 21, 219-239.

Frude, N. (1989). The Physical Abuse of Children in *Clinical Approaches to Violence*. Howells, K and Hollin, CR (eds). Chichester: John Wiley and Sons.

Frydenberg, E and Lewis, R. (1990). How adolescents cope with different concern: The development of the adolescent coping checklist (ACC), *Psychological Test Bulletin*, 3, 63-70.

Gardner, G (1971). Aggression and violence – the enemies of precision learning in children. *American Journal of Psychiatry*, 128, 445-450.

Gelles, R.J., and Cornell, C.P. (1985). *Intimate Violence in Families*. Beverly Hills, CA: Sage.

Gelles, R.J., and Strauss, M.A. (1979). Violence in the American Family. *Journal of Social Issues*, 35(2), 15-38.

Gibson, K (1993). The indirect effects of political violence on children: Does violence beget violence? *South African Journal of Psychology*, 23, 167-173

Giorgi, A. (1986). *Qualitative research in psychology*. In P. Ashworth, A.Giorgi, & A. Koenig (eds). Pittsburgh: Duquesne University.

Goodenough, F.L. (1949). *Mental Testing*. New York: Holt, Rinehart and Winston.

Govender, K., & Killian, B.(2001). The psychological effects of chronic violence on children living in South African Townships. *South African Journal of Psychology*, 31(2), 1-11.

Groth-Marnat, G. (1984). *Handbook of psychological assessment*. New York: John Wiley and Sons.

Groves, B.M., Zukerman, B. Marans, S., & Cohen, DJ (1993). Silent Victims. *Journal of the Medical American Association*, 269, 262-264.

Handler, L.(1979). *The Clinical uses of the Draw-A-Person Test (DAP)*. (pp.165-213). Newmark Books.

Harris, D.B. (1963). *Children's drawings as measures of intellectual maturity: A revision and extension of the Goodenough Draw-A-Man Test*. New York: Harcourt, Brace and World, Inc.

Henning, K., Leitenberg, h., Coffey, P., Turner, T., & Bennett, R.T. (1996). Long-term psychological and social impact of witnessing physical conflict between parents. *Journal of Interpersonal Violence*, 11(1), 35-51.

Herbert, M (1989). Aggressive and Violent Children in *Clinical Approaches to Violence*. Howells, K and Hollin CR (eds). Chichester : John Wiley and Sons.

Hershorn, M and Rosenbaum, A (1985). Children of Marital Violence: A Closer Look at the Unintended Victims. *American Journal of Orthopsychiatry*, 55(2), 260-265.

Hess, P.(1982). Parent-Child attachment concept: Crucial for permanency planning. *Social Casework*, 63, 46-53.

Hoff, L. (1990). *Battered Woman as Survivors*: London: Routledge.

Holden, G.W., Geffner, R., & Jouriles, E.N., (Eds). (1998). *Children exposed to marital violence: Theory, research and applied issues*. Washington, D.C: American Psychological Association.

Hughes, H.M. (1982). Brief interventions with children in battered women's shelter: A model preventive program: *Family Relations*, 31, 495-502.

Hughes, H.M. (1988). Psychological and behavioural correlates of family violence in child witnesses and victims. *American Journal of Orthopsychiatry*, 18, 77-90.

Hughes, H.M., Parkinson, D, and Vargo, (1989). Witnessing spouse abuse and experiencing physical abuse: A "double whammy"? *Journal of Family Violence*, 4, 197-209.

Jaffe, P.G., Hurley, D.J. and Wolfe, D. (1990). Children's Observations of Violence: Critical Issues in Child Development and Intervention Planning. *Canadian Journal of Psychiatry*, 35, 466-471.

Jaffe, P.G., Wolfe , D.A., Wilson, S.K., (1990). *Children of Battered Woman*. London: Sage Publications.

Jaffe, P.G., Wolfe , D.A., Wilson, S.K., and Zak, L. (1986). Similarities in behavioural and social maladjustment among child victims and witnesses to family violence. *American Journal of Orthopsychiatry*, 56(1), 142-146.

Jensen, M.D. & Shaw, J. (1993). Children are victims of war: current knowledge and future research needs. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 247-253.

Kaplan, H. I., & Sadock, B.J.(1998). *Synopsis of Psychiatry (8th ed)*. Baltimore: Williams and Wilkins.

Kellogg, R.(1970). *Understanding Children's Art in Readings in Educational Psychology Today*. California: CRM Books.

Kingery, P.M., McCoy-Simandle, L and Clayton, R.(1997). Risk factors for Adolescent Violence. *School Psychology International*, 18, 49-60.

Kolbo.,J.R.(1996). Risk and resilience among children exposed to violence. *Violence and Victims*, 11(2), 113-128.

Koppitz, E.M. (1978). *Psychological Evaluation of Children's Human figure Drawings*. New York: Grune & Stratton.

Kruger, D. (1988). *An introduction to phenomenological psychology*. Wetton: Juta & Co.

Lauer, R.H. (1992). *Social Problems and the Quality of Life*. USA: WCB Publishers

Machover, K. (1979). *Personality projection in the drawing of the human figure*. Illinois: Thomas Inc.

- Martinez, P., and Richters, J.E. (1993). The NIMH Community Violence Project: 11 Children's distress symptoms associated with violent exposure. *Psychiatry*, 56, 22-35.
- Maslow, A. (1968). *Towards a psychology of being (2nd ed)*. New York: Van Nostrand.
- Masten, A.S., Best, K.M., and Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-444.
- McNeal, C., & Amato, P.R. (1998). Parents' marital violence: Long term consequences for children. *Journal of Family Issues*, 19, 20, 123-139.
- Mishler, F.G. (1986). *Research Interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.
- Nader, K., Pynoos, R.S., Fairbanks, L. & Frederick, C. (1990). Childhood PTSD reactions one year after a sniper attack. *Journal of the American Psychiatric Association*, 147, 1526-1530.
- Newman, B.M & Newman, P.R.(1995). *Development through life: a psychosocial approach*. California: Brooks/Cole Publishing Company.
- O'Brien, M.John, R.S., Margolin, G., & Erel, O. (1994). Reliability and diagnostic efficacy of parents' reports regarding children's exposure to marital aggression. *Violence and Victim*, 9, 45-62.
- Ogdon, D.P. (1984). *Psychodiagnostics and Personality Assessment: A Handbook*. New York: Western Psychological Services.
- Osofsky, J.D. (1995). The effects of exposure to violence on young children. *American Psychologist*, 50(9), 782-788.
- Osofsky, J.D. (1999). The impact of violence on children. *The future of children*, 9(3), 33-49.

Padayachee, A. (1994). Children: The secondary victims of family violence. *Acta Criminologica*, 7, 50-57.

Pagelow, M.D.(1984). *Family Violence*. Toronto: Praeger

Peled, E. (1998). The experience of living with violence for preadolescent witnesses of woman abuse. *Youth and Society*, 29, 395-430.

Pipp, S., Easterbrooks, M.A., and Harmon, R.J. (1982). The relationship between attachment and knowledge of self and mother in one to three-year old infants. *Child Development*, 63, 738-750.

Pynoos, R.S., & Eth, S.(1985). Developmental perspective on psychic trauma in childhood. In C.R. Figley (Ed). *Trauma and its wake*. New York: Brunner/Mazel.

Pnoos, R.S., & Nader, K.(1998). Psychological first aid: For children who witness community violence. *Journal of Traumatic Stress*, 1, 445-473.

Ramphele, M.A. (1997). Adolescents and Violence. " Adults are cruel, they just beat, beat, beat!". *Social Science Medical*, 45(8), 1189-1197.

Read, J. (1998). Child abuse and severity of disturbance among adult psychiatric patient. *Child Abuse and Neglect*, 22(5), 359-368.

Reynolds, C.R. 919780. A quick scoring guide to the interpretation of children's Kinetic Drawings (KFD). In *Psychology in the Schools*, 15(4), 1-3.

Rodger, C. (1980). *A way of being*. Boston: Houghton Mifflin.

Rosenbaum, A and O'Leary, K.D. (1981). Children: The Unintended Victims of Marital Violence. *American Journal of Orthopsychiatry*, 51(4), 692-699.

Rosenberg, M. (1995). Violence in America; an integrated approach to understanding and prevention. *Journal of Health Care for the Poor and Undeserved*, 6, 102-110.

Roy, M. (1988). *Children in the crossfire: understanding the effects of spouse battering on children*. Florida: Health Communications, Inc.

Rudenberg, S.L., Jansen, P., and Fridjhon, P. (1998). The effect of exposure during ongoing climate of violence on children's self-perceptions, as reflected in drawings. *South African Journal of Psychology*, 28(2), 107-115.

Rutter, M.(1980). The long tem effects of early experience. *Developmental Medicine in Child Neurology*, 22, 800-815.

Shaffer, D.R. (1993). *Developmental psychology*. California: Brooks/Cole Publishing Company.

Smith, J., O'Connor, I., & Berthelsen, D. (1996). The effects of witnessing domestic violence on young children's psycho-social adjustments. *Australian Social Work: The Journal of the Australian Association*, 49(4), 3-10.

Spaccarelli, S., Coatsworth, J.D., & Bowden, B.S. (1995). Exposure to serious family violence among incarcerated boys: Its association with violent offending and potential mediating variables. *Violence and Victims*, 10, 163-182.

Stagg, V., Willis, G.D. & Howell, M (1989). Psychopathology in early childhood witnesses of family violence. *Topics in Early Childhood Special Education*, 9, 73-87.

Sternberg, K.J., Lamb, M.E., Greenbaum, C., Dawud, S., Cortes, R.M., Krispin, O., & Lorey, F (1993). Effects of domestic violence on children's behaviour problems and depression. *Developmental Psychology*, 29, 44-52.

Stones, C. (1985). Qualitative research: A viable psychological alternative. *The Psychological Record*, 35(1), 63-75.

Strauss, M.A., Gelles, R.J., and Steinmetz, S.K. (1980). *Behind closed doors: Violence in the American Family*. Garden City, NY: Anchor / Doubleday.

Valle, R & King M. (1978). An introduction to existential phenomenological thought in psychology. In R. Valle & M. King (Eds). *Existential – Phenomenological alternatives in psychology*. New York: Oxford University Press.

Vissing, Y.M., Strauss, M.A., Gelles, R.J., and Harrop, J.W. (1991). Verbal Aggression by parents ad psychosocial problems of children. *Child Abuse and Neglect*, 15(3), 223-233.

Warner, C & Braen, G. (1982). *Management of the physically and emotionally abused*. Connecticut: Capistrano Press.

Wolfe, D.A., & Jaffe, P. (1991). Child abuse and family violence as determinants of child psychopatholgy. *Canadian Journal of Behavioural Science*, 23, 282-299.

APPENDICES

Appendix A	Confidentiality and consent form
Appendix B	Interview Schedule
Appendix C	Projective drawings of participants
Appendix D	Description and interpretation of projective drawings

APPENDIX A

**CONFIDENTIALITY & CONSENT TO DISCLOSURE OF INFORMATION AND
INDEMNITY FORM**

I, the undersigned _____ of

Hereby agree to, and acknowledge the following:

1. That the relationship between the undersigned and clinic staff members will remain at all times STRICTLY CONFIDENTIAL.
2. That I freely and voluntarily give my consent to Nirvana Salligram (hereinafter referred to as the practitioner(s) and/or/his/her nominee(s) to make video and/or radio-tapes and/or other records in which I alone or in conjunction with others appear or participate as a subject.
3. That I freely and voluntarily agree that any or all of the above-mentioned recordings may be used by the said practitioner(s) and/ or his/her nominee(s) for publications in whole or in part in the interests of education, research and study, provided that no identifying details of any description may be disclosed
4. That on behalf of myself, my executor, my assigns, my heirs and all my dependents indemnify Nirvana Salligram, the practitioner and/or the University of Zululand and/or any member of staff of the University against prosecution in the provision of psychological services provided that all reasonable care has been taken by the practitioner in giving such a service.

DATED AT: _____ THIS _____ DAY OF
_____ 200__.

SIGNED: _____

WITNESS: _____

CONSENT

I, the undersigned, _____ hereby give my
Consent that the information disclosed during these sessions may be used for research
purposes.

I acknowledge that I gave my consent willingly and without being unduly influenced to
do so by my therapist or any other person.

I further indemnify my therapist against any length liability that may arise, directly or
indirectly, out of my giving the consent mentioned above.

Thus signed at _____ on this _____ day of _____

200____.

APPENDIX B

INTERVIEW SCHEDULE

Mother's / Caregivers Interview

I am currently conducting research in the area of domestic violence, specifically, with regard to children that witness domestic violence. I understand that you have consented to be a part of this study. Please be aware that you may withdraw from this study at any time. You can also choose not to answer a question if you feel uncomfortable. Do you have any questions for me?

- 1) Can you tell me a bit about the abusive relationship? Please be as specific as possible...
- 2) How often did they fight?
- 3) Did the child/ren witness this? Where were they at the time?
- 4) How do you think this has affected the child/ren?
- 5) Has it affected his school performance?
- 6) Tell me about the significant relationships in his life...
- 7) Did she take any action against N's stepfather when he abused her? Legal, family, etc.
- 8) Is there anything else you would like to tell me?
- 9) Is there anything you would like to ask me?

Thank you very much for your co-operation. Once again, I would like to assure you that no names or identifying details will be used in the writing up of the study.

Thank you, again.

INTERVIEW SCHEDULE

Children's Interviews

Lets start with introductions. Well, my name is Nirvana, and I work with children. At the moment, I am talking to children about what their life at home is like. I know that your parents sometimes fight at home, and that they don't get along so well. I know that it must be difficult for you to talk about the things that happen at home, but I would like to ask you some questions and it would really make me happy if you would answer them as honestly as possible. Is that OK with you.

Do you have any questions for me?

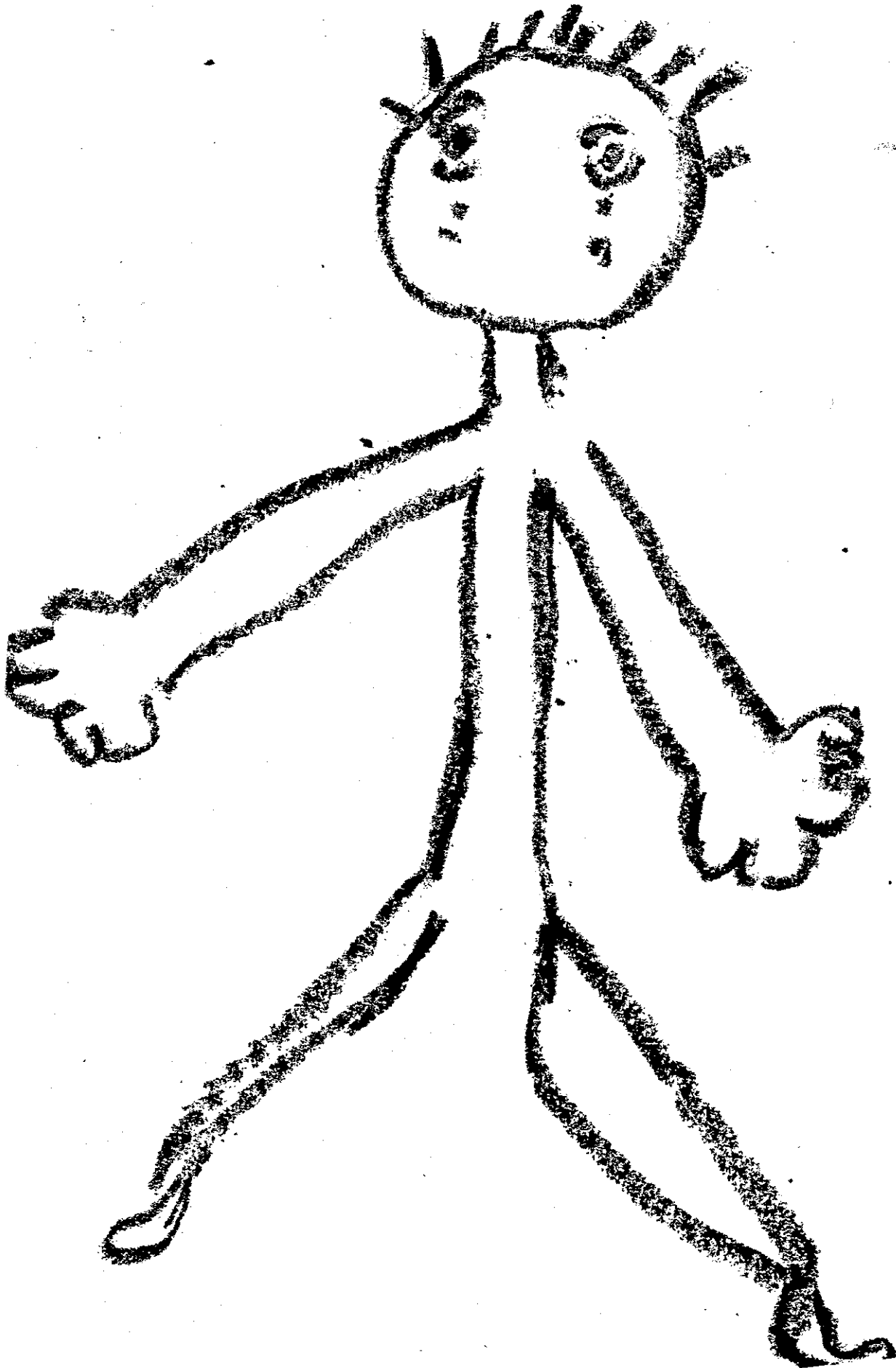
- 1) Can you tell me about the way things are/were at home....
- 2) Did your mum and dad fight often?
- 3) What did you do when they used to fight?
- 4) When they were fighting, how did it make you feel?
- 5) Did you think it was normal / OK for them to fight?
- 6) What did you want to do when they were fighting?
- 7) How do you think you were effected by your parents fighting?
- 8) Tell me about school...
- 9) Tell me about the relationship you have with your parents...
- 10) Will you please draw a picture of a person? Anybody you choose...
- 11) Will you draw a picture of your family, with all of them doing something..
- 12) Is there anything you would like to ask me or tell me?

Thank you very much for talking to me, I know that this must have been difficult for you. Once again, I want to tell you that I won't tell anyone what you told me. It will be a secret between you and me. Thank you, again.

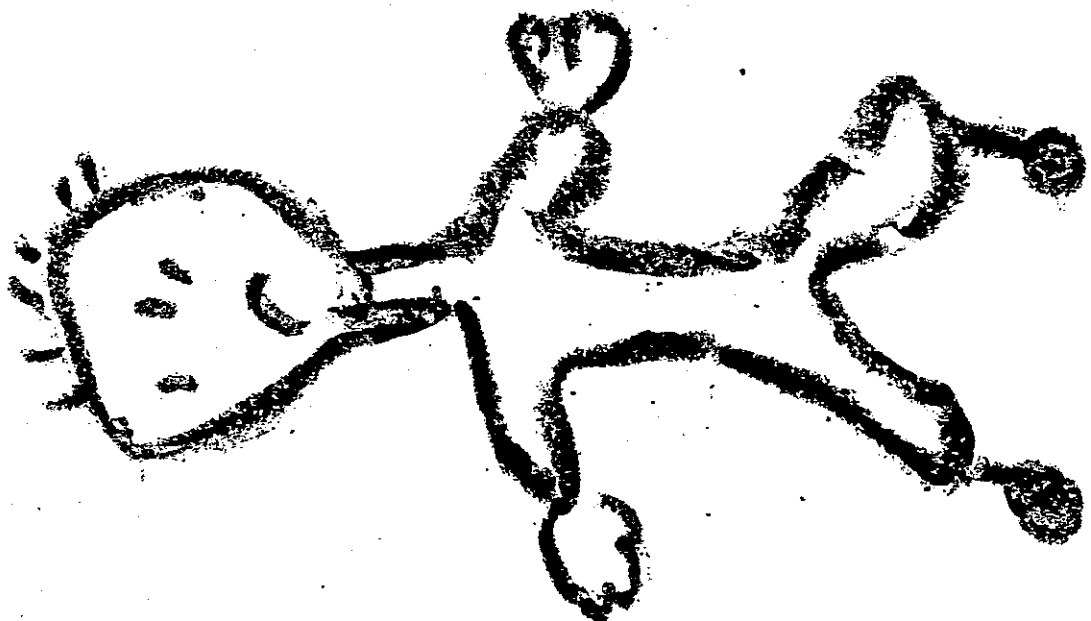
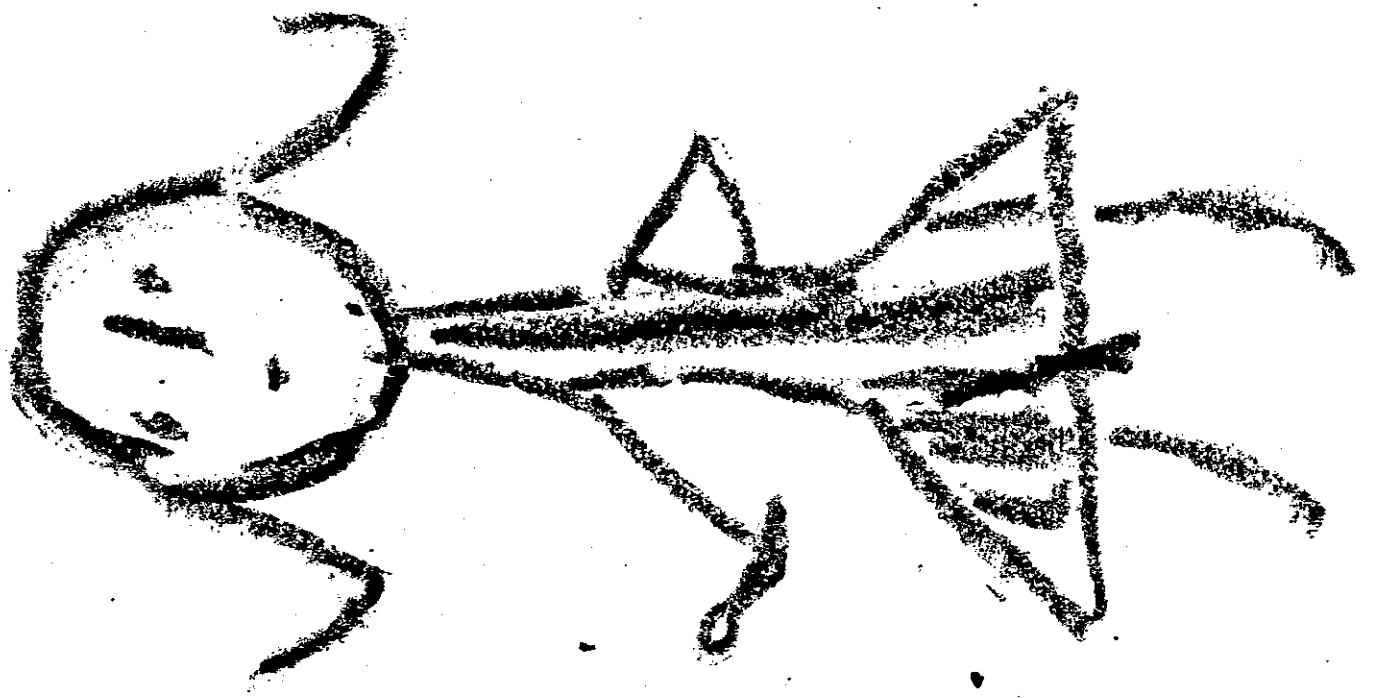
Appendix C

UMP

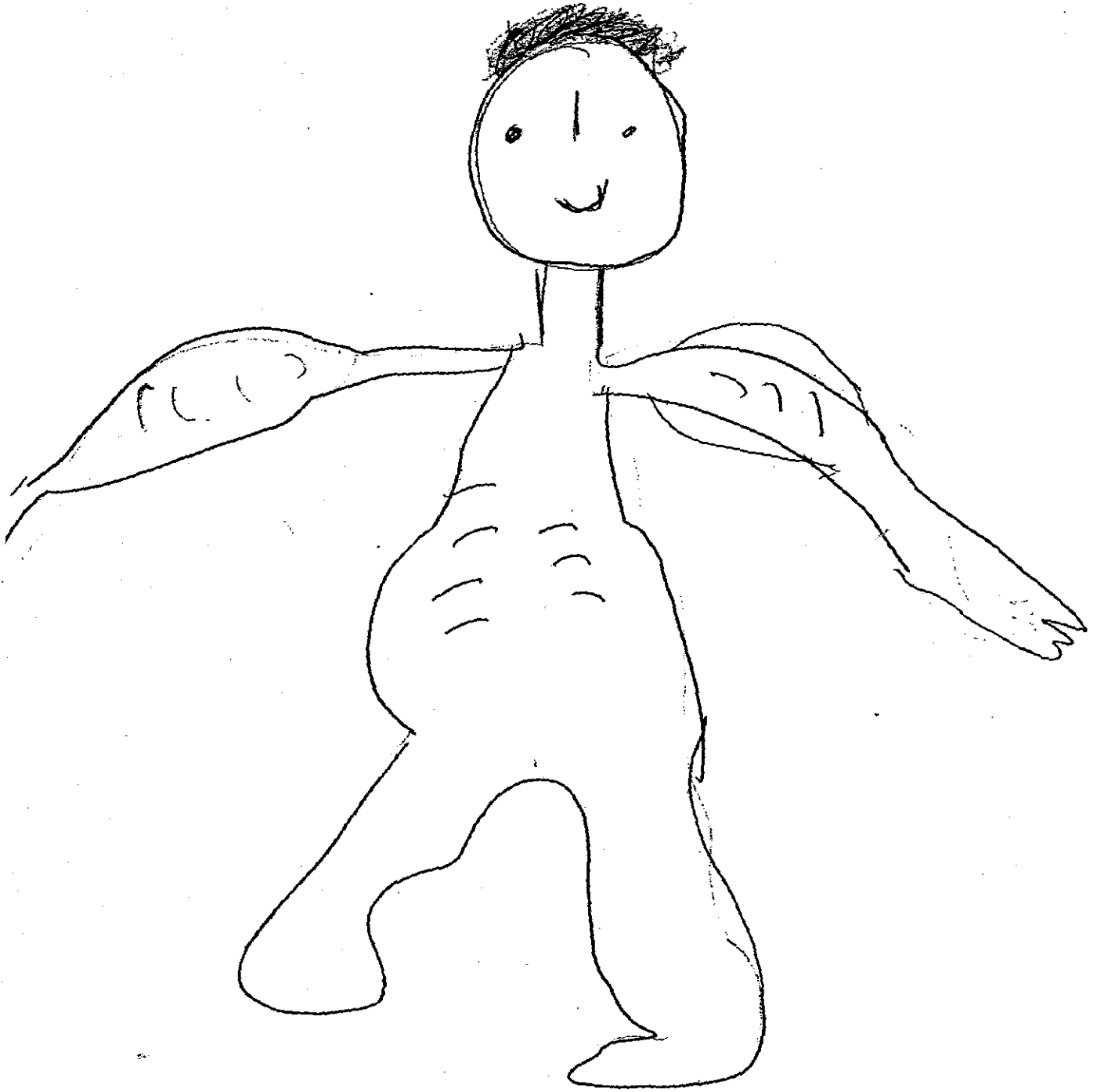
N.E
(D.A.P)



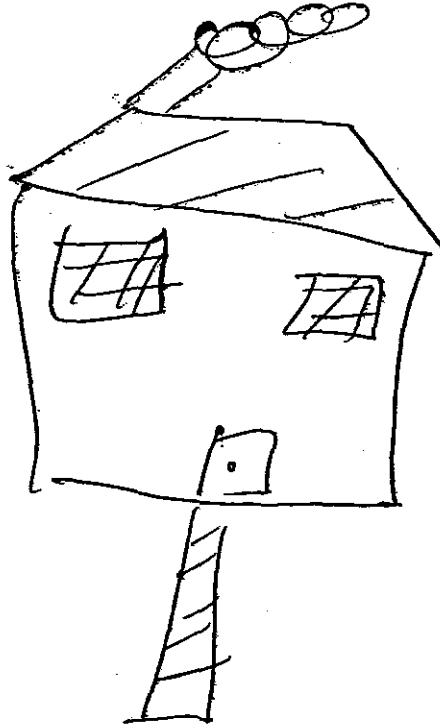
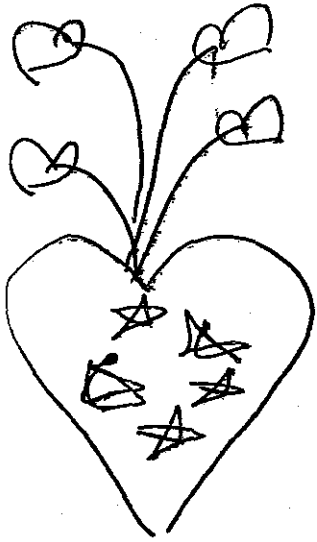
N-G (KFD)
Family
Drawing



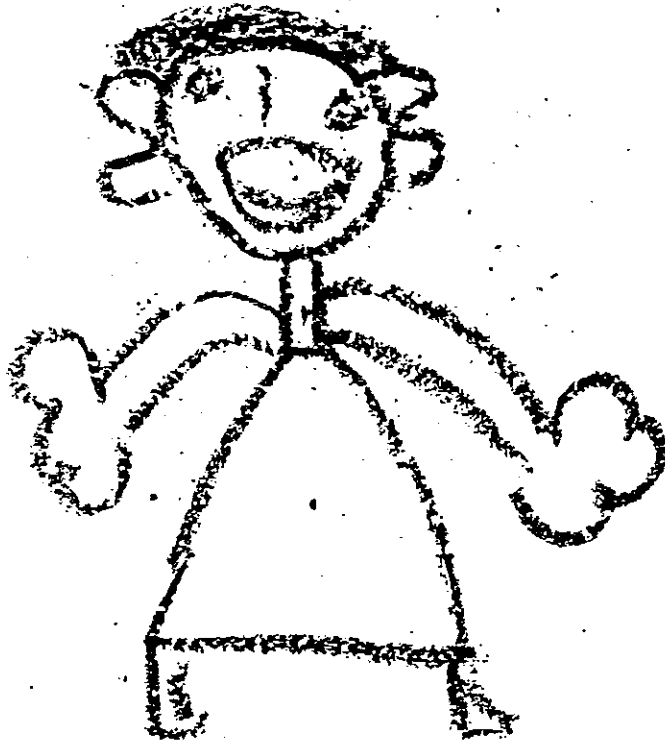
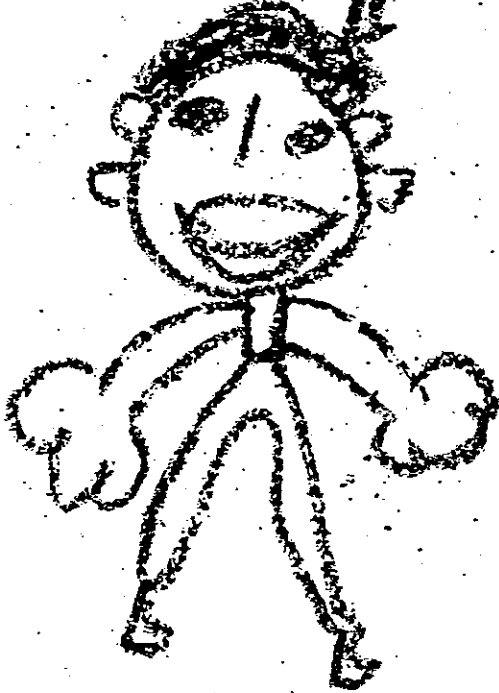
6
P



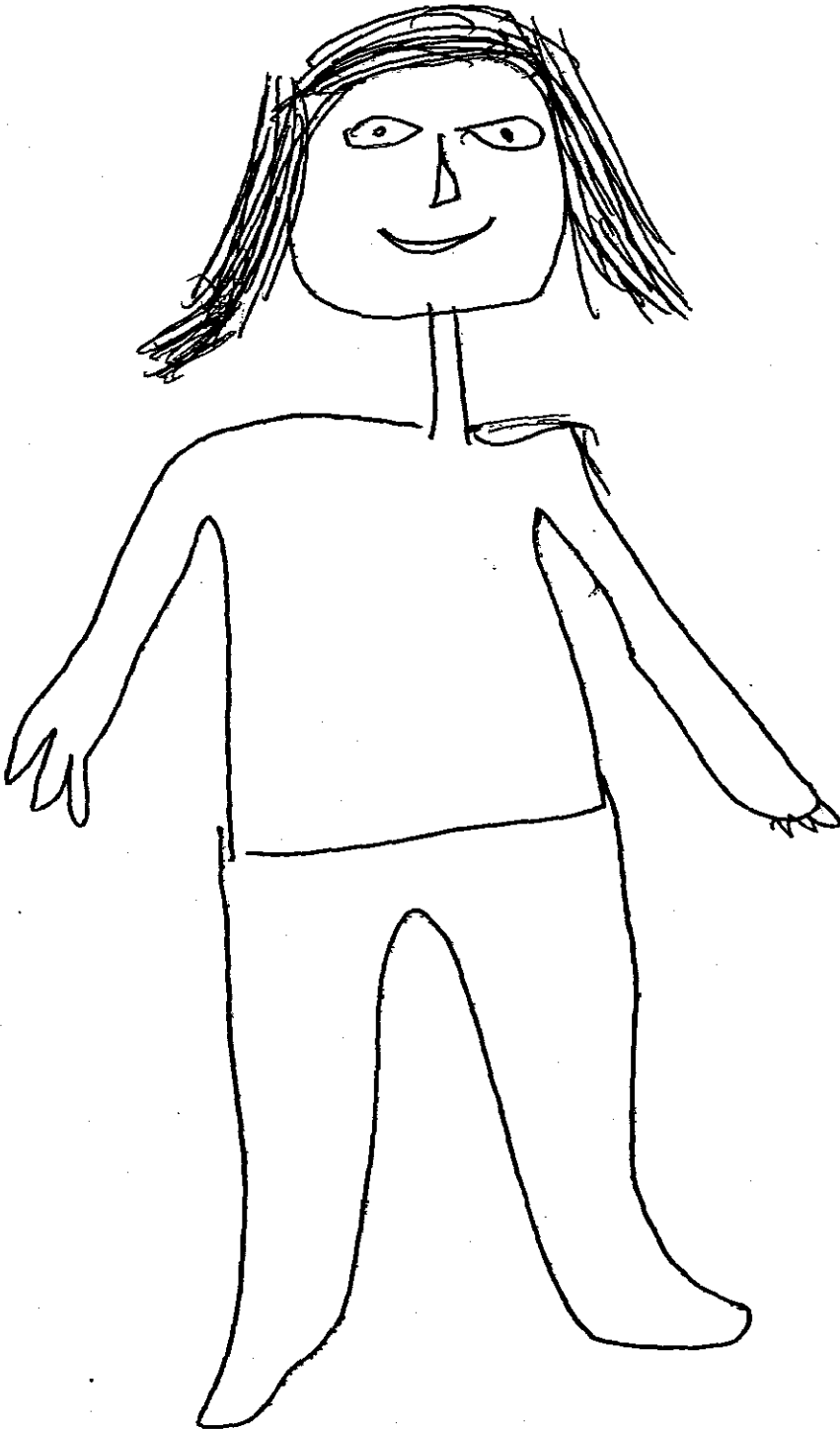
A.P.
(DAP)



AV (CFD)



~~A.T.S.~~
D.A.P.





S.B
D.A.P.



S.B.
K.F.D



APPENDIX D

PROJECTIVE DRAWINGS

SUBJECT NO.1 (N.G.)

Draw-A-Person (DAP)

Description

The subject drew a picture of a boy, in blue crayon. The boy in the picture is crying. The picture fills the entire page, with arms outstretched. The figure appears to be one of a younger child. There was no distortions or omissions. When asked to tell a story about the picture, he said he did not know the boy in the picture, but that he was crying because he did not get what he wanted.

Interpretation

N's drawing can be interpreted as being immature (See section: The projective drawings: "Drawing of Realism") which is consistent of his caregiver's report that N is struggling academically. In terms of the picture itself, the size of the drawing and the outstretched arms may indicate that N is looking for interpersonal contact, or has a desire to help for affection. The boy in the picture is also unhappy, which is consistent with the way N is feeling right now. N, like the boy, did 'not get what he wanted'.

Kinetic Family Drawing (KFD)

Description

N drew a picture in blue crayon. He drew a picture of himself and his grandmother. Notable absent are his mother, step-father and step-sibling. When asked to tell a story about the picture, he said that his grandmother was scolding him because he wanted to leave. He was ignoring her and going to visit his friends. When asked about the absence of his mother and step-father, he replied that they were not part of his family and were therefore not included in the drawing.

Interpretation

N's picture reflects that he feels closest to his grandmother and treats her as a significant member of his family. However, the drawing also reflects that he is in conflict with her over his wishes. His response is one of a rebelling child. This is evident by him omitting her from the drawing.

PROJECTIVE DRAWINGS

SUBJECT NO: 2 (M.G.)

Draw-A-Person

Description

M choose to draw the picture in pencil. He used even pencil pressure when drawing the picture. The picture is placed in the middle of the page. It is a picture of a male with very muscular physique. The arms of the figure are outstretched. His feet are facing each other. When asked to tell the story about the picture, M indicated that the male is a superhero who was going to save the world.

Interpretation

M's drawing of the superhero with outstretched arms may indicate a desire for contact. But his may also be interpreted as desire for help or affection. This need is understandable within the context of M's unhappy family life. Legs or feet are typically symbolic of security feelings and / or feelings concerning mobility (Handler, 1979). The emphasis on feet could indicate possible aggression or assaultive tendencies. The feet facing each other could represent M's uncertainty about where his loyalties lie: on the other hand, he wants to save his mother, but on the other hand, that would mean going against his father. M appears to be deeply confused about what would be the 'right' thing to do.

Kinetic Family Drawing (KFD)

Description

M refused to draw the KFD. When asked for a reason for his refusal, he replied that he "did not want to, because drawing is stupid".

Interpretation

M appeared to be in uncomfortable when asked to talk about his family situation. His refusal to draw clearly indicates a heightened sense of discomfort as a result of his family experiences. His sense of confusion about where his loyalties lie may be contributing to his lack of openness in discussing his family experiences.

PROJECTIVE DRAWINGS

SUBJECT NO.3 (A.P.)

Draw-A-Person (DAP)

Description

A drew the entire picture in pencil. The picture of the person was drawn high on the page, but centered. It is a drawing of a female with outstretched arms. She also indicated the navel (belly button). The drawing also includes a picture of a fish, a house, a heart-shaped diagram, all of which she drew unprompted. It is not clear why she drew these other diagrams.

Interpretation

The drawing of the female with outstretched arms may indicate a desire for affection or help. The inclusion of the navel could suggest that A feels very 'naked' or transparent -as if everyone can see what is happening in her life. The inclusion of the other figures in the drawing could indicate an inability to separate herself from the outside world. This is suggested by the fact that she drew objects unprompted.

Kinetic Family Drawing

Description

Her KFD was drawn in crayon. She drew 5 figures, two in yellow, one in black, one in red, and one in brown. The five people included in her drawing are her two sisters, her brother, her mother and herself. One of her sisters is drawn wearing pants, which is consistent with reports that her sister dresses like a 'tomboy'. The figures are all of the same size and all have their arms outstretched. Notably absent is her step-father.

Interpretation

A's pictures suggests that she sees her family being compromised of members of her immediate family. The omission of her father could indicate her perceived rejection of, or by, him. The figures in the drawing are all happy. When questioned about this, A indicated that they were happy because they were altogether after a long time. The outstretched arms of the figures could indicate that all of the figures in the drawing have a need for control over their lives.

PROJECTIVE DRAWINGS

SUBJECT NO. 4 (T.S)

Draw –A –Person (DAP)

Description

T drew the drawing in pencil. She used heavy shading on the figure. The drawing is of a female, but she is dressed as a boy. The arms of the figure are outstretched. When asked about the mood of the person, T indicated that she is happy.

Interpretation

According to Handler (1979), the heavy shading of the drawing could indicate anxiety or conflict about the topic of discussion. It would also indicate agitated depression. T reported that the figure is happy, however the aggressive pose of the figure could indicate that a 'mask' or façade is being projected to the outside world. This could be indicative of T's actual state of mind. The outstretched arms could indicate a need for affection or help.

Kinetic Family Drawing

Description

T's KFD includes her parents, her brother and herself. T is standing close to her brother whilst her father is standing between them and her mother. Darker shading is used on the figure representing her father as compared to the other figures. The drawing of her father is also considerably larger than the other figures.

Interpretation

According to Reynolds (1978), physical proximity of drawings indicates whether the child sees the person drawn as isolating and rejecting versus supporting and accepting. In this case, the position of the drawing could indicate that T sees her father has standing between her mother and her brother and herself. This is preventing her mother from being supporting and accepting towards them. Her father appears to be pointing at them to move in the opposite direction away from their mother. The darker shading of her father suggests a preoccupation or fixation on him. T's drawing is consistent with the case history report. From the drawing, it appears that T sees her father as attempting to separate that family.

PROJECTIVE DRAWINGS

SUBJECT NO.5 (S.B.)

Draw-A- Person

Description

S's first drawing was a female. He reported that it was a picture of a girl that was in school with him. When asked to draw a second picture of the opposite sex, he drew a boy that was playing soccer. When asked who the figure was, he reported that it was a friend. Both pictures are drawn in the middle of the page, with the figure drawn quiet small.

Interpretation

S's drawing of a female is confusing. It is possible that he felt threatened by the nature of the subject under discussion and sought to depersonalise the experience. According to Handler (1979), it is possible that S sought to draw a figure that is the same sex as the researcher. However, this is usually more common of younger children (children under 8 years). His second picture drawing was also an attempt at depersonalisation. The non-threatening actions of the figure (playing soccer) indicate that he wanted to 'escape' a potential anxiety-arousing situation. The size of the drawing also indicate a low self-esteem or a sense of insecurity. This would be consistent with the case study.

Kinetic Family Drawing (KFD)

Description

There are 5 figures in the KFD. These include his 4 cousins and himself. All 5 figures are drawn very small, towards the bottom of the page. When asked what they were doing, S reported that they were playing soccer. Everyone in the picture was very angry with his cousin because he would not lend them the ball so that they could continue with the game. Notably absent are his mother and grandmother.

Interpretation

Once again, it appears that S is trying to engage in an activity that is non-threatening. However, the anger exhibited by the figure in the drawing indicates dissatisfaction at not having one's wishes fulfilled. The game of soccer is symbolic of his life circumstances where S wanted to be in control but has not been successful.

The omission of his family members from any of his drawings could indicate an attempt to 'escape' the home environment which he perceives as being trauma-inducing. The omissions of his mother and grandmother may be associated with the subtle conflict he is experiencing within himself: love for his immediate family (mother and grandmother) versus love for and acceptance of his father.