THE NEED FOR INTERVENTION SERVICES FOR CHILDREN FROM ABUSIVE HOUSEHOLDS AS PERCEIVED BY THEIR ABUSED MOTHERS: AN EXPLORATORY STUDY.

By

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WESTERN CAPE

ONLY A CHILD

Only a child can create a father and a mother out of a joy and a yearning.
Only a child can breathe Life into a group of kin.
Children come from a secret place where Time runs into the world.
Have you asked a child what is in that place?
Children show love- with no demand for anything in return.
Have you felt this to give you Strength and Joy - but also make you vulnerable?
Children show you your worst weaknesses- without incriminations.
Have you felt this to make you an angry warrior - with no-one to kill?
Children show you your own past reflected in the present.
Have you listened to the difference?
Children show you something you have never seen before-
an ozone-gap in the newspaper - a computer game- a punk hair-do-
- a sword in a stone.
Have you asked and learned- instead of giving answers?
Children come from a secret place where Time runs into the world.
They bring questions to hidden answers - and answers to hidden questions.
The one who wishes to learn something about Life should not slight such a source.
Use your time - for all of a sudden the Child will have disappeared - into an Adult.

(Trond-Viggo Torgersen, The Norwegian Commissioner for Children in Ekberg, K. and P.E. Mjaavatn (eds.) (1993), *Children at risk: selected papers*, p.v. The Norwegian centre for child research.)

DEDICATED TO BLANCHE AND NICHOLAS MENIGO AS WELL AS TO THE CUNNINGHAM AND BOREZ FAMILIES

ABSTRACT

The high incidence of domestic violence both internationally and locally begs the question as to the impact on and need for intervention services for the children growing up in violent homes. In response to this need for services in this area, the National Institute for the prevention of Crime and Rehabilitation of offenders, Women's Support Centre (NWSC) is currently considering the extension of their current services to the children of their clients who have been exposed to domestic violence. So as to promote and inform more effective intervention services in consultation with the community, the current study explores the range of needs of the children of abused women, establishing whether there is a need for services and how the NWSC can best go about meeting the identified needs as identified by abused mothers who are stakeholders in the NWSC. Action research, community psychology and ecosystemic principles play a central role in this research. Participants were all NWSC clients who had experienced abuse in their intimate relationships and who are mothers to children who had been exposed to the domestic violence. Data was collected from two sources, that of Needs Assessment forms (consisting of open-ended and multiple choice questions) and three open-ended, semi-structured 90 minute focus group interviews which were run at the centre. In both cases, there was collaboration with and input by NWSC staff, one of whom co-facilitated in the focus group interviews. Twenty-one women completed the needs assessment forms. Thirteen women participated in the mixed-race focus groups. In this study commonly observed short term effects include deficits in functional and emotional capacity, psychosocial functioning and the implementation of inadequate coping- and problem-solving strategies. Reported long term effects include a propensity to either commit (or be the object of) violence and abuse in subsequent intimate relationships, or to become prone to conduct problems and substance abuse. In addition, many children are involved in multiple ways in the abuse- either by being physically or emotionally abused themselves, being identified as a precipitant for the abuse, or intervening physically or verbally to stop the abuse of their mothers. Children are therefore never mere witnesses. However, not all children are condemned to become abusers themselves or to manifest with maladaptive coping mechanisms in response to their exposure to domestic violence. This is evident in several reports of children's displays of resilience despite their adverse home and family circumstances. The great degree of overlap of coping mechanisms between different children suggests that such variable

responses are more likely a function of individual attributes and personality characteristics and the degree of available external support systems rather than a function of age or gender per sé. Overall, the findings highlighted that there is a definite need and overwhelming support by NWSC clients for the proposed extension of the NWSC programme to improve intervention services for children. These findings also expanded on the existing body of local knowledge on the impact of domestic violence on children by identifying a number of ameliorating and exacerbating influences which mediate its impact and help inform the implementation of future community relevant programmes with such children. Maternal education and support such as the counselling which the NWSC can hopefully provide are amongst such processes which can help to ameliorate the impact of domestic violence on children and foster greater resilience. A number of recommendations are made regarding parent-child programmes, community, legal, government, societal interventions and future research. Ecosystemic theory provides a valuable framework for understanding the impact of domestic violence on children and for informing interventions which address the multiple systemic levels both within and outside of the family which contribute towards the creation and perpetuation of domestic violence. With the extension of intervention services to the children of abused women, the NWSC with the support of its client stakeholders has the potential to contribute much of value in this regard.

DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own work.

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Karen van der Merwe

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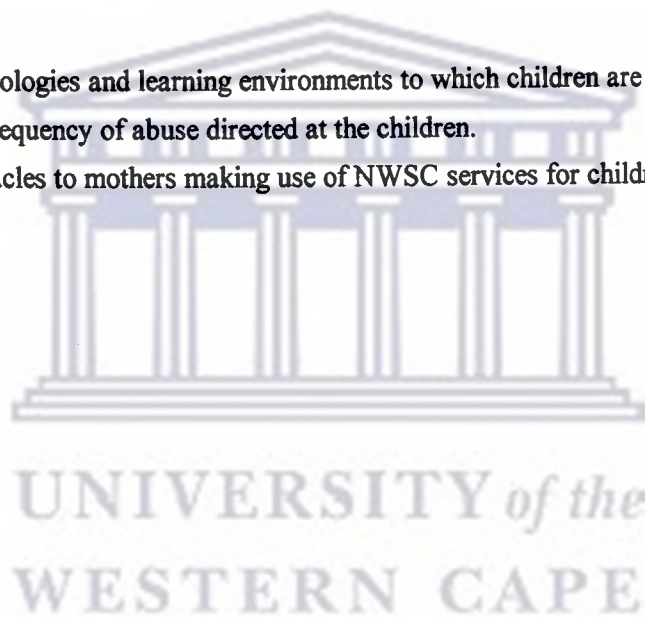
CONTENTS

LIST OF TABLES AND FIGURES

TABLES

FIGURES

CHAPTER 1: INTRODUCTION

1.1. OVERVIEW OF THE PROBLEM OF DOMESTIC VIOLENCE AND ITS IMPACT ON CHILDREN

Despite findings indicating that parents in abusive relationships often have a reduced ability to meet their children's developmental and emotional needs (Elbow, 1982), researchers and professionals alike have generally expressed little concern about the impact of domestic violence on children - except when the violence involves the **direct** sexual or physical abuse of children (Jaffe, Wolfe & Wilson, 1990; Padayachee, 1994). The paucity of studies in the area of children exposed to domestic violence within the South African context in particular, points towards the need for further research on the subject. The findings of the few studies that have been conducted in South Africa (Hill & Keen, 1993; Hude, 1994; Lawrence, 1984; Maconachie, Angless & Van Zyl, 1993; Padayachee, 1994; Visagie, 1994, for example), highlight a combination of behavioural, emotional and relationship problems, psychosomatic illness and feelings of confusion, disequilibrium and frustration experienced by and associated with children exposed to domestic violence.

As the most vulnerable members of a family or community, children growing up in violent homes do not necessarily have to be abused themselves to have their lives impacted upon by violence in their childhood environment (Angless & Shefer, 1997; De Sousa, 1991; Shefer, 1995). Mere exposure to domestic violence may give children the impression or message that violence within the family is socially acceptable and morally fair (Visagie, 1994). A culture of violence both within and outside of the home context may thus be reinforced. Whereas the direct expression of physical and/or sexual violence towards children in such families is a common practice (Angless & Shefer, 1997; Padayachee, 1994; Shefer, 1995), more research is needed to gain insight into the needs of children who may not have been directly abused, but whose lives have nevertheless been impacted upon by growing up in homes where domestic violence occurs. This thesis will therefore focus on the needs of the latter so as to better inform intervention strategies and services in this regard.

1.2. MOTIVATION FOR THIS STUDY

The National Institute for Crime prevention and Rehabilitation of Offenders (NICRO) Women's Support Centre (NWSC) is a non-governmental organization in Cape Town that deals primarily with women who have been physically, sexually and/or psychologically abused within the context of their intimate relationships. The majority of clients seen present with issues surrounding domestic violence for which the NWSC provides individual and/or group supportive, legal and crisis-intervention counselling on a short- or long-term basis.

Over the years, several NWSC clients have expressed concern about the effects exposure to violence within the home was having on their children (Durra, 1998, for example). In response to the expressed need for services for children in this area, the NWSC is currently considering the extension of their current services to include the children of NWSC clients who have been exposed to domestic violence. For the purposes of the present study then, the scope will be restricted to an exploration of the perceived needs of and impact on children who

grow up in violent homes as reported by their mothers. The fact that this study will be located within a South African context will also hopefully highlight some of the trends for children of different ages and sexes and so help inform the NWSC about possible intervention and service-provision strategies relevant to the local context. So as to promote more effective service-provision and intervention, research is needed around 1) the *range of problems* which children from violent households can be expected to present with, as well as 2) the *specific range of needs* of the intended local target group of the children of NWSC clients.

1.3. SYNOPSIS OF THE CURRENT STUDY

In summary then, the initiative for the present study was born out of concern for the following factors:

- With the increasing rates of reports of domestic violence in South Africa comes the increased likelihood of children, the secondary victims, being exposed to and impacted upon by domestic violence.

- The findings of various studies on the negative impact of domestic violence on children growing up in violent households.

- The repeated requests over the years by NWSC clients for services for their children.

- Establishing what the extent and range of needs of the children of abused women are as reported by their mothers, the current clientele and stakeholders of the NWSC.

- Establishing community collaboration and consultation to establish how best the centre can go about meeting identified needs.

Some of the literature pertaining to the topic of domestic violence together with terminologies and the theoretical considerations of the current research will be introduced in Chapter Two.

Chapter Three deals with the methodological approach of this research and illustrates the value of an action-research model which in itself forms part of an ecosystemic framework and community psychology principles of participatory "person-in-context" research.

Chapter Four examines the results of the analysis of the Needs Assessment Forms and relates this back to the relevant findings in the literature.

Chapter Five documents the interpretation and analysis of the data and emergent themes from the focus group interviews and links these to pertinent literature. It also outlines the research (and researcher) process.

Chapter Six contains concluding comments and summarises the research findings. It also outlines some of the limitations of the current research and suggests possible future avenues for research and intervention strategies.

CHAPTER 2: THEORISING VIOLENCE AND THE FAMILY

2.1. CONTEXTUALISING VIOLENCE WITHIN THE FAMILY

Before exploring the various theoretical frameworks for understanding the evolution. maintenance and impact of violence within the family. it is important to attempt to define what constitutes the terms family and family violence.

2.1.1. Defining the family

Zilbach (1986) defines the family as "a small natural group in which the members are related by birth, marriage. or other form which creates a home or functional household unit" (p.6). Taking this definition one step further, Combrinck-Graham (1989) contends that the term "family" should also encompass the complex biopsychosocial influences (such as the influences of the nuclear or extended family. school and socio-cultural-political contexts) on a child's development. The context of every family is thus couched in. shaped and produced by multi-familial and intergenerational processes as well as the emotional atmosphere and systems of values, attitudes and beliefs which precede it (Hurst. Sawatztky & Paré, 1996). The fashion in which power is conceptualised in a broader social context is thus a critical pre-requisite for the analysis of violence in the family (Miller,1989 in Combrinck-Graham, 1989; Lazarus. 1988).

2.1.2. Defining domestic violence

Because the family is a microcosm of society, the prevalence of violence in a particular society is invariably linked to high levels of domestic violence. Therefore an understanding of violence in the home lends itself to a better grasp of violence in the wider social context. Indeed, the family can be regarded as a 'cradle' of violence because experiences of violence in childhood and in family life are invariably socialized into a cycle of violence within the wider society in many forms (McKendrick & Hoffmann. 1990, p.164).

It follows that whether violence in the family in its broadest sense is viewed from a feminist perspective (as a gender-defined issue where the male exerts his abusive physical and economic power over women and children). or from a perspective which argues against social control and intervention by state agencies which critics claim threaten the autonomy and rights of already disempowered families. how family violence is in the end defined is clearly influenced by how it comes to the attention of those who try to define it (Angless & Shefer, 1997; Duncan & Rock, 1994; Miller,1989 in Combrinck-Graham, 1989; Segel & Labe, 1990). There is therefore no consensus regarding clear definitions of the terms "violence" and "abuse" and they are often used interchangeably. Consequently, there is often a blurring of the definitions of violence so that domestic violence is often loosely interpreted and equated with violence within the family.

Woman abuse (considered here as being a subdivision of domestic violence) can be defined as the set of actions leading to a woman being hurt, violated and abused by the man she knows intimately -most commonly a boyfriend, husband or lover with whom she shares her life- within a context of coercive control (Campbell & Lewandowski, 1997; De Sousa, 1991). The abuse can be of a verbal, emotional. physical, sexual, economical

and/or emotional nature. Consequently, woman abuse can range from situations where the woman is physically beaten, slapped, hit, kicked to where the man ignores her emotional needs, makes her feel useless, denigrates, swears and shouts at her, uses money to undermine her or where he rapes, indecently assaults and sexually abuses her (De Sousa, 1991; Shefer, 1995). The impact of such abuse on the woman herself has been related to increased depression, anxiety symptoms, physical injuries as well as hearing, vision and concentration difficulties to name but a few (Campbell & Lewandowski, 1997; De Sousa, 1991).

With the occurrence of woman abuse comes the additional possibility of other types of abuse occurring where the children either become direct victims of physical, sexual, verbal or emotional abuse themselves or are indirect victims who witness parental violence (Mathias, Mertin & Murray, 1995). Because behaviours do not necessarily have to be violent in order to be judged as encompassing abuse (Kashani, Daniel, Dandoy & Holcomb, 1992), the terms "violence" and "abuse" are both applicable when referring to woman abuse and its direct and indirect impact on the lives of abused women as well as their children.

Contrary to notions of peaceful, idyllic family life then, there is a greater likelihood for people to be killed, physically beaten up, assaulted, hit, or spanked by other family members in their own homes- so much so that the family can easily be considered as being society's most violent institution (Gelles & Cornell, 1990; Shefer, 1995). Gelles and Cornell (1990) go on to blame the idealization of family life for people's tendency to either turn a blind eye towards family violence or to condone it as a necessary part of child-rearing and family interaction. Instead of the family being a warm, stress-relieving, intimate haven, in reality it can often be a space fraught with danger where violence is normalized as both a practiced and learned behaviour (Angless & Shefer, 1997).

For the purposes of this study, the terms "domestic" and "family" violence will be used interchangeably to refer specifically to incidences of woman abuse. Woman abuse in turn will be defined as encompassing male violence (of either a sexual, physical, verbal, psychological, attitudinal or emotional nature on any combination thereof) towards female partners where both partners are also caregivers to one or more children. Different theoretical frameworks for understanding the evolution and maintenance of domestic violence will be discussed in the next section.

2.1.3. THEORETICAL FRAMEWORKS FOR UNDERSTANDING DOMESTIC VIOLENCE

From the literature pertaining directly to the topic of domestic violence, four main theoretical frameworks for explaining the aetiology and perpetuation of violence within the home emerged. Kashani et al. (1992) summarize these along the following lines:

1) *The psychopathological model* incorporating personality and psychiatric disorders which, as intrapsychic characteristics, are thought to determine family violence.

2) *The social learning model* which argues for the intergenerational transmission of violence as being a socialised behaviour which children learn from their parental role models and then practice in their own relationships.

3) The *aversively stimulated aggression model* which focuses on the intent of the abuser to inflict pain.

4) The *systems model* emphasizing the existence of dysfunctional family relationships where family violence occurs as a product of the reciprocality and inter-relatedness of individual family members and their biopsychosocial contexts.

Whereas each of the aforementioned theoretical frameworks shed light on different aspects of domestic violence and its maintenance, they too have their shortcomings. Many criticisms have been lodged against the different theoretical models. For example, the main criticism of psychopathological model is its apparent failure to explain why violence occurs in the absence of mental illnesses or specific personality disorders. That the social learning and aggression perspectives fail to account for why some individuals with family violence in their histories manage to suppress aggressive behaviour or why there is such a diverse range of symptoms amongst children exposed to violence has been another source of heated debate (Kashani et al., 1992; Silvern & Kaersvang, 1989). Notwithstanding the fact that each of the aforementioned theoretical models in isolation provides a useful, though limited perspective of the occurrence and maintenance of domestic violence, the current author proposes that a more integrated biopsychosocial model incorporating all of the aforementioned perspectives would be a truer reflection of the complexities of human existence and multidetermined nature of social problems such as woman abuse and its impact on children.

Since human existence is a complex interrelation of numerous social, political, cultural and economic systems, it follows that such factors overlap with family life and human development and shape the quality of life for both children and families (Emery, Cummings & Fincham, 1992; Garbarino, 1977 cited in Gelles & Cornell, 1990). Whatever occurs within the context of the family is thus a reflection of the wider social context. Domestic violence can be viewed as one such social symptom which impinges upon the relationships and functioning of both parents and children. The relationship between marriage, parenting and children's functioning is therefore a complex one (Cowan, Cohn, Cowan & Pearson, 1996; Emery et al., 1992). Children both influence (and are influenced by) their parents' marriage and relationship (Ambert, 1992; Cox & Paley, 1997). Whereas it is stressed that children's behaviour does not create or provoke the violence in itself, their behaviour may on occasion create stress in a family system (which is already highly stressed because of impinging external influences such as macro- and exosystemic factors to be discussed in detail later) so that this is then violently reacted to (Cicchetti & Lynch, 1993). However, the responsibility for choosing violence as a response falls on the shoulders of the violent person rather than on the shoulders of the children (Grusznksi, Brink & Edleson, 1988).

Of the different theoretical frameworks, a perspective embracing systems and ecological principles seems to come closest to providing the most comprehensive biopsychosocial explanation for the manifestation and

maintenance of domestic violence and its impact on the development of children growing up in such homes. Also, unlike other theoretical models which assume inevitable negative expectations of children and families exposed to violence and serve to perpetuate the intergenerational transmission of violence across ecological systems (Cicchetti & Lynch, 1993), a systems framework acknowledges that individuals within systems have the potential to respond differently. The possibility of children displaying resilience (a term to be discussed in more detail later) in the face of adversity within the home is therefore taken into account. Furthermore, an ecosystemic perspective does not resort to reductionistic thinking where complex relationships (such as those occurring in families where domestic violence occurs) are simplified to basic elements (Donald, Lazarus & Lolwana, 1997). Instead, they are viewed as complicated systems which both influence (and are influenced by) other systems in complex ways. Any family system is therefore viewed as more than the mere sum of its constituent parts.

For all of the aforementioned reasons, an ecosystemic perspective was employed for the purposes of this study so as to better understand the occurrence and maintenance of domestic violence and its impact on children, and to inform possible intervention strategies.

2.1.3.1. Ecosystemic perspective

The ecosystemic perspective encompasses an amalgamation of ecological and systems theory (Barker, 1968). The main contention of this perspective is that individuals and groups are embedded in a social context and are linked at different levels in relationships which, though interdependent, are in a constant state of flux and influence each other in a mutual manner. The term *dynamic* refers to the constantly shifting (as opposed to static) nature of the aforementioned *interactions* (how things can influence each other). The term *interdependence* refers to the situation where multiple elements are needed for obtaining social functioning or physical survival (Donald et al., 1997; Dowling, 1985). The ecosystemic perspective bears much relevance to the topic at hand (of how violence within the home impacts on children's functioning) in that it promotes a more holistic understanding of how complex levels of interaction between and within systems impact on the development of children in particular (Tyler, 1992).

Bronfenbrenner (1986) defined these different relationship levels in terms of the *macrosystems, exosystems, mesosystems* and *microsystems*. The *microsystem* encompasses the family itself as well as school and peer groups where children are closely involved in everyday activities, roles and relationships. The *mesosystem* (comparable to the local community) reflects the interactions between the family, school and peer group systems which influence a child's perceptions and responses within different contexts. The *exo-system* includes other systems where a child may not be directly involved, but which may influence and be influenced by the child's microsystem. For example, the child may not be directly involved with the parental workplace, but if father works long hours and brings his stress home and takes it out on mother, this impacts on the child. The exosystem most often encompasses formal and informal social structures such as the absence of emotional and material support structures (in schools, religion, neighbourhoods, workplaces, peer groups), the lack of

availability of community services and resources, high unemployment rates and socio-economic stress. The *macro-system* represents dominant cultural and societal values, structures and beliefs which can serve to foster and tolerate violence and which influence and are influenced by all other levels of the system. The following table depicts a pictorial representation of the various systems to which a child is exposed and learns from.
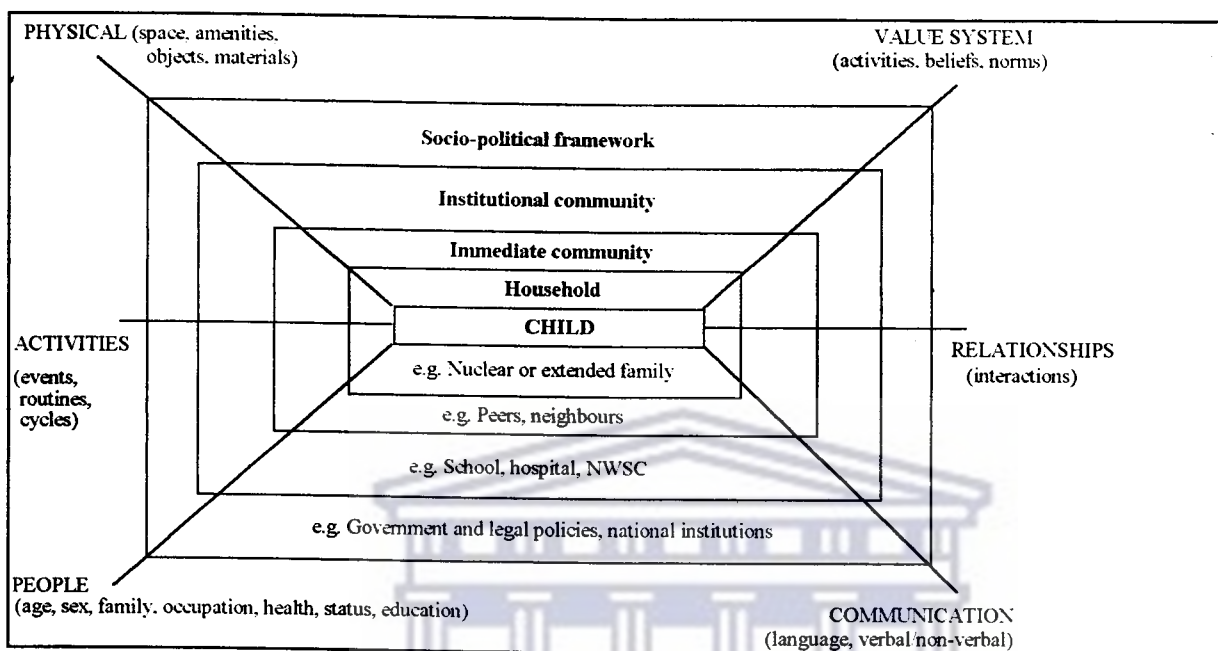
Figure 2.1. : The multiple ecologies and learning environments to which children are exposed

[Adapted from UNESCO- the learning environment of early childhood in Asia (1988 p.23) in K. Ekberg & P.E. Mjaavatn (eds.) (1993), *Children at risk: selected papers*, p.337. The Norwegian Centre for child research.]

All of the aforementioned levels can therefore produce adverse consequences in the functioning of the immediate *family micro-system* (components associated with parenting styles, family dynamics and the developmental and psychological histories of parents which are brought to the family ecosystem) and vice-versa so that family violence is made possible and has an impact on every part of the family as a whole (Cicchetti & Lynch, 1993; Cowan et al., 1996). The complex interactions of each of the aforementioned levels can consequently be related to the setting up and maintenance of circumstances which may foster domestic violence and impact on children's development. The basic tenets of the respective ecological and systemic theories will be outlined briefly.

2.1.3.2. Ecological theory

According to ecological theory, interdependent relationships exist between different organisms and their physical environment. Part-whole relationships are emphasised. Whereas, all these relationships are viewed as a whole, each part plays a vital role in the maintenance and sustaining of cycles of life, death and regeneration which all ensure the survival of the whole. These ecological principles draw an analogy to a spider's web:

The spider's web is a whole. Anything that happens in any part of the web (like a fly

being caught in the threads of one part) is felt in all other parts. The fly being caught

keeps the system going (feeds the spider). But in the process, the web has been broken and must

be repaired. The fly has died, and this affects other systems- and so the cycle continues

(Donald et al.. 1997. p.34).

From this it follows that when there is harmony in relationships and cycles within the whole. the whole can be sustained and can adjust to temporary changes if it can timeously recover its equilibrium (a state of dynamic balance). *Ecological dissonance* occurs when there is major discord so that interdependent relationships are disrupted and the recovery of the whole may be under threat (Donald et al..1997). Therefore individuals are involved in interactive environments on multiple levels of organization in the social context such as the family. school. community and society. Each level interacts with every other level in a *reciprocal* manner - meaning that each level influences and is in turn influenced by other levels within the total ecological system.

2.1.3.3. Systems theory

According to systems theory. various levels and groups within the social context constitute *systems* which contribute towards the functioning of the whole and are simultaneously dependent on the interaction of all parts (Tyler. 1992). The family is one example of such a system. Despite being composed of individual family members, the functioning and characteristics of a family as a whole will centre around the sustaining of its characteristic patterns in a constant pattern of dynamic tension and adjustment. Family members both shape (and are in turn shaped by) these patterns. Consequently. tensions in family *subsystems* (different overlapping parts within a family such as parents, grandparents and children) influence the family as a whole. The family in turn may interact with other levels outside of it such as other families (parallel systems) and wider systems such as schools and churches. Cause and effect relationships are seen to occur in cycles rather that in a unidirectional manner (Marvin & Stewart, 1990). The cycle of violence occurring in families where woman abuse occurs is an example of how such circular relationships impact on (and are in turn impacted upon by) the functioning of individual family members and other work. school or social systems outside of the family.

It follows that in families where domestic violence occurs, there is increased likelihood of triangulation -a process whereby two-person relationships become so unstable and intense that a third person, most often a child, is drawn (or triangulated) by the parental twosome, thereby diluting anxiety and regaining some semblance of stability (Hurst et al., 1996). Through the aforementioned triangulation process, the children may therefore become objects of parental projections and serve as a channels for the conflict in the parental dyad. In such families where there are such dysfunctional dynamics, one can therefore expect an increased tendency towards the development of a range of dysfunctional family interactional patterns and manifestation of symptoms, especially in the children which may manifest in other systems such as the school and peer group.

Other important aspects for understanding systems. centre around the *goals and values of the system*, *communication patterns* and *roles within the system. boundaries* around systems and subsystems and the *developmental changes* which occur in human systems over time. *Goals and values* of a family may be of an overt nature (for example to survive economically). or of a covert nature (for example. to maintain male domination). *Ways of communicating* become established over time both within the system and in relation to other systems. For example, communication patterns may be clear and direct (without contradictory messages and directly addressing the person involved with whom there is a difficulty), or may be the direct opposite - unclear and indirect so that there is a contradiction between what is said and what is conveyed. The latter type of contradictory communication where, for example. the father says he loves his wife but then proceeds to abuse her is a primary example of a fairly common scenario in families where domestic violence occurs. The adequacy of communication affects the functioning of the system and subsequent interactions.

Roles of family members refers to defined patterns of relating which family members adopt within the family system and how they maintain the covert goals of the system. These roles (such as parent, caregiver. child, breadwinner. peace-maker. problem-solver and blame-taker) may be overlapping, even contradictory at times. Subsequently. a child may be expected to take on both the role of child and parent and parent-child boundaries and roles may become so blurred or reversed that children may either take on parental duties which are in excess of the child's developmental capacity or they may try to protect their parents from themselves (Elbow, 1982; Sroufe. 1989). *Boundaries* between a system and its subsystems, and between a system and other systems may be of a closed or open nature. Whereas closed boundaries are more rigid and inflexible to change. open boundaries around a system or subsystem are more flexible and adaptable. Also, as time passes. all human systems also undergo *developmental shifts* in different parts of the system. One thus needs to take cognizance of how the nature of these developmental changes affect the functioning of the system as a whole as well as influencing its interaction with other systems in a cyclical manner.

Drawing together the ecological and systemic strands once again, ecosystemic theory provides a useful means of describing the processes characterizing domestic violence and explaining how the violence is managed and stabilized through various causal flows, feedback systems and system goals. Following an ecosystemic perspective then. individual and families are embedded in a larger network of social systems and can never be understood outside the context of those systems (Cox & Paley, 1997). Family violence can thus be explained as being a system product rather than a result of individual psychopathology (Giles-Sims, 1983; Straus,1973 cited in Gelles, 1993). The interconnectedness of individual psychological development, social context and the systems within it is therefore highlighted so that developmental challenges are inseparable from the challenges of social issues and special need (Donald et al., 1997).

In essence. an ecosystemic perspective emphasises the manner in which the different levels of a system in the social context influence (and are influenced by) one another in a continuous process of dynamic balance, tension, and interplay (Donald et al., 1997; Hancock, 1993). The adoption of such an ecosystemic perspective

highlights the interaction between different levels of a system which can in turn contribute towards the aetiology and maintenance of domestic violence and its impact on the developmental process of children in different ways. Ecosystemic ideas will be the thread running through this exploration of domestic violence and its impact on children.

2.1.4. Domestic violence in South Africa

At present there are no reliable South African statistical databases which can provide a clear focus on the problem or credible prevalence estimates of the national scope of the problem. The inadequate quality of statistical information on domestic violence in South Africa is thus a major obstacle to obtaining a clear picture of the magnitude and prevalence of the problem of domestic violence in South Africa (Gilbert, 1996). Of the South African literature consulted where statistics were available, however. there appears to be accumulatory evidence of the increasing prevalence of woman abuse in South Africa (Padayachee, 1994; Shefer. 1995).

Maconachie et al. (1993) for example, point out that woman abuse (also known as spousal, domestic. family or marital violence or abuse) is one of the most pervasive forms of violence used against any individual in South Africa. Statistics reported by two Cape Town-based organisations indicate that roughly one in every six women is subjected to domestic violence and that 80% of the cases dealt with by social work agencies reveal abuse of women (Coordinated Action for Battered Women,1989; Rape Crisis.1990 cited in De Sousa, 1991). Lawrence's (1984) findings that woman abuse was the second most frequently reported crime in Mitchell's Plein is a further example of the magnitude and prevalence of the problem of domestic violence in one Cape region alone.

As Gilbert (1996) points out, violence against women together with other forms of violence cannot be separated from the broad ideological, social and political context in which it occurs. Whereas there appear to be few local studies in this regard, studies such as those of Lindblad-Goldberg and Dukes (1988) bear relevance to and draw important parallels to the South African context. According to the study of Lindblad-Goldberg and Dukes (1988), which outlines the stressors facing black, low-income, single-parent families in America, the manner in which a family responds to and experiences stress is dependent on the interactions between and within multiple elements. Such elements include:

- The frequency, magnitude and other characteristics of the stressful event or situation.
- The family's positive/negative/neutral definition and perception of the event.
- The degree of mutual support within the family's social support network system.
- The family's internal resources.

The prevalence of such psychosocial stressors in any one socio-political system can thus have far reaching effects on the quality of family life per sè.

Keeping in mind the parallels between the black, low-come, single-parent families in America and the largely black, low-income South African majority, the effects of "Apartheid" (as well as the transitional post-Apartheid era) on the functioning of the families of all South Africans within the South African socio-cultural-

political-historical context, cannot be overlooked. It has, for example, been purported that the incidence of domestic violence has been exacerbated by a history of police brutality and migrant labour which were almost commonplace occurrences (Gilbert, 1996). In view of South Africa's socio-political history filled with violence, racial divisions, forced removals and separations, the disempowering effects of the aforementioned on the functioning and coping mechanisms of family systems can perhaps be better understood.

This is not to say that domestic violence is more prevalent amongst families who are black and of low socio-economic status as this is not the case -domestic violence is in fact widespread across all socio-economic and racial groups in South Africa (De Sousa, 1991; Gilbert, 1996; Segel & Labe, 1990). Nor is it to say that domestic violence in South Africa is a direct product of the evils of Apartheid. Rather, the purpose is to illustrate that such social, political, historical factors and systems all interact and impact on family functioning. So whereas the aforementioned available South African prevalence figures for domestic violence transcend categories of race, class, culture, colour, religion and creed, with increased external pressures from socio-political-historical systems (and their after-effects) there is a greater likelihood for the setting up of conditions which facilitate the incidence and maintenance of domestic and family violence.

In this sense, violence in South Africa can be seen as being " rooted in the social context and related to problems such as poverty, unemployment, poor housing, rapid urbanisation, gender inequalities, erosion of family life and 'social decay' in a society in transition" (Gilbert, 1996, p.870). Woman abuse is but one example of such violence. The impact of such violence on the children of abused women is but another example of the systemic reverberations, mutual reciprocation and transmission of values and practices which filter down from socio-political-cultural-historical systems to families, fathers, mothers and children.

2.1.5. Children and domestic violence

In the same way that the term "violence" is a function of the values and position of those who attempt to define it, there has also been little consensus about what constitutes the term "child". Definitions have ranged from where the broad developmental period of childhood extends between birth and 18 or 19 or even 22 years of age (Duncan & Rock, 1994; Child Act 74 of 1983 for example) in some instances. Yet the concept of a child in the South African context varies to the extent that children continue to be regarded as children for as long as they are unmarried dependents- even when gainfully employed (National Children's Rights Committee Supplementary Draft Report, 1998). Within the scope of this study, the range of what constitutes a "child" will be extended to dependents up to the age of 25, regardless of whether or not the individual is engaged in gainful employment.

In view of the limited available local figures for the prevalence of family violence, existing statistics are most likely underestimates. Consequently, there may be many more children than are currently identified who may be suffering the effects of domestic violence (Miller,1989 in Combrinck-Graham, 1989; Wolfe & Korsch, 1994). According to international trends, children who have been physically and sexually abused are usually

the ones who first come to the notice of the helping professions and are targeted for interventions. This trend is no different in South Africa. However, it is important to note that as the most vulnerable members of a family or community, children growing up in violent homes do not necessarily have to be abused themselves to have their lives impacted upon by their childhood environment (Angless & Shefer, 1997; De Sousa, 1991; McCloskey, Southwick, Fernandez-Esquer & Locke, 1995; Padayachee, 1994; Segel & Labe, 1990; Shefer, 1995). The degree to which children suffer from the effects of domestic violence is hence not limited to direct physical or sexual abuse, but includes the indirect impact of witnessing the violence inflicted onto others (as in the rape of their mothers or violence against household and personal property) as well as the more pervasive emotional sequelae of such interpersonal patterns typical of the system of violence (Humphreys, 1991; Wolfe & Korsch, 1994). In further support of this, it has been purported that children in households with domestic violence are *never mere witnesses to the violence* but are very often involved in various ways in the incident either by directly calling for help, being blamed for causing the abuse or by being physically abused themselves (Fantuzzo, Boruch, Beriama, Atkins & Marcus, 1997).

Despite the recent increase in awareness and publications around the topic of wife assault and the literature reflecting that prolonged exposure to domestic violence may hold far worse ramifications for children than the break-up of the family (Angless & Shefer, 1997; Emery et al., 1992; Fantuzzo, DePaola, Lambert, et al., 1991; Jaffe, Hurley & Wolfe, 1990; Shefer, 1995), the occurrence of actually leaving the abusive relationship appears to be less frequent amongst women who are bound by small children and who are more hopeful of change (Maconachie, et al.,1993). Not knowing what a serious threat this poses to the health and well-being of many young children, many women unwittingly remain trapped in the abusive relationship because of the deeply entrenched belief that children need both their parents and that the family should not be broken up (Angless & Shefer, 1997; Maconachie, et al.,1993; Shefer, 1995).

Whereas many parents may minimise or deny the presence of their children during violent assaults (asserting they were sleeping or playing outside), the exact degree to which children see or hear of the abuse of their mothers is an unknown entity (Humphreys, 1997). There are also findings which indicate that the many of the children in such homes could give detailed accounts of violent episodes their parents were unaware they had noticed (Humphreys, 1991; Humphreys, 1993; Jaffe, Hurley & Wolfe, 1990; Wolfe & Korsch, 1994). This suggests that children are more often aware of the abuse of their mothers than parents care to acknowledge, much less report. Mothers tend to develop concern about the effects of the violence on their children only once the children have also become targets of violence, began imitating the batterer's behaviour at home or school or began informing the abuser about the mother's misdeeds and joining in the attack on mother (Smith, Berthelsen & O' Connor, 1997; Wolfe & Korsch, 1994).

It follows that despite research into the impact of wife assault on children who are directly affected by domestic violence, there is relatively less research around children who may witness or overhear violent episodes and notice the bruises, injuries and emotional sequelae of fear, pain and intimidation in their mothers (Jaffe, Wolfe

& Wilson, 1990). One reason for this reduced focus on children who witness family violence may be that such research represents "a special case of counting the hard-to-count and measuring the hard-to measure. that is hard-to-count incidents and hard-to- measure activities that occur in families that jeopardize the health and psychological well-being of children." (Fantuzzo et al.. 1997. p.121). Both researchers, health professionals and parents alike appear to find it easier to acknowledge the impact of domestic violence on children where there are more visible. concrete effects such as bruises. broken bones or evidence of sexual trauma in the children concerned. Discerning the more indirect emotional and psychological sequelae appears to be a much more complicated process.

Whether or not they are themselves abused, children raised in relationships where domestic violence occurs can be viewed as experiencing one of the most insidious types of abuse (Myers & Wright,1980 cited in Alessi & Hearn, 1984). With all the energies of the parents embroiled in personal battles surrounding domestic violence. the emotional needs of the children growing up and living in violent homes and families are often forgotten. In view of such omissions. such children are often rendered the "forgotten". secondary victims of domestic violence (Elbow, 1982: Grusznski, Brink & Edleson. 1988: Jaffe, Hurley & Wolfe. 1990; Humphreys, 1993: Padayachee, 1994: Shefer, 1995).

2.2 CURRENT DEBATES

Since the available published research on the impact of interparental violence on children is as yet fairly limited, some reliance is made on types of work which can begin to inform about some of the possible effects. Such sources include:

- Literature on the relationship between physical and emotional problems and stressors such as divorce and maltreatment (Masten. Best & Garmezy. 1990; Wallerstein & Kelly. 1980. for example).
- Children's responses and sensitivity to divorce. separation and the level of conflict and discord within the home (Watt, Moorehead-Slaughter, Japzon & Keller. 1990. for example).
- Studies of adults who reported violence in their families of origin (Collings. 1995; Miller, Downs & Testa. 1990, for example).
- Research studies on children living in homes where interparental violence has occurred (Wolfe & Korsch. 1994 for example).
- Retrospective accounts of batterers and victims (Visagie, 1994 for example).

Without going into an exhaustive review of all the literature in this regard. some of the main areas of debate will be outlined.

2.2.1. Causality

One of the biggest sources of contention in research focusing on the impact of domestic violence on children surrounds the assumption of direct causality between family and child distress without considering the multidetermined nature of child problems (Emery et al. ,1992). Although data suggest that the exposure to domestic violence may have an indirect, but significant effect on children. a *direct* causal link between family

violence and child adjustment problems has yet to be established. Caution must therefore be exercised before making assertions of causality from presentations of evidence of risk or correlations (Emery et al., 1992; Wolfe, Jaffe, Wilson & Zak, 1985).

From the literature reviewed, areas of debate include questions as to whether such associated effects are the sole result of children witnessing marital violence (or are caused by concomitant stresses in addition to the witnessing) and whether children from abusive homes are destined to become abusers themselves.

2.2.2. Child witnesses of woman abuse

Whereas some studies have found that the mere act of witnessing violent events is enough to cause childhood development problems, other authors disagree.

Authors like Myers and Wright (1980 cited in Alessi & Hearn, 1984) argue that the prime candidates for psychological scars are children who witness the abuse (or aftermath thereof) on their mother and subsequently suppress their own needs and become embroiled in a conspiracy of silence so as to avoid another possible confrontation. Since the occurrence of children witnessing domestic violence has been identified as being an almost commonplace event (Wolfe & Korsch, 1994), and since the home can be considered children's primary source of education, it follows that exposure to domestic conflict and violence can impact on how children learn to relate to other people, their development of a self-concept and sense of self-control, and their subsequent ways of interacting with dating and marital partners.

On the one hand, the witnessing of recurrent violent events by children has, for example, been associated with an increased likelihood of repeated exposure to disruptive, emotionally charged family atmospheres (rife with a range of threats of harm, suicide or violence by the abuser and parental conflict over childrearing) that may fail to provide proper stimulation and opportunities for undertaking developmentally- and age-appropriate tasks (Watt et al., 1990; Wolfe & Korsch, 1994). Their school performance, social camaraderie and skill development often suffer as a result. On the other hand, Jouriles, Barling and O' Leary (1987) suggest that the mere witnessing of interspousal aggression is not necessarily significantly related to child behavioural problems. Instead there exists the possibility that marital discord only correlates with child problems when the discord is expressed in an overt, hostile manner or is concomitant to additional family stressors (Rutter, 1979 cited in Jouriles, Murphy & O' Leary,1989).

Although there is no clarity in the literature on whether the mere witnessing of domestic violence impacts negatively on children or whether there are indeed other multiple contributing factors which have not been identified, it has been suggested that children who only witness violence show less severe effects than children who both witness violence and are directly victimised (Straus, Gelles & Steinmetz, 1980 cited in Berman, 1993). Whereas, children from homes where both physical and verbal abuse occurs have been found to show more severe effects than children from homes where only verbal abuse occurs, children experiencing both

verbal and physical abuse and have to move to a shelter show the most severe effects (Fantuzzo et al., 1991). Other studies have discovered that outcome measures for children were not affected by whether or not a child had witnessed the spousal conflict. Instead, direct parental abuse of the child was found to contribute towards the development of behavioural problems, maladaptive behaviour and aggressive responses to conflict in such children (Mathias et al., 1995). The exact degree to which there is a solid relationship between marital discord and child adjustment problems requires further clarification in future research. This is a gap the current research aspires to explore further.

2.2.3. Maternal functioning

Despite such disclarity in the research, what is evident is that domestic violence impacts on mothers and children alike. The findings of McCloskey, Southwick et al. (1995) support the hypothesis. In their study where abused women and their children were interviewed about both the political and domestic violence they had witnessed and experienced, they found that maternal *mental health and maternal employment* were mediating factors for the children who have had such exposure. The aforementioned maternal stresses may therefore impair maternal effectiveness and functioning so as to contribute towards inconsistent, understimulating or inappropriate maternal attention and parent-child interaction (Cowan et al., 1996; Westra & Martin, 1981; Wolfe and Korsch, 1994; Wolfe et al., 1985). The increased likelihood of abused mothers having to leave their familiar, familial homes for shelters or other accommodation to escape the violence has also been identified as having a negative impact on children's adjustment, behaviour and academic performance (Wildin, Williamson & Wilson, 1991).

In one of the few studies considering the child's viewpoint of his or her experiences in a household where domestic violence occurs, Ericksen and Henderson (1992) highlighted themes around powerlessness, fear, vigilance and uncertainty evident in these children's discourses around their home life and experiences. Coping strategies employed by these children include seeking out solitude, using fantasy, avoidance, disengagement, overcompliance, and turning to toys or a friend to comfort themselves- especially since they were reluctant to discuss experiences with their already over-burdened, often emotionally unavailable mothers (Ericksen & Henderson, 1992).

Thus, children raised in abusive homes are often seen to be in as much crisis as their mothers, having experienced disruption in their support systems and accompanying intense feelings of fear, anxiety, loss, pain and feelings of separation, shock, guilt, aggression, rejection, passivity and hostility (Alessi & Hearn, 1984; Humphreys, 1991). Consequently, adjustment problems among children who have recently witnessed marital violence can perhaps be more fully explained in terms of maternal stress (that is, maternal health, stressful life events, financial and housing difficulties and family crises which in turn impact on parenting abilities) than on the basis of witnessing alone (Jouriles et al., 1987; Wolfe et al., 1985). The co-existence of any number of adverse factors in childhood may therefore increase the likelihood and risk for the development of mental

health and behavioural problems. Domestic violence is but one example of such a source of stress which has been associated with both long- and short-term sequelae in the children of abused women.

Violence within the home does not only impact on the maternal functioning of abused women. but also impacts on their children and their anxieties. Such anxieties include uncertainty of their mothers' condition and circumstances, concerns about potential or actual health hazards related to the violence at home. and worries about their own possible abandonment (Humphreys, 1991).

What is apparent is that in families where domestic violence occurs, both deliberate and unintentional demands are made on the children from those families. These demands may include that the children have to be emotionally controlled and subdued in order to avoid an exchange with a potentially angry. abusive parent. At the same time, they may also be required to be hypervigilant and potentially emotionally hyperreactive to possible indicators of conflict (Thompson & Calkins, 1996). The children of abused women are therefore rendered increasingly vulnerable to the aforementioned stressors because of their dependent positions and their related reduced ability to process or cope with such situations as effectively as adults (McCloskey. Figueredo & Koss. 1995). Consequently, growing up in an abusive household has often been documented as contributing towards a heightened susceptibility to emotional neglect, an increased risk of physical abuse and/or neglect, exposure to the "cycle of violence" where interparental violence may be modelled and violence is viewed as the only means of conflict resolution (Carlson, 1984; Wolfe et al., 1985; Wolfe & Korsch, 1994).

Some studies like that of Grusznksi, Brink and Edleson (1988) cite several common responses displayed by children from abusive homes. These include the following:

- They nearly always believe on some level (or have been told) that they are responsible for the violence between their parents and may then try to change their behaviour to try to end the violence by trying to intervene in the violence, trying to protect the victim, or taking on the parenting role with mother to regain some semblance of control by identification with the powerful father.

- They often aim to keep the family violence a secret because of fear of punishment from the abuser, ignorance about legal rights and community resources, or shame about how others would respond should they find out- isolation often results.

- They may become chemically dependent in an attempt to take control of the situation and to lessen their own pain.

- They may themselves be at risk of becoming victims of violence either inadvertently (when trying to intervene or protect mother), or directly (when they become the direct targets of parental aggression and frustration) or when their fathers use them to create indirect threats of violence aimed at their mothers-feelings of hopelessness, fear, anger, tension and anxiety are often the result whether or not the children are physically abused.

- Emotions often may be bottled up as children may be told not to cry and may in themselves see the futility of the open expression of feelings at home- the honest expression of anger (which from experience has been most often associated with violence) may be especially problematic.

Further support for the existence of the complex influences of multiple factors is exemplified by the body of conflicting findings about the relationships between the identified factors and the outcome of domestic violence on child behaviour and adjustment. Whereas some findings suggest that interspousal aggression correlates with the frequency and severity of child problems (Wolfe, Zak, Wilson & Jaffe, 1986), others have found that interspousal aggression also correlates with general marital discord (Rosenbaum & Leary, 1981 in Jouriles et al., 1989), and that general marital discord contributes unique variance to the prediction of problematic child behaviours such as inadequacy-immaturity, child conduct and personality disorders (Jouriles et al., 1987; Jouriles. et al., 1989). As if the complexity of such inter-relationships is not complex enough, research focusing on the topic of the children of abused women appears to be further complicated by the fact that violence itself is rarely an isolated variable and often co-exists with many other variables associated with dysfunctional families such as multiple separations from and disruptions in the children's home and work routine (Jaffe. Wolfe & Wilson. 1990).

Despite the suggestions that marital aggression is indeed associated with a wide range of child problems. "it is unlikely that a single psychological process is responsible for all the associations" (Jouriles et al., 1989, p.455). It is more likely that amongst other factors. the presence of conflict within the immediate family system has a ripple effect both on the marital quality, parental efficacy and levels of emotionality within the family as well as the quality of parent-child relationships - all of which interact with developmental and personality factors of individual family members to influence the domestic atmosphere and degree of problematic behaviours perceived in the children growing up in such homes in particular (Meyer, 1988). As yet there seems to be little clarity on the exact relationship between the aforementioned factors and problematic child behaviours except that the presence of domestic conflict and aggression increases the likelihood of the development of child problems. The co-existence of any number of adverse factors in childhood may therefore increase the likelihood and risk for the development of mental health and behavioural problems. Domestic violence is but one example of such a source of stress which has been associated with both long- and short-term emotional and behavioural sequelae in the children of abused women.

Rather than separating the outcomes associated with children's exposure to domestic violence into the over-simplified polar opposites of witnesses versus non-witnesses, it appears to make more sense to perhaps acknowledge that the impact on children varies along a continuum affected by multiple variables of which maternal functioning has only been identified as being one.   This contention of the researcher is borne out by findings that the impact of experiences of domestic violence on children varies according both to the number of additional stressors on the child *as well as* the age and sex of the child, and the level of available social and emotional support (Berman, 1993). The intensity and frequency of the violence and parental responses to the

family dysfunction is an additional determinant of outcome(Carlson, 1984). In addition to being the possible direct targets of physical abuse by either the abuser of the mother or the abused mother herself, these children may also be the targets of emotional abuse where they face excessive criticism and unrealistically high expectations which may leave them with battered self-esteems (Grusznksi, Brink & Edleson,1988; Fantuzzo et al., 1997; Wildin et al., 1991). Every family member is thus a potential victim of domestic conflict.

2.3 METHODOLOGICAL LIMITATIONS OF PREVIOUS RESEARCH

There are several possible methodological reasons for the confusing, contradictory body of literature researching the effects of children's witnessing abuse. These include:

- The confounding effects of children who both experience child abuse and witness spousal abuse.
- The fact that some studies treat broad age ranges as homogenous groups.
- Not matching non-violent comparison groups on socio-economic, family composition, ethnicity, culture and level of family discord levels.
- The fact that most children studied have been from shelters for abused women and thus may not be representative of the population experiencing spousal violence.
- Studies have usually relied on the mother's reports of children's behaviour which may reflect more negative (or positive) responses because of the associated crisis surrounding the abuse and mothers possibly being in denial about the effects on the children.
- Many studies have used retrospective designs sometimes with non-standardised measures, no baseline data and insufficient sample sizes.
- The possible inherent negative bias of mothers' reports of their children's levels of maladjustment, particularly towards their sons who as males may remind them of the perpetrator.

(De Sousa, 1991; Fantuzzo et al., 1991; Graham-Bermann, 1996; Hilton, 1991; Lindquist,1989 cited in Berman, 1993; Mathias et al., 1995; Sternberg, Lamb, Greenbaum et al., 1993; Wolfe et al.,1985).

Overall, variations in magnitude and nature of the impact of domestic violence on child development therefore appear to depend both on the type of domestic violence experienced and on who the source was who provided information about the child's adjustment (Sternberg et al., 1993). With regard to the utility of maternal reports in research, assertions have been made that figures given by women who report that their children were witnesses to violence or its after-effects are for a number of reasons considered likely to be distortions (most often underestimates) of the actual prevalence. Maternal reports of children witnessing violent incidents may be affected by the fact that abused mothers :

(1) may themselves have been too stressed to clearly recall the presence of the children and their witnessing of the immediate violence or the aftermath thereof

(2) may be reluctant to disclose their worries about their children for fear of being accused of abusing their children/ being a bad mother/ not being taken seriously

(3) may have had clinical levels of depression, anxiety or other trauma-related incidents which may have coloured their perceptions of their children's behaviour

4) may project their own guilt and frustrations onto their children so that they may judge their children's behaviour more harshly than an objective observer would (De Sousa, 1991; Fantuzzo et al., 1991; Graham-Bermann, 1996; Hilton, 1991; Lindquist,1989 cited in Berman, 1993; Mathias et al., 1995; McCloskey, Figueredo & Koss, 1995; Sternberg, et al., 1993; Wolfe et al.,1985; Wolfe et al. ,1986).

Nevertheless, depending on whether the developmental concerns expressed about children/are accurate/are simply expressions of parental anxiety, parental input and information about their children may be a useful adjunct to standardised developmental screening (Glascoe, Altemeier & MacLean, 1989). The ideal manner of broadening an understanding of the impact of domestic violence therefore appears to be to incorporate input from parents as well as other sources such as teachers and significant others in the child's life as well as obtaining input from the child itself. This ideal situation where there is input from multiple sources seldom occurs in research, however.

Despite numerous controversial issues there does, on the whole, appear to be congruence in relation to evidence of the associated deleterious effects of domestic violence on children while they are developing as well as the effects it can possibly have on their future family life and the development of communication and other skills for successful living (Gleason, 1995; Wolfe et al., 1985). The documented range of problems manifested in children who are exposed to domestic violence will be discussed in more detail in the next section.

2.4 ASSOCIATED PROBLEMS

The term "psychopathology" is not only problematic because it seems to suggest a biological and psychological explanation for certain conditions to the exclusion of larger contexts along the biopsychosocial continuum (Combrinck-Graham, 1989), but it focuses on deficits and disorder. It is of note that the practice of the identification of psychopathology is also influenced by the professional's positioning on the biopsychosocial continuum. Careful consideration of both the position of the professional diagnosing and defining the associated child problems together with the impact of multiple biopsychosocial influences on both children's strengths and vulnerabilities is therefore required to avoid an unbalanced, negativistic perspective focusing on just the deficits associated with exposure to domestic violence. In order to attempt to be balanced, ideally all aspects of children's responses to domestic violence will be looked at. Whereas this section will deal specifically with the documented maladaptive coping strategies with which children exposed to domestic violence seem to present, the next section of resilience will focus on the adaptive coping strategies employed by such children in the face of their adverse home circumstances.

Whereas children's responses to their mother being abused can generally be seen to be a function of the age, gender, stage of development and role of the child in the family, other factors such as mother's response to the violence, the frequency and severity of the violence, social and economic disadvantage, repeated separations and moves and special needs of the child which are independent to the violence (such as learning disabilities) also play a part (Humphreys, 1993; Jaffe, Wolfe & Wilson, 1990). It has furthermore been hypothesised that an

aggressive father may influence developmental delays and that such children may deliberately inhibit obtrusive behaviours such as assertiveness, speech and gross motor activities in a bid to avoid being abused themselves (Westra & Martin, 1981).

Despite relatively congruent findings about the range of behaviour problems in research, there are no **typical** responses or reactions to domestic violence (Jaffe, Wolfe & Wilson, 1990; McCloskey, Figueredo & Koss., 1995). The range of responses include:

- poor frustration tolerance and impulse control
- adjustment problems manifested as internalised symptoms such as sadness, withdrawal, somatic complaints, fear and anxiety
- adjustment problems manifested as externalised symptoms such as aggression, cruelty to animals, disobedience and destructiveness
- martyr-like, long suffering behaviour; depression
- stress disorders; pre-delinquent and delinquent behaviour
- absences from school; financial and emotional dependency
- use of drugs/substances; sexual acting out; running away; isolation and loneliness
- poor self esteem; taking on parental role; learned helplessness; increased social and peer isolation, poor social skills or complete identification with peers
- bargaining with parents; attempts to prove self; feelings of powerlessness (from revised table of Boyd & Klingbeil, 1988 in Jaffe, Wolfe & Wilson, p.31).

Although children have no typified reaction to domestic violence, the literature does reflect a similar range of disruptions to normal developmental patterns and associated behavioural, cognitive and emotional problems- some of which are analogous to those of children who have been physically abused and/or are suffering from post-traumatic stress disorder (PTSD) symptoms with dissociation and defenses against recall and resolution which can be pathological (Jaffe, Hurley & Wolfe, 1990; Silvern & Kaersvang, 1989). As with physically abused children, the reactions of children chronically exposed to violence at home may be characterised by any combination of cognitive, conduct, intellectual academic, emotional, social and/or physical or developmental problems to be discussed later.

2.4.1 Behavioural, cognitive, emotional and social problems

The range of possible behavioural problems include higher levels of behavioural problems and lower ratings of social competence in the children of abused women than in the comparison group of children from non-violent homes (Wolfe et al., 1985). Emotional problems such as anxiety, enuresis, depression, insomnia and suicidal ideation have been reported (Gleason, 1995) as have increased incidences of drug and alcohol abuse, drug dealing, prostitution, assaultive and aggressive behaviour, truancy, running away, poor peer relations, behavioural problems at school, at home and in the community as well as attention-seeking behaviour (temper tantrums, swearing and destructiveness) to compensate for the lack of attention and affection from the parents

(Angless & Shefer, 1997; De Sousa, 1991; Gleason, 1995; Shefer, 1995). Behavioural problems are also often associated with problems around parents' problems with child management, school and peer relations (Jaffe, Wolfe & Wilson, 1990; Lawrence, 1984). For such children, confusion, insecurity and divided loyalties between parents is another common phenomenon as are feelings of fear, anxiety and hypervigilance about when the next violent episode may occur (Jaffe, Hurley & Wolfe, 1990). Strategies employed by children of abused women may therefore range from avoidance of conflict situations (for example running away or out of room when violent episodes occur), to extreme compliance and cooperation, to hypervigilance, to directly intervening in parental conflict (Thompson & Calkins, 1996).

Several possible emotional problems such as tension, inability to relax, guilt about incapacity to protect the mother, withdrawal, poor concentration and scholastic difficulties, depression (as manifested by constant crying, nightmares, disturbed sleeping and eating patterns), physical effects involving the somatisation of ongoing emotional stress such as headaches, stomach-aches, nailbiting and vomiting have been observed in children from abusive households (De Sousa, 1991). Many of these studies were limited and contradictory, however, as they either relied solely on maternal reports and did not evaluate the children directly, had no comparison group or failed to consider the impact of family instability, socio-economic status, the child's stage of development or other influential factors in the methodology (Humphreys, 1997).

From the discussion thus far it is evident that the environmental circumstances around domestic conflict exact extraordinarily strong, but inconsistent emotional demands (arising from both environmental stressors as well as from intrinsic vulnerabilities) which often go beyond that which is developmentally appropriate for children whose capacities for emotional regulation may as yet be inadequate because they are as yet undeveloped and still in a state of emergence. Consequently, even when a child attempts to cope constructively with those demands, there may be a reduced likelihood of optimal strategies to emotional regulation being accessible to them (Thompson & Calkins, 1996).

Yet other findings indicate that children from violent households tend to have cognitive deficits in the processing of social information and fail to attend to relevant cues, tend to attribute hostile intentions to others and lack competent behavioural and problem-solving strategies for solving interpersonal problems (Dodge, Bates & Pettit,1990 cited in Berman,1993; Gleason, 1995; Jaffe, Hurley & Wolfe, 1990). Their understanding of the world is impacted upon, reducing both these children's ability to cognitively process the world they live in and translate these thoughts into effective communications with others as well as contributing towards delays in the development of motor skills (Gleason, 1995).

In a study of children from a shelter between the ages of 2.5 and 8 years, Westra and Martin (1981) found that these children had significantly poorer cognitive, verbal, motor and quantitative abilities than would be expected of the normal population. They also found evidence of personality problems, hostile-aggressive behaviour, hearing problems and articulation deficits which they hypothesised were underestimates of the

actual prevalence of psychological and developmental problems amongst children of abused women. The reduced generalisability of such findings because of the previously mentioned methodological shortcomings of many studies on this topic- such as small sample sizes and absence of a control comparison group in studies like the latter- does, however, heighten the need to make cautious interpretations.

There is also the increased likelihood of these children who worry about the safety and potential aggression of family members to come across as depressed and angry individuals, which may further impact on school behaviour and performance as well as social relationships (Graham-Bermann, 1996). Hypervigilance may also undermine more constructive alternative coping strategies by maintaining an ongoing focus of the child's attention onto the circumstances which precipitate and follow on from marital conflict, further increasing the likelihood of the child not being able to avoid getting directly involved in the conflict. This in turn may increase the chances of emotional, even physical harm befalling the child both in the home environment as well as in other contexts (such as school) where the child may come across conflict (Thompson & Calkins, 1996).

Too few studies have been done with regard to the impact of domestic violence on children on the development of academic, cognitive and motor skills to say with any clarity whether such assertions are indeed generalisable to the universe of children exposed to domestic violence. Gleason's (1995) study is one of the few studies which focus on skill development and developmental delays in such a sample of children aged between 7 months and 16 years (as measured by the Vineland Adaptive Behavior scales and Connors Parent and Teacher Rating scales) rather than an examination of mere behavioural difficulties. It is furthermore not uncommon for children from abusive households to blame themselves for and feel guilty about the occurrences because of the family's incapacity for examining the real underlying factors (Jaffe, Wolfe & Wilson, 1990). Positive gender identification with either the abuser or the abused may also play itself out in the classroom by displays of hostility towards teachers of both sexes and/or negative views of the opposite sex (Shefer, 1995).

In all of these cases children exposed to domestic violence tend to take on undue responsibility for marital harmony contributing towards inappropriate guilt when such strategies fail to stop the violence at home. Such behaviours can also spill over into the community and school contexts and may be manifested in the form of fights with peers and other externalised behaviours which can lead to problems in school adjustment as well as the aforementioned emotional difficulties which impact on their self-esteem and confidence in the future (Jaffe, Wolfe & Wilson, 1990). As a result, distraction and inattentive behaviour may manifest in the classroom (Wildin et al., 1991). Learning problems may also manifest themselves in abused women's descriptions of their children as being hyperactive and having defective concentration and perseverance (Gleason, 1995). Long-term patterns of developmental and psychological problems associated with prolonged exposure to domestic violence include antisocial and/or self-injurious behaviour and conduct disorder (Wolfe & Korsch, 1994).

Other possible social effects include the inability to respect rules of what is "right or wrong", which may possibly lead children to resort to socially deviant behaviour such as lying, cheating, stealing and violence in

order to survive and to get what they want. This may have a lasting impact on children's schooling and their later ability to trust and commit themselves in intimate, particularly sexual relationships (De Sousa, 1991). At school for example, children exposed to violence may appear inattentive, distracted and tired, owing to a preoccupation with the abuse, sleeplessness from a fight or hyper-vigilance at night after violent occurrences (Jaffe, Wolfe & Wilson, 1990). The study of Wolfe et al. (1986) of children between the ages of 4 and 13 who had recently been exposed to violence lends support to this. They found that these children had fewer interests and social activities, reduced school performance and increased adjustment problems in relation to children from non-violent homes (Wolfe et al., 1986).

The response patterns of children include a tendency to either internalise or externalise the violence. Three early reaction patterns to family violence are conceptualised by Berman (1993). There is an *externalising reaction* where the child's behaviour is that of victimiser of others. There is also an *internalising reaction* where the child's behaviour is that of victim. The third reaction is where the child is *resilient*. The victimiser role results from role modelling and learned behaviour within the family context where violence is a means of power and control, where men are the powerful victimisers and women the nurturant victims, and violence is conveyed as an appropriate way of problem-solving/conflict resolution and treating the ones you love and where the greater community's apparent reluctance to intervene, conveys a support of the violence (Berman, 1993). According to Smith et al. (1997), children's responses to domestic violence can also be slotted into the following categories:

- emotional distress (the "fright" response)
- physical intervention (the "fight" response)
- withdrawal to a safer place (the "flight" reponse)
- Acting out or distracting behaviours

The literature has also differentiated children's responses according to gender.

2.4.2 Gender related differences

Children's responses to violence appear to be further differentiated along the lines of gender. The findings in this regard have varied greatly, however. Whereas males tend to throw temper tantrums and be aggressive and disruptive, females tend to display passive, clingy, withdrawn, dependent behaviour (Jaffe, Hurley & Wolfe, 1990). Girls may end up being acceptant of violence in subsequent relationships whereas boys may believe they have the right to abuse their partners (De Sousa, 1991). Kolbo (1996) also found that children exposed to domestic violence (boys especially) were more likely to have a damaged sense of self-worth particularly when they had little support available to them.

It has been suggested that the rate of wife-beating in sons of batterers is dramatically higher than for the sons of non-violent fathers (Straus, Gelles & Steinmetz, 1980 cited in Humphreys, 1993). Sex role socialisation has thus been seen on occasion to increase the probability that more girls than boys may identify with the victim -

role of their mothers and display symptoms of learned helplessness (Berman, 1993; Jaffe, Hurley & Wolfe, 1990). The findings are on the whole are conflicting, however.

On the one hand, boys have been found more likely to be provoked into displaying externalised impulsivity, overt anger, non-compliance and physical aggression in response to witnessing interpersonal aggression, to be less verbally expressive and more likely to be diagnosed with conduct disorder than are girls who present with more internalised problems such as anxiety, depression and fear (Berman, 1993; Jaffe, Wolfe & Wilson, 1990). On the other hand, in comparison to the control group, girls in the domestic violence groups were reported by their mothers as having more problems and being more depressed than boys in these groups were (Sternberg et al., 1993) . To make matters even more confusing, clinically significant internalising behaviours such as sadness, frequent weeping, social withdrawal and somatisation have also been found in school-aged boys (Wolfe & Korsch, 1994).

Although, the available research on the reduced quality of life for girls who have been exposed to marital conflict is limited (Bennett, 1991), links between exposure to family violence and behaviour problems have been related to girls (Kolbo, 1996). The aforementioned link suggests that girls in that study had particular cumulative vulnerabilities or stressors which were insurmountable even with support. Yet other studies have found heightened adjustment problems and internalising symptoms in boys (rather than in girls in violent families as well as both boys and girls in non-violent families) (Graham-Bermann, 1996). This suggests that boys may be more vulnerable to negative adjustment in stressed families. Yet other findings suggest no gender differences in the number of behavioural problems experienced by males and females (Mathias, et al., 1995).

Despite the lack of clarity as to whether qualitative differences between the boys and girls exposed to domestic violence actually do exist, the degree to which exposure to such conflict is a major source of stress in these children's lives is clear. In addition to variation in reactions to domestic violence along lines of gender, children's responses to exposure to domestic violence can also be differentiated according to the age group and stage of development of the child. Once again, there is great variation in studies taking the aforementioned factors into consideration.

2.4.3 Age-related differences

That there are shared characteristics in the 2-17 year old age group reflects the degree of overlap between the coping strategies employed by different age and developmental levels. Documented responses in the 2 to 17 year olds include:
- problem-solving techniques involving hitting
- the use of abusive language and aggression toward peers/adults/animals/inanimate objects
- regression in areas where they previously made high developmental gains
- somatisation
- high levels of anxiety (such as nail-biting)

● feelings of guilt and responsibility and divided loyalty and ambivalence towards the parents (Alessi & Hearn, 1984; Wolfe & Korsch, 1994).

2.4.4. Infants and preschoolers

In general, infants of abused mothers tend to regress to earlier stages of functioning, suffer from poor health, somatic complaints, weight problems and disturbed sleeping and feeding patterns. They may also experience disrupted attachment and are at greater risk of being injured during a violent episode. Mood-related and anxiety disorders manifested as crying and sadness are common in children over 18 months of age (Jaffe, Wolfe & Wilson, 1990; Wolfe & Korsch, 1994). Preschoolers commonly display signs of terror in the form of shouting, hiding away, shaking, stuttering and excessive screaming (Alessi & Hearn, 1984; Angless & Shefer, 1997; Shefer, 1995; Wolfe & Korsch, 1994).

Whereas younger children tend to show a heightened sensitivity to the negative effects of interspousal domestic violence than do older schoolgoing children, preschool children tend to display increased behaviour problems such as irritability, fearfulness of being alone, relative openness about the family violence and lower self esteem than children of a school-going age (Alessi & Hearn, 1984). Many such children are too young to even seek out or consider alternatives to a pervasive sense of feeling unsafe in their own homes and living in anxious fear of the next violent episode (Wolfe & Korsch, 1994). The negative impact of the psychosocial and emotional stressors associated with domestic violence on the behaviour and development of such children at this particularly sensitive developmental age cannot be ignored.

2.4.5. Older children and adolescents

There is a tendency for older children aged between 7 and 12 to have more anxieties about their own vulnerability and that of their fathers (Graham-Bermann, 1996). Heightened anxiety about the safety of other family members such as mothers, brothers and sisters is also common, thereby suggesting a linkage between children's worries, family environments and level of adjustment. Instead of children's behaviour simply reflecting learned behaviour or identification with the same-sex parent, acting-out behaviour may actually represent their attempt to control their anxiety about their fathers and siblings potentially harming others (Graham-Bermann, 1996).

Latency-aged children may also come to emulate the behaviour of their parents as role-models and may come to believe that violence is an appropriate means of conflict resolution (Jaffe, Hurley & Wolfe, 1990). As they get older they may oscillate between feelings of sympathy and anger or hostility towards their mothers. They also tend to be very protective over their mothers and have been found to live with secret hopes that someone might actually discover the violence and rescue them from it (Alessi & Hearn, 1984; Wolfe & Korsch, 1994).

Alessi and Hearn (1984) make several clinical observations of how the children who presented at the shelter, tended to react in crisis. The behaviour of children at primary school level tends to be characterised by

openness about the home situation as well as oscillations between aggressiveness and hostility and an eagerness to please adults and make new friends. In an attempt to reduce feelings of shame and embarrassment, children over 11 years of age tended to be much more secretive to the point of denying the violence within their home situations. Children of a school-going age who are residents in shelters for abused women have also been found to show a higher rate of parental reports of academic problems such as repeating or failing grades, and an increased need of special school services. Behavioural problems such as aggression, neurotic or antisocial behaviours, fears, sensitivity, hyperactivity and suicidal attempts or ideation are also common (Wildin et al., 1991).

The influence of spousal violence on older children appears to be more subtle. Jaffe, Wolfe and Wilson (1990) point out, for example, how adolescent girls from abusive homes have a tendency to be distrustful of men and negative towards marriage, or may become victims of their partners' violence. Some children tend to exhibit greater capacities for coping with anger, they show increased sensitivity and involvement in the conflicts of others and reduced displays of affect/emotion in response to parental fighting (Berman, 1993).

Older children may display anxiety, secretiveness, aggression, ambivalence and/or denial about the family situation. They may also display guardedness about the family situation as well as tendencies towards truancy, running away and ambivalence towards one or both parents (Angless & Shefer, 1997; Jaffe, Hurley & Wolfe, 1990; Shefer, 1995). They may even project blame onto others such as their mothers and participate in abusing the mother after having observed their fathers engaging in many years of doing the same (Jaffe, Hurly & Wolfe, 1990; Wolfe & Korsch, 1994). The latter suggests that with increased chronic exposure to domestic violence, there may be reduced sensitivity to the violence per sé.

Whereas some adolescents may respond to the violence with delinquency or by running away or fantasizing about a different life, others stay in the home and respond by becoming peacemakers who try to protect and support siblings (Bennett, 1991; Jaffe, Wolfe & Wilson, 1990). Growing up in a home where domestic violence occurs, is associated with increased parental demands and household responsibilities in an emotionally charged environment. In support of this, one phenomenological study found that adolescent girls exposed to marital conflict have been found to experience a sense of social isolation and heightened awareness of their mother's unhappiness (Bennett, 1991). They also tended to display responses of fear and helplessness as well as a more long-term sense of the loss of family and childhood experiences and of closer relationships to others (particularly their fathers).

Despite the mass of often contradictory findings and arguments about the impact of domestic violence on children of different ages and developmental stages, it is apparent that growing up in a home where domestic violence occurs has the potential to damage the self esteem of all children and to negatively impact on the effective negotiation of developmentally appropriate milestones. This lends further support to the aims of the current research which is 1) to explore the range of adaptive and maladaptive coping strategies displayed by

the children of abused women and 2) to assess with input from the community firstly whether there is a need for intervention and secondly what kind of interventions will be most appropriate in the local context .

Whereas this section focussed on maladaptive coping strategies employed by children exposed to violence within the home, the next section focuses on children who appear to come through the ordeal of growing up in an abusive home relatively unscathed.

2.5 RESILIENCE

Since it has also been established from the literature that there is much variation in individual responses to the stress accompanying exposure to domestic violence, the term resilience can be defined as describing the positive pole of adaptive individual emotional regulation and responses to such stress and adversity (Engle, Castle & Menon, 1996; Luthar & Zigler, 1991; Rutter, 1987; Thompson & Calkins, 1996). Resilience is thus concerned with the individual capacity for an outcome of successful behavioural adaptation and internal states of well-being and effective functioning within the environment despite exposure to threatening, challenging circumstances (Masten et al., 1990).

Owing to the complex nature of emotional regulation, emotional regulatory processes can not only buffer psychosocial stressors, but can simultaneously increase children's susceptibility to other risks which, depending on the environmental circumstances, may pose challenges to normal sociopersonality growth. Whereas resilience can thus be viewed as the acquisition of coping strategies for emotional regulation which protect from constitutional or environmental factors, this does not mean that the aforementioned children are not left exposed to other risks (Thompson & Calkins, 1996).

The degree of resilience seems to be influenced by the complex interaction between the presence of cumulative or multiple risks within an environment as well as proximal-risks (such as poor nutrition, parental discord, ineffective parenting and parental antisocial behaviours which impact directly on the child) which mediate distal-risks (such as social class, economic hardship and poverty which are not experienced directly by the child) (Masten et al., 1990). That perceptions of what constitutes risk and resilience and abnormal versus abnormal environments vary, also bears consideration (Engle et al., 1996). As a result of the multitude of definitions, what outsiders view as being harmful, neglectful risky parental behaviour may be considered as being appropriate, beneficial and adaptive behaviour by parents. Similarly, middle class definitions of what constitutes "normal" versus "abnormal" family environments also vary. So what such supposed middle class experts class as an abnormally violent environment (of which children's exposure to domestic violence is a prime example), the children themselves may not experience as being abnormal (Angless & Shefer, 1997). Consequently, middle class assumptions that *all children exposed to experiences* (such as that of domestic violence) *which differ from existing constructions of normality will inevitably be negatively effected by their experiences* do not necessarily hold true. The manner in which biopsychosocial factors interact to provide circumstances which foster and maintain the incidence of domestic violence has already been raised.

Accordingly, children's risk and resilience can be seen as functions of family and societal views which can undermine family and parenting resources and thus influence family settings, structures and dynamics.

When considering research on risks and resilience however, it is critical to remember that within an ecosystemic paradigm outcomes are probabilistic (Kazdin, Kraemer, Kessler, Kupfer & Offord, 1997). Instead of making probabilistic assumptions that children from violent homes are pre-programmed to become violent adults (Belsky & Pensky, 1988), perhaps it would be more appropriate to make the amendment that children who are abused or who grow up in abusive homes are *more likely* to grow up to become abusers because they have learnt that it is acceptable and appropriate to solve conflict by abusing the people one loves (Gelles & Cornell, 1990).

Over the last 20 years or so a vast amount of literature has been generated on children experiencing adversity, in the hope of discovering coping as well as psychopathological mechanisms (McCloskey, Figueredo & Koss, 1995). Notions integrating attachment theory (focusing for example on what mothers and fathers carry internally as working models of intimate family relationships) and the aforementioned systems perspectives (focusing on interpersonal transactions on multiple levels) have been put forward. For example, Cowan et al. (1996) state that instead of being incompatible, attachment and systems theories in combination can enhance understandings of children's socioemotional adaptation in adversity and the mechanisms which reinforce positive and negative intergenerational patterns.

Whereas the claims of attachment theorist, Bowlby (1951) regarding the serious effects of early life experiences on the intellectual and psychosocial development of children were initially regarded as controversial (cited in Rutter, 1980), there now appears to be general consensus that early experiences can and do have important effects. However, contrary to Bowlby's early assertions, contemporary thought asserts that such early damage is not necessarily permanent and that children are generally much more resilient than first appreciated. As a result, there is a greater potentiality that children can recover substantially from early adverse exposure depending on whether or not the deprivation continues (Rutter, 1980).

That children exposed to family violence are at increased risk to develop emotional, cognitive, psychosocial and behavioural problems is not, however, something that can be ignored. The mere absence of an association between family violence and behavioural difficulties does not mean that the children are unaffected and are not experiencing problems in other domains of their development (Humphreys, 1993; Kolbo, 1996). Nevertheless, exposure to violence does not automatically lead to serious behavioural problems and a prediction of the continuation of the cycle of violence into future relationships (Humphreys, 1993; O'Brien, Margolin, John & Krueger, 1991; Rutter, 1987).

Though the research on relationships between exposure to family violence and functional adaptation in children has on the whole been inconsistent and inconclusive, there are studies indicating that there are many children

from violent homes who do not become abusive partners and parents (Berman. 1993; Kolbo, 1996). There have also been studies which found no significant link between exposure to family violence and the development of emotional problems and behavioural problems (Hughes & Barad, 1983; Wolfe et al., 1986). This lends further support to a contention that a number of children in these studies appeared relatively unaffected by their exposure in clinically recognisable ways. Nevertheless, the consequence of growing up in a home where domestic violence occurs cannot in any way be viewed as being a benefit to a child (Humphreys, 1993). Independent of other adverse circumstances within the home, exposure to violence therefore comes with a cost. Any one variable may therefore act as a risk factor in one situation and as a vulnerability factor at another (Rutter, 1987). What is apparent then is that resilience is in part due to a complex interaction of factors or variables where an individual's responses to adverse circumstance is catalytically modified. It is for this reason that the terms "mechanism" or " process" are preferred to "factor" and "variable" (Rutter, 1987).

Once again some of these inconsistencies in findings about there being a relationship between exposure and developmental outcomes may be attributed to differences in research designs, sample selection, description and definition of constructs, informants, comparison groups, measures and instruments. Another confounding issue may be the presence of certain mechanisms which protect some children from the effects while others are left more vulnerable (Kolbo, 1996). So whereas some children will display more resilience than others, in actual fact there is always a cost involved and there are difficulties experienced no matter how these may emerge. Every coping strategy thus has both advantages and disadvantages for psychosocial well-being and represent compromises between extremely difficult emotional demands and inconsistent goals in response to intrinsic and extrinsic stressors experienced (Thompson & Calkins, 1996).

While acknowledging the important formative influential role the family plays on a child when he/she is very young, incidence of resilience has on occasion been attributed to the fact that once the child starts school he/she is presented with the chance of modifying family influence through contacts with society and other contextual levels outside the sphere of the family (Combrinck-Graham, 1989) . According to Combrinck-Graham (1989), the "..context alone does not make the individual. Individuals in context have traits, and individual traits will influence the context as the context will influence the expression of these traits. This reciprocity or mutual modification is critical to the family systems viewpoint" (p.74). This contention is especially important when considering the impact of domestic violence and children where, in as much as children growing up in homes where domestic violence occurs are impacted on by their family and other contextual influences, these children's individual traits both impact on and are impacted upon by mutual modification. So whereas the family context can impact significantly on a child's developmental outcome, other systems and contexts such as school or extended family members or support do appear to offer a buffer against adverse conditions within the family system (Kolbo, 1996). Consequently, some children come through the exposure to domestic violence relatively unscathed and manage to display constructive coping mechanisms and resilience in the face of adverse contextual influences.

Although there are no recent local statistics on the topic, according to the available overseas literature, resilient children tend to employ effective coping strategies for the restoration and maintenance of internal and external equilibrium under threatening circumstances and tend to function well academically and with peers (Jaffe, Hurley & Wolfe, 1990). The finding that 50% to 70% of the children from maritally aggressive homes were *not* manifesting problems at clinical levels is consistent with findings of other studies with children in high-risk populations (children with an alcoholic parent for example) where the children emerge relatively unscathed by the experience of adverse factors in their home environment (Humphreys, 1997; Jourile, Murphy & O'Leary, 1989; Wolfe et al., 1985). This allusion to children's resilience (or adaptive, functional coping abilities) in the face of adversity reinforces the need to identify protective mechanisms which buffer children from the negative effects of disruptive home situations. The identification of such mechanisms so as to inform appropriate interventions is an inherent part of the current research.

Given that individual children will react differently, a very pertinent question about the extent of conflict and anger which can be experienced without harmful effects is raised. In an attempt to answer that question, Jaffe, Wolfe and Wilson (1990) are careful to state that continued exposure to strong emotions can at some point become detrimental despite adaptational coping mechanisms (of which resilience can be seen as an example). Despite the fact that there are instances of children developing under conditions of environmental risk displaying better-than-expected social, cognitive and emotional adaptive functioning, there does not appear to be such a thing as an invulnerable child (Radke-Yarrow & Sherman, 1990). Consequently it has to be appreciated that even in the best attempts at emotional regulation where some protection is provided, there is always a cost involved which entails inherent risks to the child (Thompson & Calkins, 1996).

Therefore, when disseminating a view that some children are invulnerable to adversity, there are also ethical issues to consider. This is especially relevant in instances when too much emphasis is placed on the findings of once-off assessments of competence so that high-achieving children may be hastily labelled as being resilient without further consideration that they may suffer from emotional problems and may be distressed despite their adaptive behaviour (Luthar & Zigler, 1991). Such apparently high-achieving children may therefore slip through the gaps when it comes to being targeted for intervention services, whereas the children most likely to receive mental health services are those whose symptoms pose management problems for authority figures (Luthar & Zigler, 1991). Acknowledgement of the operation of multiple forces influencing stress levels, competence and moderating processes involved in resilience, together with the use of multiple assessment procedures are advocated to counter inappropriate intervention and prevention programming.

As Berman (1993) points out, being resilient is in itself not equivalent to being happy and secure, as such children (instead of leaving home) often stay at home despite the violence with a desire to offer protection and nurturance to their mothers and younger siblings. As has already been mentioned, they often have to grow up too quickly and take on parental roles and more responsibilities than is developmentally appropriate. A *compensatory risk mechanism* where a child develops inner characteristics which enable survival of indirect

and direct challenges from the environment (such as family violence, poverty and so forth), could therefore, eventually carry increasing risk for maladaption under particular circumstances (Cicchetti & Lynch, 1993; Radke-Yarrow & Sherman, 1990; Silvern & Kaersvang, 1989). Any attempt made to cope comprises a combination of protection and vulnerability in dynamic tension with one another which in turn yields a mixture of simultaneously satisfying and unsatisfying, advantageous and disadvantageous outcomes for the individual (Thompson & Calkins, 1996).

It is hypothesised that resilience is more likely to develop when:

1) an abused woman continues to be a nurturing parent

2) there is strong emotional support from a non-abusive adult who can give meaning to the violent events

3) children recognize that their parents' problem-solving skills are ineffectual and therefore attempt to implement more effective strategies

4) older children/siblings with natural competencies and feelings of self-worth can fill parenting gaps

5) children can learn that respect and love can be gained through nurturance rather than violence

6) children can see the negative effects of the violence on their families and can make their own decisions that their future family lives will be different (Emery et al., 1992; Jaffe, Hurley & Wolfe, 1990, for example).

With the latter comes the implication that a positive relationship with one warm, caring adult may have a beneficial, buffering effect on the development of such children and that this may then carry over into their relationships with other figures and mitigate, rather than completely eliminate the impact of domestic violence (Humphreys, 1993; Masten et al., 1990; Musick, Stott, Klehr Spencer, Goldman & Cohler, 1987; Rutter, 1990; Sternberg, Lamb, Greenbaum, Dawud, Cortes & Lorey, 1994). The mother's coping style and the ways in which she attempts to compensate for the father's violence or parental absence may also render a positive, protective influence (Humphreys, 1993).

Other mechanisms which can potentially mediate the effects of stress upon children, all seem to share a common factor in that the possession of such attributes contributes towards an improved sense of personal self-efficacy and self-esteem and seem to lessen the effects of a stressful home environment. These protective mechanisms include family milieu (in terms of the degree of warmth, support and orderliness of the home setting and the presence of good parenting skills) as well as the dispositional attributes of the child such as temperament and mood, age, gender, IQ, curiosity, an internal locus of control, pleasing physical appearance, socially engaging ways, non-aggressive problem-solving strategies and shifting developmental changes in cognition, emotion and socio-cultural context, as well as positive educational and school experiences, religious or church membership and faith in a higher power, socio-economic status and the presence of supportive interpersonal relationships (Engle et al., 1996; Humphreys, 1997; Kolbo, 1996; Luthar & Zigler, 1991; Masten et al., 1990; Radke-Yarrow & Sherman, 1990). Resilience, as is the case with adaptation, is always contextual (Masten et al., 1990).

Within a family systems paradigm, the influence of contextual mechanisms or processes which may combine either additively or combinatively helps to explain some of the variance in children's behaviour and attachment patterns (Cowan, 1997). The presence of violence on one level of a system may not condemn a child to having developmental delays for example. With the latter comes the further suggestion of evidence of both vulnerabilities as well as mechanisms at any level of the ecology which may buffer, reduce or amplify the direct and indirect effects on parental behaviour (both of the mother and of the father) on their children's attachment and behavioural patterns and on parent-child relationships as well as their adaptation to the presence or absence of family violence (Cicchetti & Lynch, 1993; Cowan, 1997).

It is also evident that there are several levels of interaction bearing consideration which can provide a combination of ameliorating and aggravating influences on the child's functioning and development. According to Engle et al. (1996), these include interactions between:

1) The child and his/her immediate family.

2) The different social systems in the child's environment which lend meaning and significance to the child's experience.

3) The influences of larger powers such as government, cultural and legal value systems which define the child's environmental climate.

All of the aforementioned therefore hold implications both for one's understanding of domestic violence as primarily being a social problem and for informing the implementation of effective intervention strategies at multiple points to alter the probability of outcomes.

Both long- and short term developmental consequences of growing up in an abusive household can thus be better understood within the ecosystemic framework previously alluded to where the nature of the trauma (and the environment in which it occurs), together with the child's age (and stage-salient competencies which are most vulnerable to disruption), as well as the degree to which caregivers amplify or reduce ill-effects are all salient determinants (Fantuzzo et al, 1997). The ecosystemic perspective therefore both informs an understanding of the impact of domestic violence on children and the implications thereof for the range of intervention strategies to be discussed in the next section.

2.6 INTERVENTION STRATEGIES

Following the previously outlined range of responses which individual children may have in response to exposure to violence within the home, it makes sense that the type and duration of intervention strategies should vary according to the immediacy of the violent episodes, the age, sex and developmental phase of the child, the child's short-term response to the violence (as either victimiser, victim or resilient person) and the stage of recovery of the parents.

As informed by ecosystemic theory, when designing interventions attention should always be give to the three levels of analysis of :

1)the individual

2) the family environment and

3) larger government, legal and community institutions- all of which interact and constitute both risk and protective functions (Engle et al., 1996; Kazdin et al., 1997). Furthermore, interventions targeting the individual in isolation of his/her context will be less effective than interventions targeting the relationship systems in which the individual's behaviour is embedded (Cox & Paley, 1997). Clarifying a context for clients is thus a vital first step before the initiation of interventions with abused women and their children can even begin.

In families where there is domestic violence, it can be predicted that there are most probably multiple other problems (such as histories of substance or alcohol abuse, sexual abuse, suicide, depression, divorce, broken marriages, unplanned pregnancies and so forth) which coexist and can contribute towards family members' lowered level of differentiation as well as the transgenerational patterns of behaviour of which the children often show the greatest symptoms (Hurst, et al., 1996; Sroufe & Fleeson, 1988).

Recommendations for multifaceted treatment strategies for ameliorating the effects of exposure to violence and preventing serious adjustment problems include:

- Individual therapy.
- Family therapy.
- Group therapy.
- Play therapy where younger children can communicate and cathart through art, stories or puppets and be taught more functional coping mechanisms and self-esteem building can occur.
- Building on the child's cognitive and behavioural response to domestic violence.
- Improvement of social supports and stability.
- Implementation both immediate crisis-oriented assistance as well as long-term educational goals.
- Cognitive behavioural therapy involving the challenging and modification of maladaptive beliefs and behaviours.
- Exploring the issue of domestic violence and increasing knowledge of the currently available treatment and prevention resources (Alessi & Hearn, 1984; Angless & Shefer, 1997; Berman, 1993; Blau et al., 1993; Engle et al., 1996; Ericksen & Henderson, 1992; O'Brien et al., 1991; Padayachee, 1994; Paré, 1996; Peled & Edleson, 1992; Peled , Jaffe & Edleson, 1995; Stark, Swearer, Kurowski, Sommer & Bowen, 1996; Wolfe & Korsch, 1994).

From an ecosystemic perspective, the ideal intervention with violence would be to eradicate all social ills. But since this is unlikely, the different levels of primary, secondary and tertiary prevention offer a useful framework for exploring strategies which can target areas needing to be addressed by health professionals who deal with children exposed to domestic violence (Gilbert, 1996). Programmes to pre-empt burnout amongst workers involved in the field of domestic violence are also a vital consideration for ensuring more effective provision of

services (Segel & Labe, 1990). The development of effective programmes for the children of abused women are not without inherent problems, however.

Despite such children having been identified as being at risk for future problems. Kashani et al. (1992) caution that the development of intervention programmes may be premature when the identification and understanding of causal factors (as well as outcome research findings on existing) are as yet still incomplete. Since the successes of such interventions are limited, it has been suggested that a much more effective strategy appears to be to try to reduce the extent of exposure to violence to begin with (Engle et al., 1996). Despite a degree of overlap, the different levels of prevention provide a useful foundation for the implementation of intervention strategies.

2.6.1 Primary intervention

The phenomenon of children exposed to woman abuse has not as yet been adequately acknowledged as being a social problem which needs to be addressed accordingly within the three-tiered process of definition, legislation and intervention in this regard (Humphreys, 1993; Peled, 1993; Peled et al., 1995). Primary prevention interventions thus encompass long term preventative strategies such as programmes to eliminate the conditions which encourage the occurrence and maintenance of domestic violence to begin with.

The relevant range of structural, ecological, socio-political and psychological determinants which contribute towards violence should therefore be considered here (Gilbert, 1996). Political restructuring and the implementation of measures to combat poverty, unemployment, housing crises as well as the implementation of more effective, health and social welfare policies and educational systems are examples (Peled, 1993; Segel & Labe, 1990). Advocacy and review of current legislation which tends to allow the effects of domestic violence on abused women and their children to go unchecked, is another avenue for promoting decreased societal tolerance for all types of violence (Gilbert, 1996; Humphreys, 1997).

Reform of the criminal justice system is particularly important. Laws authorising the eviction of abusers from homes should be enforced with greater regularity to pre-empt impoverished women from becoming homeless when they try to flee their abusers (Steinbock, 1995). The lack of government supported shelters for abused women and children is another issue which needs to be addressed and where advocacy may play a valuable role. Keeping in mind the glaring absence of public policy strategies to reduce violence, Peled's (1993, p. 50) reference to the American situation can easily be seen as having equal application to the South African context where:

> Given the limitations of the public child welfare system, social intervention with child witnesses of violence can best be carried out by private, non-profit services receiving support from both private and public funding sources. As a society committed to the ideal of "protected childhood", it is our responsibility to stop permitting child witnesses to fall between the cracks".

In the same way violence within the home impacts on both children and mothers alike, homeless female-headed families (where the mothers may have tried to escape the violence by leaving home with their children) and

parent-child relationships are also impacted upon by national and local policies (Steinbock, 1995). Advocacy and sensitivity by multidisciplinary practitioners to the macro-policy issues which account for micro-level problems which put female-headed families at risk is thus recommended (Smith et al., 1997; Steinbock, 1995).

Custody assessments which take into account the risks to both mothers and children are one such important consideration (Smith et al., 1997). The parenting capabilities of abused women should thus be supported rather than sabotaged by legislation which tends to rule in favour of the abusers and avoids funding educational programmes to counter the impact of domestic violence on children (Steinbock, 1995). Improved training of police around issues of domestic violence is another area where effective intervention can be facilitated (Segel & Labe, 1990). Programmes focusing on promoting interpersonal skills amongst children and adolescents within school curricula, that aim to promote violent-free relationships, and to improve communication and conflict resolution strategies, for example, are other options for primary prevention (Wolfe & Korsch, 1994).

School systems represent a platform and area for intervention where awareness-raising of domestic violence, community resources and the implementation of programmes can occur. As self-esteem for these children from abusive homes is the route to their mental health, the degree to which schools can contribute towards either bolstering or deflating the self-esteems of children from abusive homes may be invaluable (Jaffe, Hurley & Wolfe, 1990). The implementation of supervised family life classes into scholastic curricula where parental participation is encouraged are valuable options as are programmes presenting children with an opportunity to experiment with different adult-relationship and child-rearing dilemmas. Issues such as savings, morality and community values can be addressed in addition to scholastic, vocational and sport education. Programmes facilitating positive role modelling of appropriate conflict resolution and assertiveness strategies are also recommended (Humphrey's 1993).

2.6.2 Secondary intervention

Intervention at this level is aimed at promoting conditions for the empowerment of abused women and their children and for preventing the abuse from becoming chronic. Early detection of children exposed to wife abuse who do not yet manifest with major clinical symptoms, together with crisis intervention and case management of existing incidents of wife abuse as well as increased public awareness and community education about the rights of women and children are examples. Crisis intervention, individual and group therapies and marital and family therapy to ensure the physical safety and emotional well-being of the victims and treatment of the perpetrator are other examples (Humphreys, 1993; Humphreys, 1997; Segel & Labe, 1990).

With the increasing evidence about the impact of domestic violence on children, the need for researchers and practitioners to brainstorm and exchange ideas and information about current clinical programmes which have been found to work with these children becomes all the more important (Grusznksi, Brink & Edleson, 1988). No matter what the nature of the intervention, regular follow-up evaluations of the effectiveness of existing

programmes are vital to ensure the provision of effective services (Humphreys, 1997). Worker burnout prevention programmes are one such option which can serve to improve the efficiency of existing services.

Suggested programme emphasis includes:

- teaching children basic safety skills in times of domestic crisis (such as contacting the police)
- exploring the dilemmas children may face in taking aforementioned action (such as conflict around perceived disloyalty towards the father or feeling overly responsible for protecting mother and siblings)
- exploration of the range of feelings around the family situation and parents including feelings of ambivalence, anxiety, guilt, anger, sadness, resentment and confusion
- normalising conflict as a natural part of life, but differentiating between appropriate and inappropriate conflict resolution strategies and modelling more appropriate methods

focus self-esteem building, addressing of associated entrenched perceptions of self-blame and exploration for who is responsible for the violence (Peled & Edleson, 1992).

Parenting support and training about discipline techniques for example is especially important where children exhibit many problem behaviours that may elicit more frequent negative, harsher discipline from the parent which may exacerbate aggressive behaviour (Humphreys, 1993; Smith et al., 1997). Parent-child programmes which assist women in modelling non-violent methods of conflict resolution may help their children to unlearn some of the aggressive means learnt within the home context and can provide the children with support, encouragement and a safe place to disclose and process their personal and affective experiences (Silvern & Kaersvang, 1989; Smith et al., 1997).

Education and counselling programmes for abused mothers may thus indirectly benefit the child by enhancing parent-child relationships and improving mothers knowledge of the impact of the range if influences the different forms of domestic can have in their children (Cicchetti & Lynch, 1993). The coordination of services offered both to the abused woman and her children may prove equally beneficial for women and children alike (Peled, 1993). The value of comprehensive combined programmes incorporating exposure to male and female counsellors who respect each other and work together cannot be ignored (Humphreys, 1993).

One such programme is that of the Domestic Abuse Project's six-year old programme of support and education groupwork with abused women and their children which Grusznksi, et al.(1988) describe. As outlined by the latter, the chief characteristics of this project are as follows:

- the children's leaders for each group usually consist of a male-female team who may also be doing concurrent groupwork with the children's parents
- the programme runs on a 10-week basis of an hour a week for younger children (where the focus is mainly on group activity) and an hour and a half for teenagers (where the focus is mainly on group discussion)
- each session usually consists of an activity, the covering of one or two major topics, ending off with a routine checking or evaluation activity

- one hour family sessions (the presence of the male abuser depends on the wishes and ensured safety of the relevant family members) may occur at the end of each of the aforementioned sessions where children and group leaders review for parents the material covered in the session of that day and recommendations are made by the group leaders

- whereas the initial focus is usually on ice-breaking and information-provision about definitions of violence, rule-setting and the building of group cohesion rather than self-disclosure of personal information, there is a progression towards greater personal self-disclosure about emotions and individual home contexts as time goes on

- other topics include domestic violence, establishing responsibility for the violence, issues of shame and isolation, safety plans, gender role issues, conflict resolution and self-esteem building.

2.6.3 Tertiary intervention

This level of intervention aims at assisting those acutely needy individuals and those whose lives have already been affected, often irreversibly, by violence so that the goal of intervention is to rehabilitate the children to the maximum level of functioning possible with the limitations of disabilities (Humphreys, 1993; Humphreys, 1997). The identification and referral of women and children incurring physical injuries to social services is one option, whereas documentation and reporting by health professionals of all episodes of violence or suspected child abuse and neglect is another option to prevent children of abused women being victimised by prolonged legal and custody disputes (Humphreys, 1993).

For example, health professionals can provide testimony in custody cases where the children are ironically placed in the custody of the batterer or in foster-care (because the mother is not able to provide accommodation because of financial reasons or because she may have developed a substance problem associated with having been abused) that the awarding of such custodial/visitation rights to the batterer should either be avoided or only made with careful consideration of the full impact this will have on the children and parent-children relationships in particular (Humphreys, 1993; Humphreys, 1997; Steinbock, 1995).

2.7 CONCLUSION

The literature covered in this chapter illustrates the existence of much controversy both around definitions of family and domestic violence as a societal problem, and for understanding the evolution and impact of such violence on the children growing up in such homes where their mothers are abused.

Evidence of both positive and negative associations related to children's exposure to domestic violence emphasises the need to avoid probabilistic assumptions that children cannot display resilience in the face of adversity. Overall, variations in magnitude and nature of the impact of domestic violence on child development appears to depend both on the type of domestic violence experienced and on who the source of information about the child's adjustment was. Individual intrinsic determinants (such as the age, developmental level and gender of the child) as well as extrinsic determinants (such as protective and risk-inducing mechanisms in the

child's environment) also play an important role in the outcome of children's exposure to adverse circumstances within the home.

Inconclusive findings in the existing body of literature exemplify both the complexity of the issues around domestic violence as well as the need to explore various ways of understanding the problem. A more coherent body of research is thus required to increase understanding of the problem at hand and to inform the implementation of more effective programmes for the children of abused women. The lack of local published research on the topic is highlighted. The current research, couched within an ecosystemic perspective, aims to investigate the impact of domestic violence on children located within a South African context and to inform potential avenues for intervention as perceived by their abused mothers.

The following chapter looks at methodological issues and delineates the action-research and community psychology principles which form an integral part of this research process.

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CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION OF METHODOLOGICAL PERSPECTIVE

If I had to choose one strategy that would encourage prospective inside research to adopt, it would be to relate the research report to the pragmatic concerns of the institution
(Bell, 1993, p. 57) .

Private and public institutions are increasingly calling for research to focus on tackling real-world social problems (Bond, 1990; Hedrick, Bickman & Rog, 1993). The current research initiative was born in response to this call for more socially relevant research. Over the years, more and more NWSC clients have voiced their concerns about the real-world social problem of domestic violence being a major source of distress for their children and themselves. In doing so, they have informally expressed a need for services for their children. This project therefore emerged from the NWSC's desire to formally assess whether the extension of their present day counselling services to include services for children of abused women is indeed warranted. The research focus therefore involves an exploration of the perceived needs of children impacted upon by domestic violence as reported by their abused mothers and how NICRO can best go about meeting identified needs.

Traditionally, research methodology has been based on the positivistic tradition of reductive experimentation which separates the object and the subject and assumes universal statements of truth which presume that human nature and behaviour are uniform (Dawes & Donald, 1994; Hoshmand, 1989). Whereas quantitative research focuses more on finding statistically significant relationships, linear effects and universal facts in a bid to answer single questions, qualitative research doubts the value of a scientific approach with human beings (Lincoln & Guba, 1985). Rather than seeking to determine kernels of truth about people's lives as reflected in their self-narratives, qualitative research focuses on understanding the richness of individuals' perceptions and experiences of the world (Bell, 1993; Gergen, 1988; Hedrick et al., 1993; Miles & Huberman, 1984). A qualitative approach therefore embraces concepts of *induction, holism and subjectivism* (Mouton & Marais, 1990). The term *induction* refers to the researcher's attempts to understand a situation without imposing pre-existing categories of meaning and expectations on the setting. *Holism* (where the whole in considered to be greater than the sum of it parts) considers context as all-important. The researcher must attempt to gather numerous aspects of the situation in order to get a better idea of the whole picture of social dynamics of a particular situation or setting. *Subjectivism* focuses on the experiential states of participants and their perceptions of a situation. There is less reliance on the researcher's theoretical units and more room for the discovery of emergent meaning categories, unplanned backlooping and decisions to change course (Hoshmand, 1989; Lincoln & Guba, 1985). The researcher is thus allowed greater flexibility to adjust to the complexities and unpredictability of human experience.

Although quantitative paradigms which place the researcher apart and above those who are being researched have been criticised (Bond, 1990; Serrano-Garcia, 1990), qualitative research is not without its own

shortcomings. One of the shortcomings of qualitative paradigms is that such naturalistic inquiry is not an easy task. Qualitative studies can be time-consuming. Schedules inevitably slip owing to the often unpredictability of human, logistical and other contextual features. The personal feelings of the researcher around fieldwork such as anxiety, fatigue and inadequacy may also impact on research outcomes (Lincoln & Guba, 1985). Inherent bias in the discourses and perspectives may arise from the researcher's prompts. Alternatively, the interactions of varied personalities of participants may inhibit the expression of particular responses (Fontana & Frey, 1994). This may influence criteria of credibility, transferability, dependability and confirmability of research findings. Focus groups are one such qualitative option where the emergent data, though rich and diverse, should be generalised with caution. Nevertheless, as mentioned earlier, a qualitative paradigm comes with many advantages. Qualitative methodology is more adaptable to dealing with multiple realities which are less aggregatable. It is also more sensitive to the interaction between mutually shaping forces and value patterns encountered in the real world. Furthermore, it takes into consideration the nature of researcher-researched transactions which can influence the extent to which the description of a phenomenon is biased (Hedrick et al., 1993; Lincoln & Guba, 1985; Mouton & Marais, 1990). The context in which research occurs is therefore an important aspect within the qualitative paradigm employed here.

Community Psychology is also deeply concerned about research issues concerning how and where research is done, as well as by whom and for whom (Serrano-Garcia, 1990). These are all issues which will be discussed in the reflexivity section in chapter five. In as much as the implementation of community psychology theory has become more prevalent and relevant to research within the South African context, the present study was couched in an action-research perspective. Jackson and Van Vlaenderen (1994) contend that research should ideally be action-oriented, informative, liberating and empowering rather than a situation which increases the power differential between the "researcher" and the "researched". It may be argued that the present study, by facilitating reduced researcher-researched power differentials and by creating an atmosphere in which NWSC clients could actively participate in and express their perspectives about the needs and impact of domestic violence on their children, was consistent with the community psychology perspective embracing the notions of *collaboration, empowerment and participatory* research outlined by Rappaport (1990) and Rodwell (1996), for example. Owing to limitations in space, there is no allowance here for a detailed description of community psychology and all its accompanying concepts. However, some familiarity with the concepts most pertinent to the present study is required.

Action or participatory research refers to the dynamic cyclical process where people's experiences and ideas can be used to develop and improve existing services and so bring about beneficial changes in people's lives and the systems in which they live. As a model of inquiry the pragmatic focus of action research is on needs assessment, problem diagnosis, planned interventions and evaluation of changes (Epstein, Quinn, Cumblad & Holderness, 1996; Nuttall & Ivey, 1979 cited in Hoshmand, 1989). Although action research is used primarily within educational settings, it is appropriate in any setting which requires specific knowledge for specific problems within specific situations, or when a new approach (such as the proposed extension of NWSC services

to children) is to be introduced into an existing system (Bell, 1993). In essence, action research can be described as being:

> *an on the spot-procedure designed to deal with a concrete problem located in an immediate situation. This means that the step-by-step process is constantly monitored (ideally, that is) over varying periods of time and by a variety of mechanisms (questionnaires, diaries, interviews and case studies, for example) so that the ensuing feedback may be translated into modifications, adjustments, directional changes, redefinitions, as necessary, so as to bring about lasting benefit to the ongoing process itself (Cohen & Manion, 1989, p.223).*

The term *collaboration* refers to the researcher's attempts to reduce the inherent power inequalities between the researcher and the researched and so combine scientific and popular knowledge (Bond, 1990). This is considered critical to the community psychology perspective. In keeping with the aforementioned principles of collaboration and participatory research, the researcher also took cognisance of the potential of NWSC clients as a community to identify its own problems, needs, resources and capacity for social, political and ideological development and allow them to participate in the development of future action plans for intervention (Serrano-Garcia, 1990). The concept of empowerment itself is according to Rappaport, Swift and Hess (1984) easier to define in its absence, in terms of "powerlessness, real or imagined; learned helplessness; alienation; loss of control over one's life" (p.3). This sense of powerlessness is often viewed as an attitude of being, incorporating past experience, ongoing behaviour, and continuing cognition reinforced by and embedded in the fabric of social institutions. Inherent in the concept of powerlessness are feelings of self-blame, generalized distrust, alienation, deprivation of social resources, economic vulnerability and helplessness (Kieffer, 1982). For the aforementioned reasons an *empowerment agenda* (a term which embraces collaboration between the researcher and the researched, facilitation and participatory competence) was considered to be fundamentally important to the process of attempting to address the very real issue of domestic violence and its impact on children growing up in abusive homes.

Not only can such an *empowerment agenda* simultaneously return power and voice to the participating abused women, but it can also create an improved awareness and understanding of the plight and needs of their children which can inform intervention strategies. This raises the subject of praxis, the circular relationship of experience and reflection through which actions evoke new understandings, which in turn provoke new and more effective actions (Kieffer, 1982; Serrano-Garcia, 1990). The process of action research is thus an ongoing one which takes into consideration issues of praxis described earlier. In keeping with such an action research paradigm, the current research aimed to elicit information which is pragmatic, relevant and appropriate both at a NWSC organisational level as well as for the community of abused women it currently serves. Community participation and collaboration in the identification of needs and generation of suggestions for intervention services for addressing those needs was thus a vital part of this research. Following the guidelines of Krueger (1994), the use of focus group interviews and needs assessment forms in this study can thus be seen as a means of keeping to a participatory research agenda that provides a forum for abused mothers and can provide insights into how future interventions with both abused women and their children might operate.

3.2 AIMS / OBJECTIVES OF THE CURRENT RESEARCH

3.2.1 Broad aims

The broad aim of the present exploratory study was to investigate maternal perceptions and feelings regarding the following questions. What is the impact of domestic violence on children? What effects or range of problems can one expect to see in children exposed in domestic violence? What coping mechanisms or resilience are displayed by children in such adverse conditions? Is there a need for psychological and supportive services specifically directed at children from violent homes?

3.2.2 Specific aim

Exploration of the aforementioned areas leads on to and informs the primary aim and focus of this study which was to answer a number of questions. Is there a need for specialised intervention services in the Western Cape for the children of the abused women who are clients of the NICRO Women's Support Centre (NWSC)? What are the needs of the children of NWSC clients as perceived by their mothers, and how could the NWSC go about realistically meeting these needs? For example, what type of services do mothers think their children need and what would the services look like? Would children from abusive homes be able to make use of services given the chaos in their mothers' lives?

3.3 POPULATION AND SAMPLING

Participants consisted of individual clients (that is, women who had all experienced abuse in their intimate relationships and who were mothers to children who had been exposed to the domestic violence). Twenty-one women completed the needs assessment forms. These women were all NWSC clientele as recorded in the agency's files and had all been for at least one consultation specifically for individual, group and/or telephonic counselling between January 1996 and January 1998 and were all residents in the Western Cape region. The following table lists captured background information of the respondents of the needs assessment forms.

Table 3.1 : Background information of needs assessment form respondents

Age					
>19	20-29	30-39	40-49	50-59	<60
0	4	5	6	6	0

Language			
English	Eng & Afr	Eng & Xhosa	Eng, Afr & Xhosa
12	6	2	1

Marital status				
Single	Divorced	Married	Living with boyfriend	Widowed
1	5	12	3	0

Employment status	
Employed	Unemployed
12	9

The number, age, sex and education/work status of the children of the needs assessment forms are represented in the following table.

Table 3.2. : Number, age, sex and education/work status of children of respondents

Respondent	Number of children	Age and sex of children	Education/Work
1	2	Male (18), male (12)	Matric, std. 4
2	3	Female (21), male (19), female (17)	University, unemployed, matric
3	2	Male (12), female (5)	Std. 4, pre-primary
4	2	Female (17), male (14)	Matric, std. 5
5	2	Male (7), female (4)	Grade 1, at home
6	3	Male (26), male (24), female (20), male (18)	Admin work, technikon, unemployed, matric
7	5	Female (15), male (6.5), male (1 year 9 months)	Std. 8, grade 1, at home
8	2	Male (20), male (14), female (10)	College, std. 7, std. 3
9	4	Male (10), male (8)	Grade 5, grade 3
10	4	Female (11)	Unknown
11	2	Female (21), male (17), male (10)	Admin work, matric, std. 3
12	2	Male (3)	At home
13	3	Male (9), female (7)	Grade 3, grade 2
14	3	Female (24), male (20), female (17)	University (post-graduate), university, grade 11
15	3	Male (18), female (15), male (11)	Matric, std. 6, std. 3
16	3	Male (27), male (25), male (15)	Self-employed, computer graphics designer, grade 10
17	4	Male (23), female (20), female (18), male (15)	Carpenter, receptionist, unemployed, std. 7
18	1	Female (10)	Std. 3
19	3	Male (20), male (18), male (16)	Technikon, matric, std. 8
20	1	Male (15) from previous relationship	Std. 7
21	1	Female (5)	Pre-primary

Thirteen women participated in the mixed-race focus groups (one "African" woman, two "White" women and ten "Coloured" women). Following the conventions of the Country report on the convention on the rights of the child (1997) and the National Educational Policy Investigation (1993 cited in Dawes & Donald, 1994), the terms "black" (referring to the general disenfranchised majority in South Africa), "African" (referring specifically to black Africans), "Coloured" and "White" are recognised and rejected by the author as being offensive apartheid racial classifiers. Nevertheless, this nomenclature is used in the text of the current research to reflect the strong correspondence between such terms and the different levels of socio-economic status, tensions and divisions which still exist in South Africa today. Although all of the women could speak English, their first languages were either English, Afrikaans or Xhosa. Their ages ranged between 28 and 50 years. The following table represents a breakdown of the number, ages and sexes of the children and marital status of participants of the focus groups.

Table 3.3. : Breakdown of number, age, sex of children and marital status of participants

Participant	Number of children	Age and sex of children	Relationship status
A	3	Female (16), male (8), male (6)	Married to abuser for 14 years, currently divorced
B	3	Female (30), male (29), male (25)	Married to abuser for 33 years, still in the same relationship
C	2	Female (6), male (2)	Married to abuser for 7 years, currently separated and in process of getting divorced
D	2	Female (16), male (13)	Married to abuser for 22 years, currently divorced
E	2	Male (21), female (13)	Married to abuser for 21 years, separated from abuser for the last 6 months
F	3	Male (19), male (15), female (6)	Married to abuser for 20 years, still in the same relationship
G	5	Female (26), male (25), female (24), female (20), female (19)	Married to abuser for 26 years, divorced from abuser for last 4 years, but only moved out 4 months prior to research
H	2	Male (18), male (16)	Married to abuser for 18 years, husband died 1 month after she left him
I	4	Female (22), male (18), female (15), female (13)	Currently divorced
J	4	Female (21) from previous relationship, male (10), male (9), female (5)	Married to abuser for 11 years, currently living separately on the same premises
K	2	Male (13), female (2)	Still married
L	2	Male (16), female (12)	Married to abuser for 7 years, divorced last 8 years
M	3	Male (17) from first marriage, male (14) and girl (9) from second marriage	First marriage to abusive husband lasted 10 years. Second marriage also to abuser. Currently divorced from third husband who was also abusive

To qualify for participation in the focus groups, participants had to conform to the following criteria:

- For logistical purposes all participants had to be able to converse fluently in English or Afrikaans or at least be able to understand English.

- They had to sign a consent form indicating their agreement to participate and their acknowledgement that the interviews were to be taped (See Appendix for copy of needs assessment form).

- They had all been NWSC clients who had at least one biological, adopted or step-child who had to be 25 years old or younger and is/was living with his/her mother within an abusive household.

- The women had to have been involved in an abusive spouse-like relationship (between an adult male and female rather than between juveniles)- this included women who were formerly married to an abusive spouse, currently married to an abusive spouse, or co-habitants living together at the same address.

Mothers who reported that their children are/were experiencing sexual and/or physical abuse within the context of domestic violence were intended to be excluded from participating in the study as such cases are outside the handling capacity of the NWSC and are, by law, immediately referred to statutory agencies. Before initiating the research, the researcher outlined several issues, definitions and limitations in the research design. Firstly,

since sexual and/or physical abuse falls under statutory jurisdiction and is generally not part of the caseload to be dealt with by NWSC, the original intention of the researcher was to limit the exploration of the impact/associated/perceived effects of domestic violence to those children who had only witnessed or been emotionally or psychologically affected by exposure to domestic violence. However. the imposition of such separate categories emerged as being somewhat idealistic. This was especially evident as highlighted in maternal reports and in the literature (which emphasise that many children exposed to domestic violence become victims of physical or sexual abuse themselves). Also, despite knowing about the set age parameters for what would define children in this research, some mothers also discussed the observed effects of domestic violence on their individual children who fell outside of this range. In view of an action-research model adopted which permits flexibility, allowances could be made for this unforeseen occurrence. The information which emerged about children older that 25 years actually added to the research in that it expanded the knowledge on some of the more long-term effects associated with childhood exposure to domestic violence.

Secondly, whereas the decision to use mothers as informants has its advantages as it enables exploration of the experiences of children too young to speak for themselves or unable to recall the nature of early experiences of exposure to violence (Hilton, 1991), the fact that, in essence. the voices of children in this research were silenced except via the reports of their mothers may cast doubt as to the accuracy of these renditions. Although the sole reliance on maternal responses has been criticised in the literature, the sample chosen for this study was one of convenience. Accessing the abused mothers of children was less problematic than accessing the children themselves. Also, the need to obtain parental consent before conducting research with minor children could be avoided. Prospective problems were inherent in the selection.

The researcher also took cognisance of the possible occurrence of *sample bias* (where persons electing to participate may be those who find talking about their feelings in their own words quite compelling and may relish the opportunity of being allowed a space to ventilate their concerns and feelings) and *response bias* (where the response patterns of participants may have been influenced by subtle social cues about what responses are desirable or by unconscious cues by the researcher to which participants may be sensitive) (Harvey, Turnquist & Agostinelli., 1988). The importance of *contextual, researcher and participant effects* were also taken into consideration in the analysis of findings. According to Mouton and Marais (1990). the aforementioned effects can be defined as follows:

- *Contextual effects* refers to spatio-temporal factors determined by historical, socio-cultural, political and economic factors and the context within which the research occurred.
- *Researcher effects* refers to the interaction between characteristics such as the image, age, race, gender and affiliation of the researcher and those of the participants.
- *Participant effects* refer to the aforementioned characteristics relating to the researcher as well as to effects of the levels of motivation of participants, the emotionality evoked by the topic, and the natural decay in participants' ability to remember relevant past events with the passing of time.

3.4 INSTRUMENTS

Since "needs" are ultimately a question of values and philosophy which technical methods can neither identify nor analyse completely and since every method of data collection has inherent problems of discovery and analysis which no one method can adequately treat (Mouton & Marais, 1990: Witkin, 1984), the researcher took care to include multiple data sources (focus groups and needs assessment forms) to increase the reliability of the research findings. The rationale behind this was to attempt to compensate for the respective shortcomings of each method in isolation.

By giving voice to abused women, the current clientele of NICRO who have some investment both in the organisation and in their own children who have been exposed to domestic violence, the hopes of the researcher were threefold. Firstly, the researcher hoped to elicit a variety of perspectives to *establish whether there is indeed a perceived need for the proposed extended programme.* Secondly, it was hoped that the emergent perceptions of the impact of the children of these women who have been exposed to domestic violence will *help expand the existing body of knowledge of the impact of domestic violence on children in the local context.* Lastly, the researcher hoped to *highlight any ameliorating or exacerbating factors with respect to the impact of domestic violence on children and so help inform the implementation of future community relevant programmes with such children* based on both the oral and written input of their mothers. The nature and content of each of the two data collection instruments will briefly be outlined.

3.4.1 Focus group interviews

Some of the criticisms of focus groups and their generalisability have been mentioned previously. Nevertheless, the utility and value of focus groups for the eliciting of spontaneous and expressive responses within exploratory research cannot be disputed (Stevens, 1996; Stewart & Shamdansi, 1990). It was not the aim of this research to make generalisations, but to explore and describe the range of perceptions of abused mothers around the research topic. By giving people the opportunity to make attributions in their own words, a greater degree of personal reflection and self-report was facilitated then which other methods may have constrained (Harvey, et al., 1988). Also, unlike the case with individual interviews, focus groups have the advantage of facilitating interaction amongst group members and the generation of a multitude of ideas and perspectives. When utilised in semi-structured format as in the current research, there is also the added advantage of establishing a framework beforehand so that analysis is greatly simplified, especially when research is time-limited (Bell, 1993).

The focus groups consisted of open-ended, semi-structured interviews conducted over three, 90 minute sessions. A loose structure and guiding framework was therefore facilitated. In this way the researcher could ensure that the most important aspects of the research were covered without compromising participants' freedom to discuss additional areas that they considered to be important. The questions focused on several broad areas that explored:
1)abused women's experiences of domestic violence and its impact on their children

2)perceptions of their children's responses to the exposure to domestic violence

3)whether there was a perceived need for NICRO to implement intervention services for children of abused women and perceptions around the advantages and disadvantages of implementing such a service.

4)ideas and suggestions about logistics, and the content and nature of intervention programmes

3.4.2 Needs assessment forms

The second means of data collection was an anonymous and confidential needs assessment form (See appendix) that was drawn up in consultation with the NWSC staff and with much reference to the literature. As pointed out by Raeburn and Seymour (1979, p.291), in any system "a balance has to be found between 'consumer wants', the opinion of management, and the realities of resource shortages and constraints. But in all cases, priority is given to the consumer input, and ongoing monitoring of this input is essential.. all action proceeds on the basis of needs ascertained from the people most affected by the system, primarily their consumers". A *needs assessment* is thus part of a programme-planning-implementation-evaluation cycle that includes the following stages:

- the identification of critical or unmet problems/needs that should be addressed by new or revised programmes/service
- the search for appropriate alternative solutions
- programme installation
- implementation and evaluation (Witkin, 1984).

The needs assessment forms consisted of a combination of open-ended and multiple choice questions which were subsequently reviewed and refined in collaboration with NWSC staff members. The forms consisted of four parts: 1)demographic variables such as age, first language, employment and marital status, 2) information about the nature and duration of the abuse and abusive relationship, 3)information about the perceived adaptive and maladaptive responses of the children of abused women, and 4)establishing whether there exists a need for services for children and eliciting suggestions about what kind of intervention programmes would be most appropriate. English and Afrikaans versions of the forms were made available. Arrangements were made for staff to distribute and collect the forms to NWSC clients.

3.5 PROCEDURE

Authorisation for carrying out the study was obtained from the NWSC. Using an exploratory approach, a supply of needs assessment forms (with covering letters about the purpose and nature of the study) was made available at the NWSC reception/waiting-room area over a three-month period. With the assistance of NWSC reception-staff, forms were to be distributed over a three-month period to all presenting clients for immediate completion and return. Completed forms were to be stored in a box-file made available to reception staff and collected for analysis at the end of the aforementioned three-month period. This way, instead of contending with the notoriously high costs and poor return-rates associated with postal distribution of questionnaires, the researcher hoped a prompt, efficient return-rate would be facilitated. Furthermore, any of the perceived risks of

an abusive partner intercepting posted material were rendered negligible and the safety of the woman and her child/children would not be unnecessarily threatened by participation in the study. The distribution and collection of the needs assessment forms was not without problems, however.

What eventually emerged, was that because of various logistical constraints (such as a lack of support from some of the counselling staff in the distribution and collection process; completed forms which were reported to have been inadvertently thrown away by cleaning staff at the NWSC; some of the clients to whom the forms were distributed, had little education and poor literacy skills and found the content and language of the form too complex, emotionally evocative and time-consuming to complete) the original plan for dealing with the needs assessment forms had to be updated. Subsequently, after consultation with a senior staff member, it was decided that each of the counsellors at the centre was asked to disseminate and collect a quota of five needs assessment forms each from their clients who were known to have children. This also proved problematic as counsellors seemed to be resistant and showed little enthusiasm towards doing this. Subsequently, the intended response rate for the needs assessment forms was not met. Also, the intended time period over which these forms were to be made available at the centre had to be extended from a three-month to a five-month period. In response to the lack of support from counselling staff in this venture, the NWSC staff member with whom the researcher had liased throughout the initiation and implementation of this research then suggested that some of the volunteers contact clients telephonically and complete the needs assessment forms in that way. The latter issues will be discussed in more detail in the reflexivity section in the next chapter.

In addition to the information from the needs assessment forms, three 90 minute focus groups were run over two consecutive days at the NWSC at 4 Buitensingel in Cape Town to further ascertain the needs of the aforementioned children as reported by their mothers. The original intention was for each of the three focus groups to consist of six to eight participants. However, owing to a number of unforeseen complications (such as counsellors not nominating suitable candidates for participation, and participants who had promised to attend, but in the end had failed to do so) the eventual numbers for each group ended up being five, six and two respectively. Another problem emerged when, owing to unforeseen circumstances, some participants arrived late for the focus groups and others had to leave before 90 minutes dedicated to the group had expired. Here, once again, the flexibility advocated by the community psychology and action research models proved containing for the researcher. Insight into research in the real world (as opposed to research within sterile experimental conditions) was gained.

Keeping true to a community psychology perspective and to Krueger's (1994) collaborative focus between the researcher and the staff of the NWSC, the groups was facilitated by a full-time NWSC social worker and the researcher. On the positive side, such collaborative efforts not only facilitate the likelihood that the results of this study will be used because of the involvement of critical stakeholders in the process, but can be a potentially empowering process and opportunity for staff to learn a new skill (Krueger, 1994). On the negative side, the process of reviewing and receiving input and manpower can be time-consuming and the research

process is likely to get bogged down at several points (for example, the schedules of researcher, participai NWSC staff involved with the research process may clash and so forth).

Participants for the focus groups were initially intended to be randomly selected from those women who indicated to their counsellors that they are prepared to participate in the study. When this plan failed because of various logistical constraints and a lack of support from some of the counselling staff for assisting in the selection process, initial contact with participants was eventually made by my co-facilitator, a NWSC staff member, or the researcher. Participants who were willing to participate and who fulfilled the set criteria were contacted by phone to confirm the times and dates of the focus group discussions.

At the start of each focus group, the researcher introduced herself, her co-facilitator (the NWSC social worker) and the other participants. The topic and objectives of the research were presented both in oral and written form (see Appendix). Each woman gave written consent for participation in the study (see appendix) in which she also had to acknowledge in writing that she gave permission for the session to be taped and the content to be utilised in the final report. Confidentiality of personal identity in the final report was assured as far as possible. Furthermore, participants were informed that should they wish to have additional support, counselling or interventions regarding personal or parental concerns after participation in the study, they could obtain this from their case managers (NWSC counsellors) or be referred to other sources. Participants were provided with refreshments at the end of each session.

3.6 DATA ANALYSIS

A descriptive analysis of the Needs Assessment Forms was undertaken to ascertain participants' demographic and biographical data as well as mothers' perceptions around the need for and type of services required for their children as well as any trends surrounding the sex, ages and range of reported symptoms and behaviour of children from abusive households.

For the focus groups, data was collected by means of audio recordings of the three groups run. The audio recordings were transcribed before analysis of the raw database provided by these transcriptions ensued. After multiple readings of the transcriptions, emerging themes and factors that influenced the interview process were documented.

Rather than selecting either discourse or content analysis (Antaki, 1988; Harvey et al., 1988; Gergen, 1988; Potter & Wetherell, 1987; Wetherell & Potter, 1988), the researcher chose to adopt a method that draws on both of these which Wilbraham (1994) referred to as thematic content analysis. Classic content analysis sees language as being a transparent representational medium to indicate something lying "beyond the text" (Potter & Wetherell, 1987, p.41). Furthermore, it involves the generation and imposition of categories which can be reliably coded and used for testing hypotheses. The main limitation of content analysis as a method is that it involves the imposition of pre-determined categories into which the data are expected to fit. Discourse analysis

on the other hand, rather than focusing on phenomena or objects as pre-existing entities, focuses on the active, constructive and constructed nature of language (Potter & Wetherell, 1987; Powers, 1996). "Realities" presented are viewed as formulations constructed by discourses, and the discourse analyst regards the function of discourses drawn upon to be particularly important.

Unlike the approaches of classic content and discourse analysis, the thematic content analysis approach provides the opportunity to reflexively examine the emerging themes and to expose distinctive coherencies, contradictions and overlaps between and within emergent themes. Although Wilbraham (1994) points out that thematic content analysis can be understood as operating within the hermeneutic, ethnographic approaches to content analysis, she goes on to point out that thematic content analysis allows for fairly flexible usage of semantic units of analysis, the incorporation of multiple themes (and subthemes) which may overlap and enable the previously mentioned examination of multi- thematic contradictions and inconsistencies. It is for these reasons the researcher felt that the thematic content analysis approach was appropriate for the current research. In keeping with this, a "data driven approach" was adopted for the coding of the emergent themes. As far as possible, broad themes were extracted from the transcript data itself before attempting to identify and code themes. In other words, rather than imposing pre-ordained categories on the data, allowance was made for the data to "speak" as it were. After several more readings, refinements and revisions, consensus was finally reached between the researcher and my co-facilitator and several broad, often overlapping themes were identified- which will be discussed in more detail in the following chapter.

3.7 ETHICS APPRAISAL

In the spirit of transparency associated with a community psychology perspective, all participants were presented with verbal information about the purpose, nature and logistics of the study (See Appendix). Participation in the study was on a voluntary basis with informed consent. All responses were quoted anonymously/ names were changed so as to protect the identity of participants. In designing this study, the researcher was aware of the ethical considerations involved in researching domestic violence and considered it vital that back-up counselling was made available to provide women who participated in the focus groups with support for re-evoked memories of the abuse. Therefore, at the close of each group session participants was informed that should there be any personal or parental concerns arising from participation, that additional support or counselling could be obtained from their case managers (NWSC counsellors) or by referral to other sources. On completion of the study, the NWSC will be provided with a copy of the thesis. Participants were also informed that they too could have access to a summarised copy of the findings if they so desire or read the full completed report at the NWSC.

CHAPTER 4

DISCUSSION OF RESULTS OF NEEDS ASSESSMENT FORMS

4.1. INTRODUCTION

This chapter examines the results of an analysis of the twenty-one needs assessment forms.

4.2. THE NATURE OF THE FAMILY ENVIRONMENT

According to ecosystemic principles individuals are not only influenced by each other, but they are also influenced by the overall systemic environment which in turn is dependent on the individual within the system and the nature of actions between them (Tyler, 1992). In an attempt to elicit the characteristics of family contexts where individuals are exposed to domestic violence, the following information emerged.

Of the 21 respondents, 38% (n=8) had left the abusive relationship and 62% (n=13) were still in the relationship. The length of time for which respondents had been in the abusive relationship ranged from a minimum of 5 years and a maximum of 27 years (a total of 312.5 years and a mean of 14.9 years of abuse amongst them) during which they and one or more of their children had been exposed to domestic violence. All of the women reported that they had endured verbal/emotional, and/or physical and/or sexual and/or financial abuse by their partners. The latter findings concur with suggestions in the literature that the family can easily be considered one of society's most violent institutions (Gelles & Cornell, 1990; Shefer, 1995). Given the interdependence of family relationships (Cox & Paley, 1997; Lazarus, 1995), conflict within the marital dyad is likely to extend to other parts of the system such as the parental and child subsystems. This was borne out in the current findings.

4.3. PARENT-CHILD CHARACTERISTICS AND INTERACTIONS

In addition, it was found that the manner in which parent-child interactions occurs appear to be as much a function of individual attributes as of the complex reciprocal interactions which the literature asserts to be characteristic of family systems in which domestic violence occurs. As represented in the following table, it was found that children's characteristics could be differentiated along the lines of gender. However, the degree of overlap between the genders suggests that such descriptions are perhaps also a function of parental biases rather than of gender alone. Children perceived to be more difficult were generally described in more negative terms by mothers. The reverse held true for children with more positive attributes who were perceived as exacting fewer demands from parents.

Table 4.1. : Children's characteristics

Daughters	Sons	Shared characteristics of daughters and sons
Helpful	Responsible	Outgoing
Understanding	Hates father	Shy, introverted, withdrawn, quiet
Demanding	Rebellious	Talkative
Passive	Difficult, demanding	Easy to get along with
Cries	Struggles to sleep	Get depressed
Peacemaker	Nervous, irritable	Angry
Ambitious	Lazy	Lacks self-confidence
		Struggles at school
		Aggressive
		Attention-seeking, clingy, insecure

Generally speaking, mothers described their daughters as being passive and more likely to resort to crying. Sons were generally described as being more hostile (especially towards their fathers) and prone to rebelliousness and sleeping difficulties. There was, however, also a degree of overlap where both daughters and sons shared more negative characteristics (such as being angry, depressed, aggressive, introverted and attention-seeking) as well as positive characteristics. This suggests that although general trends could be discerned, the variation within the categories for children may have more to do with their individual personality traits and coping resources rather than as a result of gender variables alone. The range of different personality characteristics reflected here is also consistent with ecosystemic principles in the sense that children's different personalities influence parental responses towards them and vice versa. For example, regardless of gender, some children were described as more talkative and easier to get along with than others. In accordance with this, such children with more acceptable personal attributes were perceived in a more favourable light by their mothers than those children with more problematic traits. For example, some mothers reported that they did not know how to handle their sons whose difficult behaviours made mothers shout more. In this respect, child (and parenting) behaviour can be viewed as a product of the mutually regulating process in the caregiving relationship (Cox & Paley, 1997). Parent-child interactions and responses differed accordingly.

Although 48% (n=10) of mothers reported that they never felt angry with their children for upsetting the abuser or provoking him into being abusive, 33.3% (n=7) reported that they sometimes felt angry towards the children and 14.3% (n=3) of mothers reported that they often felt angry with the children. One mother failed to respond. Mothers reported that their anger translated into them being emotionally, verbally or physically abusive to their children at times. Of the participants, 43%(n=9) reported that they have been emotionally/verbally abusive, 14.3% reported exercising physical abuse and one mother reported she had been both emotionally/ verbally and physically abusive towards the children. This can perhaps be better understood in the light of existing literature which suggests that abused mothers vent their frustrations on their children at times (Smith et al., 1997). Alternatively, they may deliberately try to silence their children as a means of

protecting them from the potentially abusive onslaughts of their fathers. Explanations mothers gave for their behaviours towards their children are reflected in the following statements:

- *Sometimes I get angry and say "you're just like your dad" and swear at them.*
- *Sometimes I scream at them when I am angry and frustrated.*
- *When I am angry or scared for them I would call them stupid or swear.*
- *Whenever they make unnecessary noise I get angry and tell them to shut up and swear at them.*
- *When my daughter is rude I react, make her feel worthless, useless like she makes me feel.*

The majority of women 81% (n=17) reported that their children knew of the abuse at home. There was, however, an apparent lack of congruency between the reports of a small portion of the women (19%; n=4 who, initially were unsure about whether their children knew of the domestic violence) and subsequent reports where 90.5 % of respondents admitted that their children had either directly seen, witnessed or heard them being abused by their partners (the remaining 9.5 % were unsure of this). This phenomenon may be attributed to notions reflected in the literature that abused women often ignore or deny that their children know of the abuse (Humphreys, 1991; Humphreys, 1993; Humphreys, 1997). Such findings tend to suggest that the prevalence of children's exposure to domestic violence as reported by mothers may be underestimated at times. For many of the children the witnessing or hearing their mothers being abused is something fairly routine. Several of the mothers made comments on how the children had been exposed:

- *My boys would get it if they ever say a word.*
- *The children would watch how I get beaten. My eldest boy would try to stop him and get beaten too.*
- *They saw how I was beaten up. My husband is also abusive emotionally towards them.*
- *They could hear us fight and sometimes witness it.*
- *They would watch as he beats me or the abuse would happen while we watch t.v. or eat.*

The aforementioned quotations lend insight into how children often become directly embroiled in the violence in some or other way. One woman described how her daughter adopted a peacemaker role in the family. This is reminiscent of the literature pertaining to triangulation and the various roles adopted by various family members within any one family system (Bennett, 1991; Donald et al., 1997; Hurst et al., 1996; Sroufe, 1989). Whereas 43% (n=9) of mothers reported that their husbands had been emotionally/verbally abusive towards the children only, one woman reported her husband had only abused the children physically. Although there was only one report of suspected sexual abuse, 47.6% (n=10) of mothers reported that their husbands had been both emotionally/verbally and physically abusive towards the children.
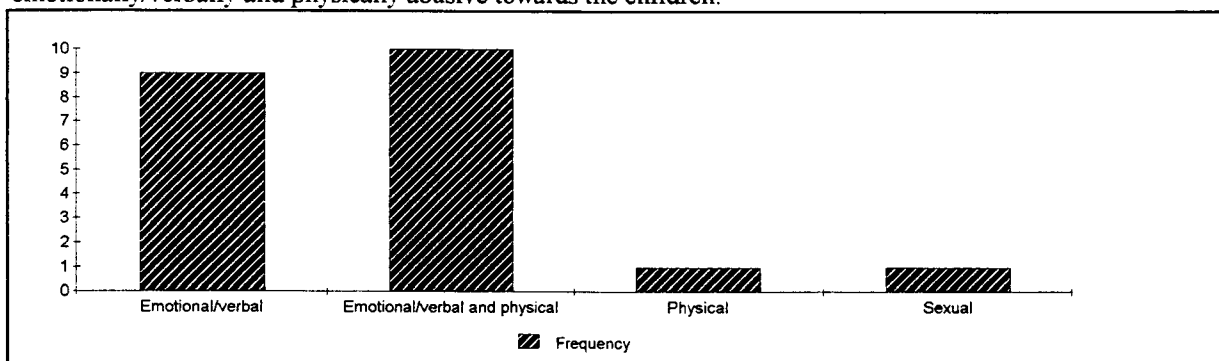
Figure 4. 1.: The type and frequency of abuse directed at the children

Findings confirm those in the literature and focus groups that woman abuse is often accompanied by other forms of abuse directed at or involving the children. This is reflected in the following comments :

- *My partner always say the children are a burden and should never have been born.*
- *My eldest boy is not from this relationship and often gets abused.*
- *Partner hated baby, felt caused problems in the relationship, picked her up and threw her onto the bed.*
- *My husband used to play the children up against each other.*
- *My partner used to swear at the children all the time to get at me.*
- *He believed in physically disciplining them sometimes for no reason at all.*
- *Told eldest she is too stupid to go to university and youngest she was too fat and my son that he was stupid. Ignored them totally.*
- *Whenever we fight my husband lashes out at the children.*
- *Verbally abused the whole family whenever he could.*
- *Partner often hits on older boy and dotes on girl.*

From the discussion thus far it is evident that the home and family circumstances relating to domestic violence have reciprocal influences so that both parents and children can be abusive towards each other. Furthermore, it is evident that certain parent-child alliances occur which can set children up against parents and siblings alike. Mothers related that their relationships with their children varied. Whereas some mothers reportedly share close, supportive relationships with their children, others experience much tension and struggle to relate to their children. This once again varied according to the individual characteristics of the child and the levels of stress within the home and family ecologies at any one time:

- *I try to create a home for us so that we can be supportive.*
- *My other children and I are close. My eldest son and I don't get along.*
- *Close most times, on occasion tense.*
- *We are close but it can be stressful when he (the abuser) us around.*
- *It is tense, we fight alot.*
- *I try to be supportive, but my daughter and I have a difficult relationship.*

Mothers' self-perceptions as parents are clearly impacted upon in various ways. Most mothers felt that they liked the fact that they loved their children and tried their best to be nurturant, supportive, encouraging tolerant and understanding towards them in various ways. Several mothers admonished themselves because they were unable to protect their children from the abusive home situation, their aggression, depression, irritability and subsequent lack of availability to their children. In addition to the intrafamilial dynamics associated with being an abused woman, extra-systemic factors such as unemployment were also identified as exacerbating maternal ineffectiveness. Whereas many women (47.6%) reported that their manner of disciplining their children had been unchanged by the abusive home environment, 29% of the women felt that their means of discipline had been affected. In some instances mothers admitted to being more lenient towards their children because of the abuse, in other instances mothers were wracked by feelings of guilt and inadequacy as a parent or engage in aggressive, abusive behaviour towards their children. These findings are similar to those of Smith et al. (1997) where mothers reported that their parenting actions took on one or more of the following qualities. The mothers either try to compensate for the tension at home by being more lenient or try to protect their children from being the target of their partner's temper. Alternatively, they are excessively controlling/suppressing of

aspects of their children's behaviour which might irritate or provoke their partners or become increasingly aggressive towards their children. This is reflected in the following comments:

- *I've tried to be careful in that I don't believe in violence as a means of discipline.*
- *I lost confidence in my status as a mother and I always felt guilty about giving my children this terrible life.*
- *Yes, sometimes I do things which are harsh and not necessary.*
- *I tried not to, but sometimes one just gives in and lets them get away with things.*
- *Yes you do your best and don't get results.*
- *No, I don't believe in violence and sometimes they get away with more than they should.*
- *(I dislike) my inability to be consistent and effectively guide my children because I am overprotective.*
- *I sometimes am not able to meet all their needs because I am not working.*

The majority of maternal reports suggested strained father-child relationships. In some instances, daughters were reported to share a closer relationship to their fathers whereas in other instances sons were closer. There was only a single instance of where the mother reported that the parent-child relationship was "not so bad". The following quotations bear testimony to the literature which states how parent-child relationships are often characterised by tension, divided loyalties, fear and ambivalence in families where there is domestic violence where children are often caught in the cross-fire (Alessi & Hearn. 1984; Wolfe & Korsch, 1994) :

- *They don't and never have related to their father.*
- *He has a better relationship with my daughter, but no relationship with my son.*
- *Don't have a relationship, particularly with my son. He gets punished when my partner wants to get at me.*
- *They are nervous around him.*
- *Daughter failed every year; beated [sic], tied up, (told) "you're stupid".*
- *He hardly pays attention to them.*
- *They have always had a bad relationship although my daughter and her dad get along.*
- *My son and his dad get along- always were close as though he is fearful of his dad. My daughter and her dad don't have a relationship.*
- *He was never interested or spent time with them. They don't care for him.*
- *The relationship.in the past was stressful. It is still stressful.*

In most cases, children were reported to behave differently after an abusive incident. Children's responses ranged from becoming quiet, withdrawn and fearful to becoming angry and aggressive or going out and only coming back after several hours. Several mothers reported that their children became disrespectful, avoidant and less trusting towards them afterwards. Children also displayed varying degrees of anger or anxiety. Some reportedly made efforts to comfort and support their mothers. The majority of mothers associated their children's problematic behaviours with their growing up in an abusive home environment. They also expressed concern about the well-being and future relationships of their children. The range of ways in which children were reported to react to the violence varied from efforts to protect or comfort their mothers from the father's attacks, to crying, running and/or hiding away when the arguments and fighting began. Typical responses included the following:

- *My child always tries to protect me by stepping between us when there is a fight.*
- *They scream, run out, hate to be home.*
- *They cry, scream and beg him to stop.*
- *They run away/hides [sic]/ cry.*
- *One morning, mother was sleeping, husband started beating her, daughter still small*

and started pushing father.
- *They comfort mother.*
- *My daughter cries and hides. My son just watches.*

It is apparent that domestic violence clearly impacts on the functioning of mothers, children and fathers alike. The risks pertaining to children in particular stems from the violence witnessed or experienced and the subsequent reciprocal dynamics within the family system in relation to other school, work and community systems outside of the family.

4.4. MATERNAL PERCEPTIONS OF THEIR CHILDREN'S COPING MECHANISMS

Maternal reports generally suggest that children manifest with a range of internalising and externalising reactions such as anxiety, depression, aggression, low self-esteem, poor interpersonal relationships, substance usage and conduct problems. These findings correlate with the fright/flight/fight and acting out responses which emerged in the literature (Smith et al., 1997). Notions similar to that of the intergenerational transmission of violence were raised in that there were also cases where children had either become involved in abusive marriages or become abusive themselves. Notions of children taking on parental roles also emerged. When asked to evaluate how their children were coping with the domestic violence, common statements included concerns that their children were struggling to cope:

- *My son and daughter have problems relating to each other. They are scared and never know how to act.*
- *My eldest daughter is in an abusive marriage. My eldest son is aggressive. I'm afraid he may be just like his dad.*
- *They do bad at school, can't make friends, always fighting*
- *She is always afraid, looks sad and sometimes has outburst of anger.*
- *They are fearful and always look for an opportunity to get out.*
- *My children's lives are unhappy, they now suffer from depression, and their rebelliousness and disrespectful attitude has made it difficult*
- *My son is very clingy and demanding. Also quite aggressive.*
- *My eldest son feels responsible for us- he can't get on with his life. My daughter is quiet and withdrawn and my other daughter hates to be at home.*

Mothers' reported several symptoms with which their children manifested and which they associated to their children's exposure to domestic violence. Some of these categories are roughly comparable to the symptom clusters for depression, anxiety, somatic complaints, learning, stress and conduct disorders documented in the literature (Angless & Shefer, 1997; De Sousa, 1991; Thompson & Calkins, 1996; Wolfe et al. ,1985). The reported symptoms can also be equated with the internalising and externalising reactions documented in the literature (Berman, 1993). Common internalising responses included occurrences of nail-biting, bedwetting, stuttering, shaking, concentration difficulties and disturbances in eating, sleeping and weight patterns. Common externalising responses included instances of children acting out (for example, by throwing temper tantrums and breaking things), displaying rebelliousness against adult authority and engaging in bully, aggressive behaviour in their interpersonal relations with adults, peers and siblings. School adjustment problems most often manifested as poor academic performance and peer relationships, truancy and learning difficulties. It was also not unusual for children to be secretive about their home situations and the abuse occurring. The varying frequencies of these maladaptive behaviours and symptoms is illustrated in Table 4.2.

Table 4. 2. : Frequency of perceived maladaptive behaviours and symptoms in children

Symptom	Never	Has happened	Sometimes	Often	Very often
a) Nail-biting, bedwetting, hiding self away, stutttering or shaking	0	0	2	15	3
b) Frequent headaches, stomach aches or poor health	2	0	10	7	1
c) Insomnia or poor sleeping habits, or nightmares	4	1	9	4	1
d) Rebelliousness against adult authority and instruction	2	0	3	13	1
e) Bullying, assaultive and agressive behaviour, fighting with peers/siblings/friends/ adults	0	2	2	14	1
f) Poor peer relations (struggles to make and keep friends)	2	2	0	13	1
g) Truancy ("bunking" school)	4	1	0	10	1
h) School adjustment problems, poor academic performance or learning difficulties	1	1	2	14	1
i) Temper tantrums, angry/hostile behaviour	0	3	3	13	1
j) Drinking alcohol or using drugs	3	2	2	4	1
k) Breaking things or destructive behaviour	2	1	2	11	1
l) Manipulative, blaming behaviour, excessive screaming or shouting	0	0	3	13	1
m) Concentration difficulties	0	1	6	11	1
n) Withdrawn, passive, clingy or dependent behaviour	1	2	3	11	1
o) Irritable behaviour, tearfulness, changed weight or eating patterns	1	1	3	11	1
p) Secretiveness about the family situation and the abuse at home	1	1	1	10	1

As reflected in the literature there were also examples given of children displaying greater degrees of resilience than their siblings (Jouriles et al., 1989; Kolbo, 1996; Wolfe et al., 1985). In some cases children's responses were reported to improve after mothers separated from the abusers and removed the children from exposure to domestic violence. That girls were most often reported to display more adaptive coping mechanisms is of note. Although, such findings are not generalisable because of the small sample size, this trend is reminiscent of the findings of Graham-Bermann (1996) which suggest that boys are more vulnerable to negative adjustment in stressed families than are girls. As asserted in the literature (Luthar & Ziglar, 1991), however, the fact that

there were fewer observable negative effects in some children does not mean that these apparently high-functioning children are not experiencing difficulties in other areas of their development. Care must therefore be taken not to ignore such children who appear to be unaffected by their experiences on the surface and do not manifest with overt difficulties.

- *They cope well, but sometimes have struggled and when I was still married they would get upset.*
- *My daughter is fine she does not seem to be effected. My eldest son is definitely struggling to cope.*
- *My girls are doing fine*
- *My daughter copes, but my son is very aggressive and argumentative.*
- *Seem to cope well, no obvious drastic effects.*

4.5. ATTITUDES TOWARDS NWSC EXTENDING SERVICES TO CHILDREN

Several mothers expressed dissatisfaction with the currently available services for children within the Cape Town area. An overwhelming majority (95%) of mothers support the NWSC extending its services to children. Only one woman was uncertain about this. 90.5% (19) of mothers reported they would make use of such services for their children and 9.5% (2) were unsure whether they would.

Mothers also identified a number of personal and logistical obstacles to their making full use of the services which will need to be taken cognisance of for the implementation of intervention services. The most frequently identified obstacles centred around the children being unco-operative or resistant to coming for counselling at the NWSC (n=16), financial concerns (n=5) and mothers having no time available to bring children in for sessions because of work or other obligations (n=3). Other perceived obstacles to abused mothers making use of the proposed NWSC intervention services included concerns that the children would have no time after school because of heavy homework and academic loads (n=4) and transport difficulties (n=4). Mothers appear to be hesitant to make use of the services if their children's sessions do not fall on the same day as their own (n=4). The perceived obstacles are represented in the following table.
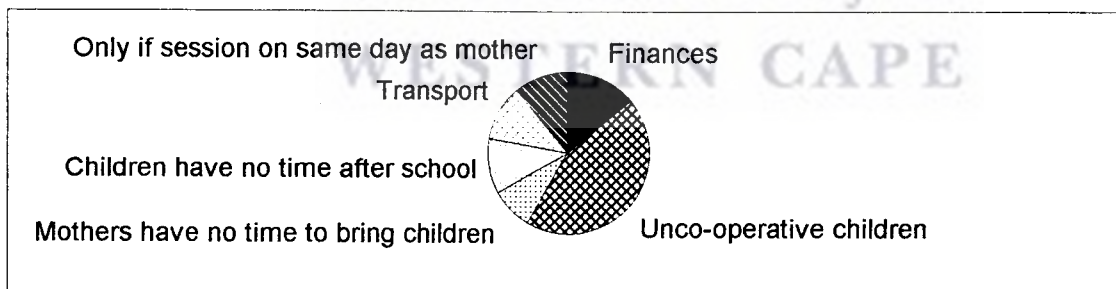
Figure 4.2. : Perceived obstacles to mothers making use of NWSC services for children

4.6. INTERVENTION AND LOGISTICAL ISSUES

The suggestions respondents made about possible intervention services they thought would benefit their children were quite terse and included the following:

- Play group or play therapy
- The NWSC providing a safe place to help children come to terms with the violence
- Individual or group counselling

- Support groups with peers with similar problems and backgrounds to help them look at what they have been exposed to
- Providing children with the opportunity and space to talk about their problems and feel safe
- Providing practical courses for children to better themselves such as lifeskills and anger management training for children to better themselves and build up their self-confidence
- Education programmes at schools so that children will want to get help voluntarily
- Parent-training around discipline and communication skills
- Involving children in activities such as speech and drama

Suggestions about the length and number of sessions were few. Of the mothers who gave suggestions, sessions should ideally last either 30 minutes or an hour and should run over six to ten weeks. Although some mothers gave specific times and days of the week which would be most suitable (such as Wednesdays at 4.30pm, Fridays at 3pm or any day/time), generally speaking, afternoons/evenings on weekdays and weekends were stated as being most suitable.

4.7. CONCLUSION

The findings of the needs assessment forms lend further support to the literature in terms of the aspects outlined above. Emergent trends of the range of behavioural, emotional, cognitive and social ways in which children from abusive environments respond are highlighted. The identified need and overwhelming support for the extension of services for the children of abused women is further emphasised. The mothers put forward numerous suggestions for intervention services. The next chapter examines the findings of the focus group interviews in relation to the literature. The implications of the needs assessment and focus group interview findings for the implementation of intervention services for children by the NWSC will be discussed in the final chapter.
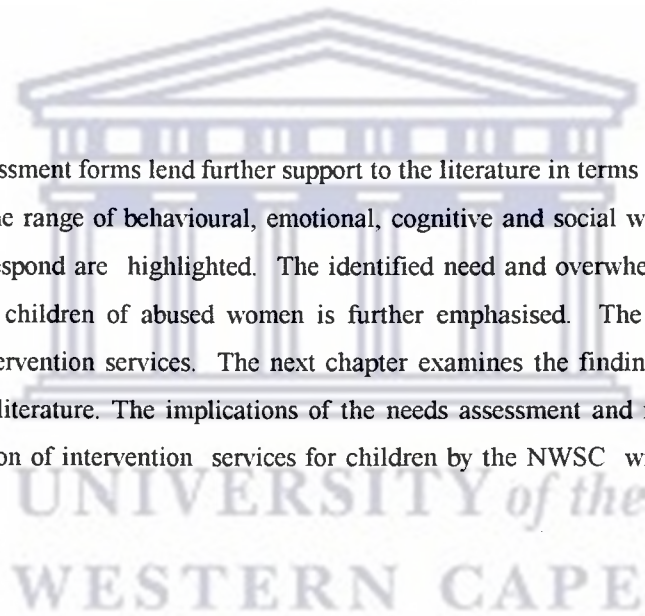
CHAPTER 5

ANALYSIS, REFLECTIONS AND DISCUSSION OF RESULTS OF FOCUS GROUPS

5.1. INTRODUCTION

This chapter examines the results of the thematic content analysis. The variations and similarities in the emergent themes which reflect abused women's range of perceptions of domestic violence and its impact on their children will be explored in relation to the relevant literature. The implications of findings for the implementation of intervention services for children will also be discussed. Several overlapping themes were identified- that of the impact of domestic violence on the **family environment, children's responses to the violence, abused women's prior experiences of intervention services, perceptions of the NWSC extending their services to the children of abused women** and the **suggested focus for intervention programmes.** A brief outline of what each theme encompasses, follows.

The impact of domestic violence on the family environment involves issues about how the quality and atmosphere of family life for abused women and their children are influenced by the violence in various ways. This includes how the atmosphere of the home and family ecology impacts on the marital relationship and parent-child relationships (with regard to the impact on parenting abilities, the parent-child attachment process, parental responses to different children, and maternal decisions to leave or stay in the abusive relationship). Both positive associations (such as temporary peace, a semblance of intimacy and togetherness) and negative associations (such as guilt, shame, anger and violence) were made in this regard. Concerns of mothers about their perceived failure to meet the standards and expectations of their children and society alike of being a "good parent" and associated maternal feelings of inadequacy and guilt are also looked at. Shifts (or the lack thereof) in parental and child responses after removal from the exposure to the violence is also examined.

Children's responses to the violence alludes to maternal perceptions of the range of adaptive (related to the previously discussed topic of resilience in adversity) and maladaptive responses associated with their children's direct and/or indirect exposure to domestic violence (such as the children being used as "pawns" by parents and being caught in the "crossfire" of domestic violence). General maternal concerns about their children's safety and future, and specific concerns differentiated along the lines of the gender and age group of specific children are also raised.

Abused women's prior experiences of intervention services has to do with participants' perceptions of existing helping services for their children and themselves. This includes positive and negative perceptions around the adequacy and/or inadequacy of such services. **Perceptions of the NWSC extending their services to the children of abused women** and the **suggested focus for programmes** refers to the degree to which there is support for the envisioned extension of NWSC services to include the children on abused women. Advantages of extending services, obstacles to utilising the services as well as logistic issues

(such as the gender and attributes of the counsellor, the suggested duration, times and days of weeks for sessions) are discussed. Furthermore, maternal perceptions of where the focus and nature of interventions should be are outlined.

At this point it is important to note that in addition to the broad themes, the underlying worry and stress associated with the impact of domestic violence on both women and their children was a common thread throughout. Owing to the somewhat entangled nature of the various strands (or threads) of meaning within and between themes in the discussion, the researcher chose to illustrate this inter-connectedness as well as attempting to point out any variability of themes and sub-themes which arose.

5.2. THE IMPACT OF DOMESTIC VIOLENCE ON THE FAMILY ENVIRONMENT

Systemic principles take into consideration the context within which individual behaviours occur so that one component of the system is seen to affect and be affected by the behaviours of others (Dowling, 1985). Consequently, the presence of domestic conflict within the immediate family system has a ripple effect on the marital quality, parental efficacy, levels of emotionality within the family, the functioning of individual family members and the quality of parent-child relationships (Jouriles et al., 1987; Jouriles et al., 1989; Meyer, 1988). Subsystems are defined by boundaries between parental, marital, child or sibling subsystems (Cox & Paley, 1997). Furthermore, family members learn rules for relating to each other within and across such boundaries in the context of repeated family interactions. In families where there is domestic violence such boundaries often become blurred, rules are often ambiguous, roles are reversed and communication is impaired. In combination with the often self-defeating behaviours within such families, these variables then interact with the personality and developmental factors of individual family members to influence on the domestic atmosphere and the range of adaptive and maladaptive behaviours which various family members manifest (Sroufe, 1989). Such cases my pre-empt what Donald et al. (1997) refer to as ecological dissonance. In accordance with previous research findings (Cowan et al., 1996; Cicchetti & Lynch, 1993; Emery et al., 1992; Mathias et al., 1995; McKendrick & Hoffman, 1990), a theme emerged from the current data relating to the multiple levels in which domestic violence impacts on the family system. This includes impacting on the functioning of marital and parental subsystems and the subsequent reciprocal interactions which parents display in relation to their children.

That the nature, quality and atmosphere of family life is adversely impacted upon by the presence of domestic violence is well documented in the literature (Campbell & Lewandowski, 1997; De Sousa, 1991; Shefer, 1995; Warshaw, 1994 for example). These earlier contentions in the literature are borne out in the current research. Several of the participants described the nature of the relationship with the abuser as tense and volatile, rife with angry outbursts where their partners attempted to control their every action and needed little provocation to engage in physically, emotionally or financially abusive behaviour. They also recalled how their attempts to please their partners were often met with abusive responses which were often emotionally or physically degrading and further eroded their self-esteems. The ambience of their

homes and families was frequently strained and everyone's mood, actions and behaviour was dictated by those of the often volatile abuser:

Participant J: And, um, from the word go, with my first child I had a miscarriage due to the abuse. All my three kids I was beaten up when I was pregnant. When they were born I was abused financially, physically, verbally and my children witnessed how he destroyed every thing in my home. When he used to beat me up. He used to lock me up. I wasn't supposed to have a key for my door ...

Participant D: Okay, always trying to please him and never managing. Always trying to just keep the peace and never really knowing when, what would set off the anger. Never anything I though was a reason to get upset. ... So to be honest, I just didn't go out, just stayed home every weekend and did work.

Participant C: In my marriage I wasn't allowed to be like like myself. I found I stopped alot of things I used to do and enjoy like if you do something that's important to you, he'll make it out like it's not important.

Participant H: ...ek is getroud vir 8 jaar en toe 't my man was obsessief, he had an obsession with me, ek mag absoluut niks gedoen sonder sy toestemming nie, nie winkel toe gegaan, nie um, ek mag met niemand gepraat nie, of na 'n ander man gekyk het of hy het sommer my kakeben gebreek. ...

Participants also communicated how the concept of family as they came to know it is accompanied by negative associations of shame, loss, embarrassment and abnormality. This is clearly conveyed in the following extracts where participants give retrospective accounts of their home and family situations. For one woman the lack of family cohesion was so great that after separating from the abusive relationship she could find no material evidence pointing to the existence of any semblance of a family unit. For another woman, the experience of home and family she and her children had, pales in comparison to other families perceived as being more "normal":

Participant E: You know I was shocked the other day and my daughter said the teacher asked for a family photo and we we we don't have a family photo. I mean I was married for 21 years, it is quite embarrassing.

Participant H: And there's lots of little things now, it affects the children and some people don't know how lucky they are to have like fathers and husbands that care and can look after children and that. I don't know what is happening, but somewhere along the line, something goes wrong and the children always suffer.

Despite the chaotic, volatile nature of interactions in such families, participants recollected fleeting moments when some semblance of family unity and togetherness was experienced. However, such moments quickly dissolved into chaos and conflict. The inconsistency of the family and home environments together with the high degree of ambivalence abused women and their children experience in relation to the abuser is illustrated in the following extracts:

Participant A: Can I also just add that there were times where he was around that we'll watch tv together as a family and he, she [my daughter] would sort of lay with her head on his chest, you know like a little daddy-daughter good relationship and I thought you know well things were really going well you know daddy and daughter and maybe things will come right. Then of course he performs again, and he leaves and she's just got this other behaviour again against him.

Participant B: ..the sad part in all of this is we can still feel sorry for him because he's in a bad way.

Participant H: It's too much, I mean their father was excellent with them, you know if he didn't have this problem then he would have.. I still miss him you know he used to beat the hell out of me, but there used to be good times, very good times. Because I mean I knew about the problem obviously because it was psychological he wouldn't do anything about it... Ek meen 'n mens moet seker maar na alle kante kyk want hy't vir hulle aan die een kant kan ek sê 'n goeie basa, basis gegee, maar as hy ek kan nie die woord kry- split personality- dan raak hy ooh, as hy in sy kar inklim dan ry, is ons dan happy by die huis, everybody's fine, we're having fun like the children and myself. Maar as hy terugkom dan trek die kinders sakdoek in, die ene was die vloer en die een was die skottelgoed net om te sien dat hulle nou...

Previous research highlights how domestic violence often coexists with multiple variables associated with dysfunctional families such as multiple separations from and disruptions in the familiar home and work routines of abused women and their children because of one or more crises which may arise (Humphreys, 1991; Wildin et al., 1991). In the current research, more than one participant mentioned how on several occasions they had attempted to leave the abusive relationship only to be drawn back by promises made by their abusive husband that he would change if the wife and the children returned home. This is reflected in the following quotations which concur with research findings which assert that women with young children are less likely to leave the abusive relationship because they are more hopeful of change (Maconachie et al., 1993):

Participant F: En, en, en, en omdat die kinders het, daar was 'n dingis gewees het, 'n gaping tussen hulle gewees dat ek nie kan weggebreek het nie weer na.., want kyk hy het na my gekom met 'n promise dat hy gaan, hy gaan nooit weer sy hande lig vir my nie.

Participant L: And I left, I packed a bag for my kid and I walked, but of course I had nowhere to go and of course my dad was also somebody that um wasn't prepared to help anybody. And that um um situation made my ex-husband realize that I wasn't going to tolerate it, but it was all a smoke-screen and I believed that things were going to change when he asked me to come back and whatever.

Already, the aforementioned discourses reflect how the tensions associated with domestic violence impact on the marital subsystem and filter down to the parent-child and children subsystems so that in the end none of the family members appear to come through the experience unscathed. The nature of the interactions between various marital, parental and child subsystems within such a family system where there is domestic violence therefore come to serve as barometer indications for subsequent interactions within the system.

Parent-child interactions
It was also found that parental responses to and interactions with different children vary according to the personal attributes of individuals in relation to the multiple ecologies of which they form a part (Combrinck-Graham, 1989). That children too are active social agents who influence (and are in turn influenced by) their environments and their relationships with others is emphasised (Ambert, 1992). This ties in with an ecosystemic perspective where a complex interrelation of sociocultural, political and economic systems overlap with family life and human development to shape the quality of life for both

children and families (Emery et al., 1992). In as much as the current findings reflect that conflict within the abusive relationship impacts on parental functioning and abilities and impacts on children, children's behaviours also impact on parental functioning ability and that parent-child interactions in family systems where domestic violence occurs. This supports prior research findings that the relationship between marriage, parenting and children's functioning is extremely intricate (Cox & Paley, 1997).

Maternal functioning and mother-child interactions

There is much evidence in the literature that abused women's ability to function is often impaired because of the abuse. The degree of impairment has been related to an increased prevalence of depression, anxiety, confusion, physical injuries and concentration difficulties (Campbell & Lewandowski. 1997; Warshaw. 1994). Since many abused women are also mothers. it follows that stresses associated with the experience of domestic violence also takes its toll on maternal functioning and parenting abilities (Cowan et al., 1996; Westra & Martin. 1981; Wolfe & Korsch. 1994; Wolfe at al., 1985). Inconsistent, understimulating maternal attention and mother-child interactions often results from the poor maternal health and the stressful life events, financial and housing difficulties and family crises which are considered characteristic of the lives of abused mothers (Jouriles et al., 1987; Wolfe et al., 1985; Wolfe et al. 1986). In the current research participants reported how the abuse experience often led to them feeling depressed, anxious and frustrated in their roles as wives and mothers. The latter findings are consistent with the aforementioned literature relating to the disempowering influences of woman abuse and the learned helplessness, emotional turmoil and physical complaints with which abused women often manifest. Several participants expressed sentiments that as abused women their ability to mother or parent their children had been negatively impacted upon in various ways resulting in their reduced physical and/or emotional availability to their children. It follows that **mother-child attachment behaviour** is often disrupted as a result of the mother being abused. Whereas, some participants perceived that the abuse had lead to greater distance between their children and themselves so that they struggle to show affection to each other, other women felt that the abuse had brought children and mothers closer together -sometimes to the point of being enmeshed and dependent. This is reflected in the following quotations:

Participant B: Alright, um yes, the children I feel because of um the effects of the abuse on me suffered in the sense that I had to be self-caretaker, just about I'd basically call it a single parent in a relationship where there were two people. I feel I failed my children in the sense that I wasn't there for them emotionally because I wasn't there for myself. I suffered from severe depression which caused alot of withdrawal.

Participant J: Because I must admit why I'm also at fault because I tend to take my frustration out on the kids. I won't spend enough time with them, schoolwork, or when they question me I just give just one-word sentences, answers and would say mommy is busy or you know. And I myself I suffer from amnesia sometimes, and with concentration, I even I can't always be there for them.

Participant F: En ek het 'n dogtertjie van, sy is nou, word nou ses. Sy was about drie jaar oud gewees en vanaf die kind gebore is, mag ek nie die kind druk nie, mag ek nie haar te veel vashou nie en dan slaan hy my sommer met kind en al en so aan.

Participant L: My attention towards my son was, I was determined to be a better mother than my own mother and I gave my son my undivided attention so I made quite a contribution towards making the divorce to become inevitable...Because of the aggression that his father showed, my son was extremely attached to me. We were attached to each other and I think it was because he felt you know at least there was somebody...

From the literature, it is clear that in most cases, women's perceptions of their children may be coloured by their own experiences of the abuse and the abuser which are then projected onto the children (De Sousa, 1991; Fantuzzo et al., 1991; Graham-Bermann, 1996; Hilton, 1991; Mathias et al., 1995; Sternberg et al., 1993; Wolfe et al., 1985). Consequently, in as much as parental responses impact on children's responses to domestic violence, it is apparent that the personal attributes and the responses of individual children impact on maternal responses. Looking at **maternal responses**, some mothers reported that they had closer relationships sons than their daughters because they felt their sons to be more comforting, supportive, empathic and concerned:

Participant L: Well for one I've learnt that the sexes, I've found it easier to relate with my son...

Participant D: With my son, I have a very good relationship, we're very alike. He's actually experienced alot of the difficulties I have experienced the last 2 years in that he was mostly around...but my son spent alot of time with his father and he saw the same sort of control with him so, that the father had with me, so and the embarrassment so he sort of understands totally why I wanted to get away, why I have made the move... You know the little boy might be closer to you, you know he might understand your your your spiritual feelings better.

Participant C: ..like if you're at home like and things don't go well and I'll sit and I cry and I actually find my son coming to me and he'll say, he'll ask me am I fine, why am I crying and he'll ask me if it's because of his father- there's no physical abuse involved here so it's all emotional, but I mean he's 2 years old he'll be 3 in April and he'll ask me if it's because of his father.... But my daughter being six, I think that she doesn't , because she's very fond of her father she doesn't want to really see what he's doing. Like if I were to say like, if, like I cry, she would come into the room and she'd ask me, she'd also ask me why I am crying, then she'd ask me if I'm crying because my mother, my mother's dead. She asked me why I'm crying, she didn't like ask me if it's like because of her father like my boy asked that question then she'd ask just like in a different way.

Such perceptions appear to colour the nature of mother-child interaction in a reciprocal manner so that more troublesome children receive much less praise and positive acknowledgement than their siblings. Gender issues aside, in this study it was found that more problematic and difficult children evoked less favourable responses than those who express affection and comfort more openly towards their mothers and whose physical and/or personality characteristics were perceived to differ from those of the abuser. In some instances a child's characteristics may resemble the abuser's potential to abuse which seems to evoke more negative responses in the mother. In other instances, a daughter may remind the mother of her own subordination as a woman who has potential to be abused. Alternatively, some mothers feel blamed by their children for the home and family circumstances:

Participant H: Maar ek het maar aangegaan en gehoop dinge sal regkom soos hy nou so die liewe mens en die volgende oggend sit hierdie monster wat ons almal wil doodmaak. En as hy klaar is dan gaan koop hy vir ons koek en blomme en sulke tiepe goed. En my jongste kind begin 't nou so te maak.

Participant D: Now I would say she's actually 10x worse than her father.

Participant D: I don't know where she wants to be and her relationship, she's got a very nice boyfriend, but he's going to manipulate her, it's going to repeat itself.

Participant C: Ja, like to me it's like, I'm just thinking about it now, it's like she doesn't want to, she doesn't blame her father for anything because he's, he's just this nice guy and then you because you do the disciplining and stuff you seem, it seems as if you the bad one.

★That abused mothers adopt different **parenting strategies** for dealing with the impact of domestic violence on their children is documented in the literature. The findings of Smith et al., (1997) identified several ways in which domestic violence impacts on parenting. These include reports that the violence did not affect parenting or resulted in inconsistent discipline both between and within parents. Whereas some mothers reportedly employed lenient/compensating parenting styles which mothers employed to try to make up for the home situation, others employed controlling suppressive parenting styles to protect their children from the abuse. In some cases the domestic violence resulted in increased parent-child aggression.

Similar trends of compensation, inconsistent discipline, parent-child aggression and a range of different parenting practices came to the fore in the current research. However, unlike the aforementioned findings, not one of the mothers in the current research could claim that the exposure to domestic violence did not impact on their manner of parenting. Whereas some women reported trying to compensate for and protect their children from exposure to the domestic violence by allowing them to sleep out of the house as much as possible and spend time with friends, others reported that they swung between displays of lenient and controlling parenting styles in order to regain some semblance of control over the tumultuous home situation Other mothers were unable to allow their children such freedom because the abuser often restricted the activities of both the children and their mothers:

Participant D: ...and so often I let my daughter go off to stay with friends. And my son also slept out, whenever I could get them away from the situation and be happy I would let them go.

Participant B: Um, I never neglected their physical needs, I was extremely conscious of not overburdening them with housework and other things, but I feel I was too strict with my children because of the situation, because of trying the utmost to keep this okay.

Participant F: Ek sê sesuur Sondagsaande is daai ligte af. Die kinders mag nie televisie kyk nie. Hy [haar man] speel van naweek na naweek, speel hy sy records, sy kassette, music wat hy ook al wil doen. Ek mag nie televisie kyk nie. Ons is geban om na sewe mag ons nie later as hy nie want die ligte moet afgesit word. Gisteraand dieselfde- aguur toe sit die kinders en tv kyk toe moet dit af. Ek moet soos 'n klein kind past eight, dan is hy al dronk al.

Feelings of guilt and inadequacy as a parent and mother often resulted from mothers' perceptions that their husbands used their children as pawns to punish the mothers and undermine their parenting. Conflicts around inconsistent inter-parental parenting styles between the abuser and the abused woman were identified as being particularly problematic. Discipline problems and maternal frustration often arise when mothers either feel they have to take on the bulk of parental responsibilities or when they feel they can no

longer control their children's behaviour or prevent them from provoking the abusive father. This is reflected in the following quotations:

Participant C: Um something I never mentioned before was that because of the way the children's father, the abuse, he'd control, he's an controller, he wants everything his way and I don't want my children being like that and he's very irresponsible so because of that I teach my children responsibility...You er, I think in that way he used to get, especially my eldest daughter he used to get, not against me. He used to say things... I don't love them and she would say that she doesn't love me. And they would it's like game to him that affected me and it affected the child.

Participant M: It's this fact that she is spoilt so rotten by the father. Then she's got this attitude at home, so she sees her father every second week. And it takes me about two weeks again to get her into this mode again where we've calmed down and we've got her into a pattern of things at home. Then it's time to go back to her dad so it starts all over again. It's so never-ending and so frustrating for me.

Participant C: ...I was forced, was forced to do all the housework and everything else. You take on all the responsibility- so the kids tend to spend more time with their father and they seem to think their father is so fantastic. Its not that, it's not that you don't love your children, what you did was out of love.

Participant F: Want ek het nie meer beheer nie en die oudste een is nog altyd met 'n drankprobleem. Hy moet aguur, hy moet aguur Saterdag's in die huis wees. Hy moet aguur, half agt as die pa begin't is, hy sy dae begin te trek en as hy voel om te gaan sit dan moet almal in die huis wees. Never mind dat hy [my seun] kan nou agtien word. Hy word nou 19 jaar oud. En hulle is groter as ekke, hulle is al tieners al. Ek kan nie vir hom sê, "(My seun), maar jy wiet nou hoe's jou pa. Hoekom sit jy nou nie binne en gaan nou tv kyk nie."

In keeping with the literature highlighting that abused mothers can themselves become abusive (Grusznski et al., 1988; Fantuzzo et al., 1997), there were participants in this study who reported occasions when they had vented their frustrations on their children in an aggressive manner. Several mothers reported that they shouted at the children and used increased physical punishment. In support of earlier findings, permissive, lenient parenting styles employed whilst in the abusive relationship proved problematic after separation and made taking effective disciplinarian action more difficult (Smith et al., 1997). As one participant pointed out, the harsh discipline and physical punishment she exacted from her children prior to the separation, merely exacerbated their problematic behaviours after her separation from the abuser:

Participant C: But my own problem at the moment is while we are separated is I don't take out my anger at my husband because I don't want to have him, don't feel like his abuse and then I find myself actually like after he's left and whatever, I'm angry at something he says and then as soon as soon as they do something in the house and then...Yes, like I have to try to control myself and not physically harm them- and it's terrible for me.

Participant M: Now, a few years back I felt that um if you don't listen you must weep. I also had that attitude that I talk and I talk and I talk and you don't listen and eventually you know I get so mad I throw you against the wall. I think the last time I did that was about 5 years ago. Then I had to help look at myself, at my actions then I decided "no, it's not going to help" ??? Um so then I decide to talk to them. That is where the discipline came in- very difficult. My fault of course because I never learnt effective discipline, but I've been involved in so many workshops and courses and things like that that I've learnt quite alot for this past few years. But I'm still struggling with discipline and that and sometimes I still get angry and then I shout at them. I never hit them but you know the shouting still comes and that can be just as bad.

Participant M: Yes, so much so that the other night they [the children] had this physical fight. Plates and everything flew and I was inside with my mom and, we had a family get-together and then they came to call me. And I said "Please, I don't care, leave them, they can kill each other then maybe I'll have one child less to worry about. I just haven't got the energy". But you know I felt so bad and hopeless knowing that if I'm going to go to the back room and I'm going to get so upset about it all, then I'm going to start shouting and it's going to worsen the whole situation. I said: "look, just leave them".

Despite evidence that these mothers have on occasion been physically and verbally aggressive towards their children, it is interesting to note that the majority of women stated that what finally convinced them to leave their abusive partners was the concern for their children. Some women and their children even have the unfortunate experience of being exposed to multiple abusive marital relationships. This raises concerns about the intergenerational transmission of violence and the experiences of children who experience in not just one marriage but in remarriages as well. In the same way that the literature reports that abused women are inclined to stay in abusive marriages because of entrenched beliefs that the abuser would change, that children should have both parents and the family should not be broken up, it is also apparent in the current study that abused women's concern for their children's emotional well-being and physical safety is often the catalyst for deciding to leave (Angless & Shefer, 1997; Shefer, 1995; Maconachie et al., 1993). Nevertheless, this does not detract from the fact that by the time mothers eventually left their partners the children had already been exposed to many years of domestic violence. Their decision to leave the abusive partner was not always well received by some children who clearly felt torn between their parents. These aspects are highlighted in the following extracts:

Participant H: Dit het so erg geraak dat hy die een keer die een seun met 'n skroewedriver gesteek het. Dis hoe ek nou besluit het dat dit te gevaarlik raak vir almal vir ons...het ek net eenvoudelik die kinders gevat en toe's ons weg...I mean I took it for all those years...I thought ok we've got the two boys, maybe things will go better. I mean the boys they realized "mummy we can't live like this, I mean we've got to do something".

Participant L:...but I find the abusive environment caused me as a parent to give too much to my kids. And they became sort of dependent on me and when I got divorced and I realized what was actually happening, I realized I was dependent on him and the environment because that is all I knew. So I had to extract myself from that and extract my kids from that in order for them to become independent. And um that to me is a very very important thing I believe because um the cycle will just continue.

Participant M: This is my second marriage and both have been abusive. The first marriage was for 10 years and the second marriage for 5 years, ok so there has been lots of exposure to abuse. They haven't been abused in themselves in as much but been exposed to it all their lives...

Participant F: Maar min wete ek dat die oudste ene hulle begin nou weer nou terug na die pa toe. Sien, ek het hulle, deur hulle het ek uitgehaal van die omstandighede, maar in hulle sinnigheid gaan hulle mos nou. Want kyk, ek meen hy lok hulle met geld, met "ek het nou vir julle dit gekoop" en so aan. En ek het nie 'n probleem met daai gehad nie, want ek wil hulle nie in hulle mind kwaad stook vir hulle pa nie, want ek weet hulle het opgegroei in hierdie omstandighede waar ek is en nog hulle mind te dingis, dan gaan hulle ek wiet nie wat nie, maar ek het hulle nooit opgemaak teenoor hulle pa nie. Hulle sien die dade wat hy saam met my doen en so aan.

Participant I: And I vowed that it will never ever happen to my kids again. So I'm out of there, so my kids, unless they get married to monsters which I've already trained them on how to deal with monsters you know, hopefully they to their children will not go into those [abusive relationships themselves]...

Paternal responses and father-child interactions

An interesting finding that appears to have been neglected in the literature relates to paternal responses and father-child interactions within families where domestic violence occurs. On occasion father-child interactions were reported to vary according to the age and sex of the child. In some cases, father-son relationships were reportedly closer than father-daughter relationships. In other instances the reverse held true. Father-child relationships tended to shift after mothers separated from the abuser. Whereas some children were reported to idolise the abusive father, others reportedly acknowledge the abuse as wrong but still choose to remain with the abuser after the mother had left the relationship. In other cases, initial idolisation shifts to the extent that children choose to disengage themselves as far as possible with the father and are deeply ambivalent towards him:

Participant E: Well, well my son is very anti his father, although he is staying, prefer to stay there and he would see all his shortcomings and he said to me that he would never like to be like his father one day. And er he doesn't hate, it's not that he'd really hate his father, but he can see merit in the fact that we separated that we are going to be divorced.

Participant A: Ok with my daughter and her father, she, he was like always a good father to her the kind we'd make up and broke up he'd always bring her chips and the chocolates and the cooldrinks and she was like the little girl and she was fond of these moments when daddy came to visit and brought these things to her. And um, after the divorce, it was like, the child was like, he also came to fetch her and take her to granny and so on, take them to the park- and she enjoyed those moments. And the boy enjoyed doing little things with daddy you know chopping nails into planks and that kind of things and show him how appliances work and so on.

Participant M: At that stage, the boy also used to go every second weekend to the holiday and so on. But because he was a little bit older than the girl, he could use his own mind and make up his mind and decide for himself what he, that he could do something about it. So he didn't want this attitude, this interrogation and whatever. So he just decided he wasn't going to see his father any longer. For the last two years he hasn't been seeing his father. His father when he would come to pick the girl up still, he would just greet and say a few words and that's it.

Paternal responses to different children also varied according to the gender or individual characteristics of the child. Consequently, one or more children within a family system might become victims of violence themselves through the process of triangulation and the effects thereof may spill over into other school and community systems of which the child is a part. In some cases, mother's perceived the reason for this as being because of the abuser's jealousy of the closeness of the mother-child relationship. In other cases, children's attempts to intervene or stop the father from abusing the mother resulted in those children being stigmatised and victimised. The following extracts bear testimony to this:

Participant L: ...there was a lot of verbal abuse and um also some physical abuse- more so to my son. Not being able to walk yet his father use to donder him like you know.

Participant F: En hoe groter die oudste een grootste ene word, het hy begin te afkeer. En het die pa hom gegryp. En hy het hom ook geslat met 'n piksteen. Die ene van 13 was al ook so opgerys teen die muur waar hy hom gedingis het dat ek die buurmense moet roep het om vir hom te kom afhaal, want ek was te bang om selfs die kind, dan slaan hy nog vir my ook.

Shifts in parent-child interactions

Mothers also reported shifts in parent-child relationships pre- and post-separation or prior and after they had sought out interventions. In most cases, participants reported a range of shifts in both their own and their children's response and behaviours after leaving the abusive relationship. In some instances, the shifts were more positive and encompassed improved mother-child relationships, reduction of problematic behaviour in children, the mother being more assertive and being a more positive role model to her children. In other instances, the shifts were more negative and were associated with heightened problematic behaviours in children. This was accompanied by increased frustration on the part of mothers who, as single parents had to shoulder greater financial and parenting responsibilities. They also struggled to re-establish the disrupted attachments with their children and to implement effective discipline with their children. What is evident in the following extracts is how children from homes where there is domestic violence inevitably get caught in the "cross-fire" between their parents even after their parents have separated. Several mothers reported that the occurrence of the abuser setting mother and children up against each other (or that children were caught between the two parents) as a common occurrence. In addition, several scenarios were painted that reflect how legislation which rules in favour of the abusers getting custodial rights can backfire so that the parenting abilities of abused women are open to sabotage and children are negatively impacted upon (Smith et al., 1997; Steinbock, 1995). This is evident in the following quotations:

Participant G: En toe is die kinders amper hulle wil niks met my te doen nie. Hulle pa het hulle laat verstaan dat "julle ma het vir julle net so gelos, sy't gegaan, sy wil nie vir julle hê nie. Ek kyk na julle."

Participant D: My ex-husband was very strong and before he left for overseas, he spent about an hour and a quarter talking to her outside our building and telling her all sorts of things that I spent their money, the money belongs to them and they were going to get it one day- so he's given her an image of me, or reinforced an image which she has sort of formed because of me not doing something earlier, her also suffering... in pulling her hair.

Participant C: Because it was early this year, or in the end of last year where she did that.. and then... the day before she like went home with her father and he came to visit there and all and then she like she like automatically said I love my daddy, I don't love my mommy and that. I spoke to her and that and asked her if she does love me and she said yes she does. And I said to her why did she do that. And then the next morning, I spoke to her and showed me a picture she did at school and she drew me with a whole lot of hearts around me because she had to express it...

Participant M: ...she still sees her dad, because fathers tend to spoil their children if they have also got custody of the children. I think in a sense he is also brainwashing her because he is always telling her things about me, negative things. Um, he's also um interrogating her all the time about my life and I mean we've been divorced for 5 years and he's still doing it to her. And sometimes she comes back to me and she's just got this attitude with me. There's been a time when she didn't even greet me for a whole week I just watched her and then afterwards I asked her why are you not greeting me, I'd like to know if something is wrong. And then she started crying she told me lots of negative things, I can't remember half of it now, but apparently he's been making her up so against me you know- your mother doesn't love you, your mother doesn't even want you there, you know things like that.

Systemic factors external to the family

Closely linked to family functioning are the issues of support, environmental conditions and external influences and their ameliorating or aggravating effects on parenting and child behaviours and interactions. According to Gilbert (1996), South African society is characterised by gross economic, gender and race inequalities stemming from the influences of the country's socio-political and historical past. Moreover, the South African society is currently a particularly violent one rife with rapes, murders, taxi violence, gangsterism, drug trafficking and car hijackings. It can be argued that the high crime rates together with the normalisation of violence by the mass media and the aforementioned socio-political-historical influences have contributed towards the development of the fairly pervasive culture of violence in South Africa today. Subsequently, the individual cannot be understood apart from within the family and other contexts within the broader system of South African society (Lazarus, 1995). It follows that the quality of parents' relationship systems outside of the family can be a source of support or stress that influences the functioning of individual family members (Cox & Paley, 1997). This was borne out in the current findings. Owing to the disturbances in emotional and physical functioning with which abused women often manifest, their ability to make use of Bronfenbrenner's (1986) mesosystemic and exosystemic support structures outside of the family are often also adversely impacted upon. Such feelings were often accompanied by tendencies for abused mothers and their children to either deliberately or inadvertently isolate themselves (or have isolation imposed on them by the controlling abuser) from potential sources of support because of their own fears and shame about their home situations. Some women identified the financial and economic status of the family and the unavailability of community support structures as influential factors which exacerbated family tensions. Such contentions are in keeping with an ecosystemic perspective which acknowledges the influence of other external forces (such as the need for economic, physical and emotional support) which act on the functioning of families and can contribute to the creation of circumstances which can lead to domestic violence occurring. Accordingly, families are viewed as complex systems which both influence (and are influenced by) other systems in various ways. In view of such reciprocal interactions it therefore important to remember that the family also shapes and selects its environment (Cox & Paley, 1997). Consequently, the type of neighbourhood a family selects to live in will also influence the choice of schools and community resources to which it will be allowed access.

Some participants felt that on the occasions they had actively sought out assistance from their religious communities, virtually no support had been forthcoming. In support of the literature mothers also asserted their disillusionment with these different communities that in their silence or unwillingness to assist, seemed to socially condone and tolerate the continuation of the violence.(Gilbert, 1996; Humphreys, 1997).

Participant J: and I couldn't run to my family because they rejected me because they're Christian and I became Muslim.

Participant L: And I was also one that was because of my, the way I was reared, I had to become independent I had to sort out my own things so I never spoke to anybody. Talking to psychologists or psychiatrists in those days um never crossed my mind, I don't know why I you know , but of course I, I chose to deal with this all by myself. At the time I was living with his mom who also gave me no support.

She would, used to very often say to me that I provoke him you know that if he smacks me you know it's my fault...so there was absolutely no support and um I felt very lonesome. And then 4 years later we had moved out of that environment with my ex-mother-in-law um and we moved into a house of our own where at that time I was a housewife. I decided to stay at home and rear my kids because emotionally I don't think I would have been able to cope out there anyway. Um, and then when my ex-husband, the company that he was working for they had to work extra hours but they weren't getting paid for it and that is when a lot of problems started with us because there was this money problems now in addition.

Participant K: ..my mother doesn't know what's going on and I'm not prepared tell my mother what's going on because my mother didn't want me to get married to him you see. That's why I can't tell her, my family what's going on.

The combination of the perceived lack of community support abused mothers reportedly received from the various workplace, school, peer group, religious, social and extended family systems where they had membership, together with the abusive home situation and the financial necessity precipitating their need to work, was also extremely stressful and draining and further impacted on marital and family frustrations. This also impacted on their ability to parent and be physically and emotionally available to their children or to monitor them. There were also women who reported that they were more fortunate in that the received support from their work and religious systems which boosted their confidence and concretized their decision to leave the abuser:

Participant G: Um ek was, ek het nog die eerste een verwag en toe begin hy slaanery al en deur die jare het ek baie na die Moslem priest toe gegaan, verskillende mense toe. Hulle sal my altyd maar bereed om te bly en.. maar het die slanery en goed het nooit opgehou nie.

Participant F: Want ek is nooit daar wat ek deur die dag met hulle is nie-ek is mees, ek is in my werk- en die aande jag ek ook vir my verantwoordelikheid by te dra by die huishouding wat ek by 'n vriendin bly, en ek sien hulle net in die aande en so aan en deur die dag was hulle op hulle eie gewees.

Participant H: En mense by die werk het my baie bygestaan en so en dis weet almal daai donker dae. En ek het sommer op my knieë gebly, want was dit nie vir die Here nie dan was ek seker maar 'n lyk of 'n senuweewraak of iets. So daai's baie, it's like the the war stress victim-daar's nog vol dingetjies.

From the aforementioned excerpts, the complex interweaving of the various macro-, micro- and meso-systemic factors of Bronfenbrenner (1986) and their impact on family systems and subsystems thus becomes apparent. External forces (such as the absence or presence of work or financial pressures or adequate support systems) can be seen to act on the interactions between family members in various ways. Subsequently, in families where interactions are already highly conflictual the presence/absence of stressors from other systems can aggravate/ameliorate intra-familial circumstances and can potentially foster circumstances which heighten/reduce the prevalence of domestic violence. In response to this, family members tend to employ a range of responses to cope with the occurrence of domestic violence which further impacts on family functioning and interactions both inside and outside of the immediate family system.

5.3. CHILDREN'S RESPONSES TO THE VIOLENCE

It is evident in the literature that both deliberate and unintentional demands are made on children from families where domestic violence occurs (Humphreys, 1993). In some cases such demands may entail that

the children have to control themselves emotionally to avoid a confrontation with a potentially abusive, angry parent and simultaneously be hypervigilant for possible indicators of interparental conflict (Thompson & Calkins, 1996). In other instances growing up in an abusive household has been associated with children's increased vulnerability to emotional and/or physical abuse or neglect and the tendency to model interparental violence as an acceptable means of conflict resolution (Carlson, 1984; Wolfe et al., 1985; Wolfe & Korsch, 1994). Bearing in mind the reciprocal nature of human relationships, family dynamics can be said to shape (and be shaped by) the quality if child-caregiver attachments as well as the consequences of such interactions for the larger systems outside of the family (Marvin & Stewart, 1990). Individual symptoms are therefore reflections of the functioning of the larger family system in which individuals are embedded. In a similar vein, family symptoms represent a microcosm of the larger societal systems in which families are embedded. Such behaviours are therefore a function of the contexts in which they occur (Hancock, 1993). Similar findings emerged in the current research.

The participants unanimously believed that domestic violence had impacted on their own lives. Similarly, the instability and tension within their conflictual households was also perceived as being an obstacle to children's social development. Mothers perceived their children to manifest with a range of both maladaptive and adaptive coping strategies in response to the domestic violence. However, in view of an ecosystemic perspective which rejects linear causality in favour for mutual causality, one cannot assume that any reported effects can be directly related and solely attributed to domestic violence. All mention of effects therefore implies an association with domestic violence. In agreement with the literature (De Sousa, 1991; Gleason, 1995; Lawrence, 1984; Wolfe et al., 1985, for example), the scope of children's responses is characterised by a range of cognitive, conduct, intellectual, academic, emotional, social and/or physical or developmental difficulties- some of which are perceived as less maladaptive than others. Mothers attributed the variation in their children's responses to one or more of the following:

a) children being angry, resentful and ambivalent towards both parents because of the violence and/or their mother's decision to leave the abusive relationship

b) children being directly abused

c) children finding productive ways of dealing with their experiences, such as investing themselves and achieving in schoolwork or getting involved in sports

d) children's realisation that their mother's separation from the abuser was the only way to stop the abuse at home.

Such responses can be equated with the internalising, externalising and resilient response patterns of Berman (1993). However, current findings suggest that these categories are not as clearly distinct or mutually exclusive as depicted in the literature. The most common responses identified here were emotional distress (such as crying and screaming), physical or verbal intervention (by trying to protect the mother by verbally pleading with or physically attacking the abuser). These findings parallel the fight, flight, fright responses outlined by Smith et al. (1997). It also emerged that, regardless of age, children are

aware that their mothers are being abused. This knowledge is apparent despite maternal attempts to hide the abuse from their children. Such findings support the literature indicating that children are more often aware of the abuse of their mothers than parents care to acknowledge (Humphreys, 1991; Humphreys, 1993; Humphreys, 1997; Smith et al., 1997; Wolfe & Korsch, 1994). The following quotations bear testimony to this:

Participant C: Last year while this whole thing occurred, just before the separation we went through a real bad patch and I just looked sad and then he asked me if it was his father and he didn't say anything and he just started hitting his father, he just started hitting him. I mean he was only a year, he was barely 2 years old and I mean that's how it affects the child. They, they sense it...Yes, they feel that, they know what's going on as small as what they are.

Participant G: In my geal het die man nou affairs gehad vir solank as ek kan onthou. En dan sal hy enige tyd van die nag inkom en as ek enige iets moet sê. Gewoonlik kan ek nie slaap as hy nie by die huis is nie, en as ek enige iets vra of sê dan baklei hy. En dan gewoonlik sal ek nie raas nie want ek wil nie hê dat die kinders moet wakker word nie. So ek het gedink hulle wiet nooit nie wat daar aangaan nie. En dan die oggend sal ek nou opstaan en brekfis maak en hulle regkry vir skool en so voort en hulle sal ook niks praat. Sodat ek gedink het dat hulle wiet nie wat aangaan...En die ander kinders was baie stil, net baie stil, hulle sal nie praat nie. Op 'n later stadium het die kleintjie 'n bietjie begin praat. Ek weet nie was vekeerd nie, maar haar kop sou agter toe gaan en voete sou, haar liggaam sou heeltemaal so gaan. En dan sal ek kom by die dokter sal die dokter met haar praat alleen, maar sy wil nie he dat die dokter vir my moet sê wat vir haar pla nie. Maar ek het so nog 'n idee gehad oor wat vir haar pla. So alhoewel ek gedink het hulle wiet nie wat aangegaan nie, het hulle altyd maar geweet het.

In addition. there is much evidence in the literature that woman abuse is often accompanied by other types of abuse where the children are either direct targets for physical, sexual, verbal or emotional abuse themselves or are indirect victims who witness the abuse of their mother (Kashani et al., 1992; Mertin & Murray, 1995). As a result, children are never mere onlookers to the violence but are effected in direct and indirect ways by their home environments. Children do not have to experience abuse themselves in order to experience its effects. This finding concurs with the literature on the topic which states that children growing up in violent homes do not have to be abused themselves to have their lives impacted upon by their childhood environment (Angless & Shefer, 1997; De Sousa, 1991; Humphreys, 1991; Padayachee, 1994; Segel & Labe, 1994; Shefer, 1995; Wolfe & Korsch, 1994). Similar sentiments were expressed by the participants in their descriptions of how their children had been effected. For example:

Participant I: My ex-husband never laid a finger on the children, but what I do also realize is that though they didn't get the beatings and I got the beatings, they were actually suffering too. If I can just tell you, I mean we cannot tell our whole life history in this short space of time, but once I came out of the abusive situation, I used to smoke before, it's strange when I got out of the relationship I stopped. My daughter, she's now 15, I think she was about 13 at the time, and she just said to me "why did you smoke you know?" And I said I used to smoke you know for my nerves and her reply was "how come we couldn't smoke for our nerves when you and dad used to fight". And you know that was the day that I actually realized that not just what my kids were going through, but all kids are going through in those situations.

Participant H: His father would like do it to me in the bedroom and they would like hear it you know. And it effected them you know because when we were together they always used to say "mummy when are we going to go, I mean can't we please leave daddy because this can't, can't carry on"...

Another finding was that on occasion children become involved in various ways in the interparental conflict. In accordance with the literature, the level of involvement ranges from children intervening to try to stop the abuse of their mother, to being blamed for causing the abuse or being abused themselves (Fantuzzo et al., 1997). Whereas some mothers raised instances when children tried to directly intervene in the marital conflict to try to stop their father's attacks on their mother so that fathers often turned on and physically assaulted them as well, others conveyed that even as bystanders their children became targets of physical, sexual, emotional or verbal abuse. The following extracts highlight this:

Participant G: Toe die kinders begin nou opgroei, word hulle ook geslaan, en hulle het geslaan met die sjambok. En hy's 'n man wat diere het en sovoorts maar hy gebruik dit om die kinders te slaan. En vir my ook sommer as ek probeer keer.

Participant I: I didn't mention that my eldest daughter was molested by my husband then...So when I went to Coloured Affairs they needed to see my daughter because she was going to std 8. And then when I got home I said you know I've just come from Coloured Affairs and they would like to meet you. And she said to me: "Mom I don't mind going but think of these children how they feel knowing what their father did to them."

An ecosystemic approach acknowledges the interdependency between humans and their physical or social environments as well as the complexity and unpredictability of systems, change processes, power dynamics and familial values (Lazarus, 1995). Given the interdependence of family relationships, conflict in the marital dyad is likely to extend to other parts of the system, weakening the generational boundaries so that abused mothers may rely heavily on their children to be confidantes and children may need to take on parental roles in the family such as cooking and looking after siblings which is in excess of their ability (Elbow, 1982). Sibling relations may also be weakened if siblings are drawn away from their roles as siblings into their parents' marital disputes. Similar findings emerged here where participants generated several accounts of children who take on responsibilities beyond their years and capacity. The latter concurs with what the literature has described as the "parental child", where the roles of family members may be overlapping and contradictory so that the child may be expected to take on the role of child and parent (Donald et al., 1997). Parental and home environments can therefore make demands of children beyond their levels of ability or maturity so that in some cases children may try to be exceptionally "good" for fear of provoking further violent reactions or incidents. This also supports ecosystemic principles about how children act and react in relation to the abuse occurring within the family ecology:

Participant L: You see the abusive situation always also created a scenario where they also wanted to be good children. They didn't want to um um ...Yes, and they just wanted to be good children so I recognise that also to be abusive- because basically they are not doing what they want to do, or they are not learning they are not experimenting on their own, they are just behaving in a way which they think is going to be good for mom and dad's scenario.

Participant G: En toe bel iemand vir my en sê dat my oudste meisiekind sy't van die skool uitgekom en dan vat sy dan die huis oor en toe is sy nou al std 5/6. Sy't nou die huis oorgevat, die wasgoed was, en kos maak en die kinders kyk en sovoorts. En toe staan sy voor in die kombuis in het sy net lam geword, haar bene het ingesak, sy's hospitaal toe.

Since parents tend to serve as their children's role-models of male-female relationships, communication and problem-solving, it follows that children form abusive households may come to learn such dysfunctional strategies as acceptable means of relating to others (Cox & Paley, 1997; De Sousa, 1991). Similar to other findings, the impact of domestic violence has been found to extend to children's ability to trust in and commit themselves in intimate relationships. One mother perceived that all three of her adult children's ability to engage in healthy, abuse-free relationships seemed to have been negatively affected by their exposure to domestic violence during their childhood years. Another describes how the climate of violence in her home both impaired ability to function effectively as a parent and contributed towards her children coming to regard violence as being an acceptable means of conflict resolution. Such sentiments are expressed in the following quotations:

Participant B: They are all, the youngest one is not in any relationship, the two that are married they are both in abusive relationships, they both have partners that abuse them in some way. My failing there was because I was unassertive they are in the same situation.

Participant M: Ok main concerns is that the children have sort of in a sense um I think learnt, have learnt a pattern of aggression, very abusive all of them from the eldest to the youngest, male or female the same thing they're all highly abusive themselves towards each other and towards their friends at well.... So now it's the three of them are fighting all the time and the one is shouting at the other one, the other one is shouting at the other one. This one is swearing, this one is swearing worse and then the physical fighting starts and then...

Age and gender-related differences

Although boys were reported to manifest with more concentration and hyperactivity difficulties than girls, on the whole, there was much overlap between those responses traditionally accorded to male and female children of different ages. This overlap suggest at the difficulty of determining qualitative differences between children of different genders and ages. Both males and females presented with a range of responses which transcended traditional responses associated with the respective genders. For example, a combination of rebellious, anxious and physically, verbally and emotionally abusive behaviour (usually associated with males) was particularly evident in one participant's description of her daughter. On the one hand, the lack of conformity in the responses of children of different genders points to the need to avoid assuming homogeneity in broad age ranges and instead to look towards the developmental phase and characteristics of the individual child which may influence the child's response. On the other hand, one cannot ignore that gender-role status and socialization may affect children's ideas, attitudes or reactions to the abusive home and family setting (Dowling, 1985).

Daughters

Other participants also cited numerous examples of responses in their daughters which they associated with their daughters' exposure to domestic violence. Certain behaviours such as academic achievement were perceived as being more adaptive than instances when daughters reacted aggressively or manipulatively. In some cases such displays of manipulative behaviour in daughters were reported to be present even years after removal from the exposure to domestic violence. The following represent typical comments:

Participant D: Rebelliousness from my daughter, breaking things, excessive screaming, irritable behaviour, she's always telling me I irritate her, withdrawal, she goes into her room, shuts the door and doesn't talk to anybody, doesn't want anybody around. if you come into her room she tells you to f*** off, excuse me. I mean, just if you want to ask her if she wants breakfast or something normal. Um nervous, she puts on all the lights if she goes to sleep now her lights stay on. If she's alone at home, because she's locked in a block of flats, you'll come home and all the lights will be on, every single room's lights will be on.

Participant C: Like one thing my daughter used to do before was um, she um always used to manipulate by crying, whatever she wanted she used to cry and then she used to get it and that's one thing I've stopped since the father's out of the house. I said to her " you stop crying and you tell me what it is because I'm not going to listen to you, I'm not going to give you what you want if you are going to cry" so now she actually stopped doing that and um, her grandmother, his mum also actually told me that she's noticed that she's not like that anymore, she doesn't like cry for everything, for every little thing anymore.

Participant B: My daughter and ...she's still manipulates with crying and her husband is still easily manipulated with crying and she still uses that with her dad.

A less typical response is reflected in one mother's vivid description of the manner in which her daughter has internalised (and subsequently repeatedly acts out) the chaos and aggression which characterised their home and family for so many years. In as much as the environment has impacted on her daughter's responses, parent-child interactions are also negatively impacted upon. The following extract demonstrate the interdependency principle which is one of the basic tenets of the ecosystemic perspective.

Participant D: Can I just add one thing? I'm finding with my daughter, I'm finding it very difficult to deal with. Last night after I came home from the fight and I left her at home and I went over to a friend, girlfriend and just sat with her for a bit, but I was just in so much pain from the arm and the whole bit. Came back, all the lights were on and the lounge is in a mess, my bedroom is in a mess, her bedroom is in a mess. I mean all the clothing that think had been packed there so she could take there whatever she wanted, and to just pack into the suitcase, was all thrown to the floor in one big heap. My mum's stuff was take out of her cupboard, coats she put on, they should have been put back. It's disrespectful, she has no right to go in there, the lounge, just all the clothing lying there on the table, with the shoes, everything. The bathroom was a mess. So you know I came in and I just saw disaster. And she does this all the time to her bedroom and when she came back, her room was all clean, with flowers, ready for her, and here's this lovely room. She was just home an hour and this place, like she's just take clothing, I don't know where she gets the stuff from and throws it down onto the floor- total mess. She likes to be in total chaos.

That daughters of abused women are susceptible to subsequent involvement with abusive partners has already been discussed in the review of the literature (Bennett, 1991). What is evident from maternal responses here is that such claims are not unfounded. For example, some mothers reported that they themselves had histories of abuse or unhappiness in their own families of origin. This concurs with contentions that there are often multiple other problems (such as histories of substance or alcohol abuse, sexual abuse, depression, conflict, pregnancies or divorce in their own families or in their families of origin) which coexist with and contribute towards family members' lowered level of differentiation and actual incidences of the transmission of transgenerational patterns of behaviour (Hurst et al., 1996; Sroufe & Fleeson, 1988). The functioning of the family microsystems is also impacted upon by elements pertaining to parenting styles as well as the developmental history and psychological resources of parents (Cicchetti & Lynch, 1993). The following quotations reflect this:

Participant L: ...and if you should ask me how long I've been in an abusive relationship I would say for as long as I can remember. I was a victim of an abusive upbringing where um, my character was very much in line with my father. And my mother and father got divorced when I was 3 years old and what, what was normal for me to behave in the normal way for me to behave in, my other obviously hadn't adjusted to the divorce because at, in those years divorce was taboo. And , but she was actually forced to get to divorced because my father spent weekends, weeks away from home. So because of my nature and the way I did things, very different to my sister, um my mother couldn't handle me. To me as a child, I saw her to be disliking me and in that way I formulated a lot of behavioural patterns which at this stage of my life I'm busy breaking down. It's been in the past 8 years a breaking down, of changing behavioural patterns but all this stems from when I was a kid...I used to um I was very shocked, overwhelmed by what was actually happening and was now that very disappointed that I had gotten married and I was powerless and I couldn't think straight as far as what was happening. And then one day I decided when my son was nearly a year old that I was going to leave and um, but with my background I couldn't go to my mom. My mom wasn't accessible..

Participant J: But the thing is this, when I got married my husband, I tried to do that, I stayed at many places just to avoid the trouble in the house...And when, prior to my marriage, I was 10 years in and out of institutions, Valkenberg, Lentegeur, you name it, Groote Schuur. I developed this depression state when I fell pregnant with my eldest daughter [a "mistake" from a previous relationship] ..And um, I mean this is my first marriage and to get married at that age and to make a mess of it because from the word go, when I was pregnant with my first child before my three kids...I must say why I couldn't handle my husband and why he couldn't handle me. He again had a drug problem all the years he was on mandrax and dagga. It's only now recently that he gave up the drugs because I told him.

Another woman observed that her daughter (after growing up in an abusive environment) was trapped in an abusive relationship herself which was impacting on her children. The possibility of the intergenerational transmission of domestic violence occurring is therefore not something which can be easily dismissed, especially since girls may end up being acceptant of violence in their own relationships (De Sousa, 1991). Other commonly cited observations centred around daughters tending to be more withdrawn and anxious with a tendency to somatise on occasion. Whereas some displayed disobedience, others responded in a supportive, compliant manner. It is likely however, that such observed effects are not because of exposure to domestic violence alone (Berman, 1993; Jaffe, Hurley & Wolfe, 1990), but result from an overlap with other developmental and contextual factors such as the effects of gender-role socialization and the onset of adolescence:

Participant B: My daughter is being abused, I know she is, she hasn't exposed it, but the grandchildren are exposing it too and they cry...

Participant A: The girl, withdrawal she stays in her room when family members come. Except screaming I've noticed recently and I've also noticed blaming behaviour around her menstrual period time- so I'm not sure whether it can be because of the abuse or it's premenstrual tension.

Participant B: My daughter, nailbiting, headaches. Something you did not mention, a type of convulsion... there's no further, it's never repeated again... My daughter's very secretive um...often got letters from her blaming the oldest brother of harming her in the sense that he didn't take responsibility, or she was always trying point to him and she was manipulative. I even think manipulation sometimes to do with health, she would use that as well as an excuse. I won't say that it sounds as an excuse, that's why I think that the convulsions might have been like basically nearly like she would be in pain physically because she was in pain- and that's what I was myself.

What is apparent, is the range of observed adaptive and maladaptive responses with which the children of participants this study presented, concur with the documented responses. What is noteworthy is the mixed

picture of internalising and externalising behaviours with which daughters presented. Whereas the majority of daughters did display tendencies to withdraw, instances of externalising behaviours such as throwing tantrums, rebelliousness and physical and verbal aggression were also cited. Reported incidents where daughters displayed a sense of loss of their relationships with their fathers supports previous research findings such as that of Bennett (1991). This is encapsulated in the following examples:

Participant D: She sees me as a weak person, even though I had to be incredibly strong, and I feel that I was very strong person , but I'm now sitting with the same abuse. In one week, let's say ten days, a week, much longer, almost three weeks, I've had my hair pulled, I've was hit one my arm last night so I had to stop the car the way she hit me because of an opinion I had of her relationship with her boyfriend, trying to tell her how to handle the situation, she got so angry, when you tell her something she doesn't want to hear she just tells you to shut up and if you don't shut up immediately, I mean she just hits out at you. She verbally abuses me now. She, another thing she did physically, I can't remember now, I've had so much of it in my life that, that you know you get hit and then the next day you have to start all over again and it's a new day and you don't look back...I have, I get told, can I use bad language? I get told, "fuck off you cunt"

Participant D: ... and I think also turning away from your husband is a way she can deal with the hurt of not having him there actually. Because I think my daughter is doing the same. Even though he abused her sometimes, pulling her hair, um she misses that strength cause she says "you took my father away".

From the discussion thus far of the continuum of adaptive and maladaptive coping strategies manifested by children exposed to domestic violence, it is evident that such exposure can impact on their ability to relate to others, the development of their sense of self-concept and self control and their subsequent ways of interacting with dating and marital partners (Wolfe & Korsch, 1994). This applies to both genders.

Sons

Mothers also reported a range of responses they had observed in their sons. The tendency for children from violent households to develop cognitive deficits in their processing of social and other information and their failure to attend to relevant social cues is well documented (Gleason, 1995; Jaffe, Hurley & Wolfe). This was born out in the current findings where reports of concentration difficulties and hyperactivity in sons was common. Somatisation, anxiety, academic and interpersonal difficulties were also evident. In keeping with the literature, it emerged that sons were more likely to conform with criteria for conduct and behavioural problems such as truancy, aggression and substance abuse (Berman, 1993; Jaffe, Wolfe & Wilson, 1990). Poor peer relations were also highlighted:

Participant A: Ok, the boy he's temper tantrums, headaches, tummy aches, stuttering, speech problems. Assaultive behaviour where he always interfere with the younger one and when he thinks you're not watching him, then from the corner of you eye you'll see that he's actually starting first and teasing and hurting the other one. Poor academic achievements, lazy not interested in schoolwork. Destructive behaviour, he'd just throw things around if he can't get his way. Excessive screaming, withdrawn, especially at family gatherings, he doesn't want to be in the family picture, he will stand over there. Um, nervousness, concentration difficulties, he can't sit still for long...he's 8 years old.

Participant J: He's 10 and he failed std 1 with the the result that he's standard one and the youngest one is std 2. ...My two boys, the one just turned 10, the one is going to be 9 next week, the 21st. Now they're very, they're full of problems. The eldest one failed standard one because of a psychological problem. I

believe, I don't know there is a illness that he has because he tends to break things and beat his friends. Hyperactive, he loves eating all the time and he wants to be out all the time.

Participant E: He's got very poor peer relationships and I look over all this, that's why I actually don't want to concentrate so much on the dagga because in, since std 9 onwards he has been in different peer groups, you know drinking groups, dagga groups, different groups, all types of groups. It's only lasts a couple of months then it's a thing of the past.

An interesting finding was the extent to which the home and family environment could push children towards potentially self-destructive thoughts and actions or drive them to look for support outside of the family. In two instances, male children had confided in their mothers that they were considering suicide as an option just so as to escape the home situation. One woman perceived that her son had resorted to using drugs and had joined the Rastafarians as a coping strategy and attempt to re-kindle a sense of family and belonging which had been lacking at home:

Participant F: ...my kindjie van 13 het alreeds 'n briefie vir my geskryf in 'n mother's day kaart waarin hy sê dat hy homself gaan doodmaak want hy wil nie meer onder die omstandighede bly van sy pa nie. So ek het vir hom [haar man] gewys toe skeur hy dit in klein stukkies op, toe sê ek jy moenie vir my nie, die kind het dit geskrywe.

Participant M: Ja, and then once I think he was about, he's 14 now, I'd say between the age of 10 and 14, he spoke to me. I'm not quite sure what age he was but he spoke to me. He said to me that he's thinking about suicide he's got suicidal thoughts and that really worried me. So that was when I started having more open conversations with him. And funny enough I could reach him like I can't reach the other two. We can have an adult conversation and he'll be able to speak about his feelings.

Participant E: ...I discovered that my son was smoking dope and it was quite devastating to me. Um, he went away for a week when I was still in the situation, not after my separation. Uh, and he went to stay with the Rasta's- it really rocked me.... But I, the way I see it now is just a way of retaliating, of being different than others... But the the the situation manifested in a way that my son, he went outside the home situation to go look for role models...But like I said, I can pick up the past few weeks that he's not a Rasta, he's not a cult, it's neither the dagga. I think it's more the unity, the people they call each other brothers and sisters and things and that was also always missing...

Adaptive coping strategies of children

Maternal reports of children who seemed to cope better with the exposure to domestic violence than their siblings conforms with the resilience literature that suggests that early damage is not necessarily permanent so that children have a greater potentiality to recover substantially from early adverse exposure (Rutter, 1980). Resilience is concerned with the capacity of individuals to respond adaptively despite exposure to adverse contextual influences (Engle et al., 1996; Fantuzzo et al., 1997; Luthar & Ziglar, 1991; Masten et al., 1990; Rutter, 1987; Thompson & Calkins, 1996). Displays of resilient behaviour is influenced by a complex interaction of cumulative proximal-risks (such as parental discord, ineffective parenting and parental antisocial behaviours) and distal-risks (such as economic hardship and social class which do not affect the child directly) within the child's environment (Engle et al., 1996). Many of these risks have been identified here as characteristic of the home and family environments of the children of abused women. Contrary to findings that children who only witness violence show less severe effects than children who both witness and are victimised (Hughes & Barad, 1983), findings here suggest that some child witnesses

who have been victimised actually fared better in terms of displaying more adaptive coping mechanisms. This once again concurs with an ecosystemic framework which acknowledges that individual within systems have the ability to respond differently (Cichetti & Lynch, 1993). Within any one family system, different children thus have the potential to respond differently to the adverse home conditions to which they are exposed.

In support of this contention, several mothers reported instances of individual children who they perceived as coping well academically or displaying the ability to engage in healthy relationships with the opposite sex. Some children were reported to have found their own means of coping with the experience of their exposure to domestic violence either by immersing themselves in books, computers, work or academic activities. Others reportedly "bounced back" and bettered their academic performances as a result. Whereas in many cases such coping strategies are predominantly perceived as being adaptive, they are not without drawbacks. For example, some mothers acknowledge that even though some of their children appear to be coping well academically, they are not sure about the state of emotional health of their children. The latter observation emphasises the need to acknowledge that high achieving children may suffer from emotional problems and distress despite their apparently adaptive behaviour is important so that such children do not get overlooked by service providers (Luthar & Ziglar, 1991). The following quotations reflect the aspects of resilience outlined above:

Participant A: And at the moment she's like giving all, um started looking like, giving, doing.. all the attention to her schoolwork and maybe using that as a cover for the pain, her escape, just trying to sort of to do better than whoever is doing best in class and she sort of tells herself she can make it. Probably she doesn't want to be like her father has been and so forth or what I've been going through, what I've been. So, in that way she's excelling, but I don't know of inside. She appears to be coping, ja with her schoolwork.

Participant M: He's always been very quiet ok. Um, very quiet, very much engrossed in the tv and in the book that to such an extent that you can call him that he wouldn't hear you. You've got to call him at least 3,4,5 times and you go right up to him and say I'm speaking to you right before he can even acknowledge that there is somebody speaking to him. Um, and it's not to say it's just been a hobby, it's not just a hobby. It's like it was an escape for him, he withdraws into the world of books to a make-believe life.

A number of protective mechanisms which seemed to mediate the effects of the stress of the home and family environment emerged in the focus group discussions. Many of the identified mechanisms conform with those identified in the literature (Engle et al., 1996; Humphreys, 1997; Kolbo, 1996; Luthar & Ziglar, 1991; Masten et al., 1990; Radke-Yarrow & Sherman, 1990). The most common protective mechanisms which emerged relate to the dispositional attributes of the child (such as having socially engaging ways, non-aggressive problem-solving strategies and a pleasing physical appearance), shifting developmental changes in cognition, behaviour, emotion and socio-cultural context, as well as the presence of supportive interpersonal relationships and positive social and educational experiences. For example:

Participant H: En die oudste kind van my wat nou 18 geraak het, lyk nou of hy 'n mooi jong man gaan word...en hy't 'n vriendinnetjie, 'n meisie wat daaronder in Springbok is, maar ek het nog nie rerig, rerig probleme met hom nie wat ek kan dan kla oor nie...who's doing karate too- that's also changed him a lot

because since he started karate his grades shot up-the eldest one. Like he's doing N1, he's repeating it, he failed now. He used to get 20%, 30%, it's now 65, 70, it's wonderful you know. It just shows you how if the child does something constructive like he's got this fashion karate, like he likes to build up his body and obviously the girls notice and that's changed him.

Mothers also reported several other examples of what the literature would consider as being displays of resilience. One participant explained that although her daughter had survived being molested by her father and had been reluctant to go for counselling, her coping strategy was to go into the world of social work and to help others deal with their own painful, traumatic experiences. Her mother sees this an indirect means by which her daughter can hopefully work through her own childhood experiences. However, in accordance with previous research, such displays of what could be displayed as resilient behaviours were often accompanied by "trade-offs" or less positive behaviours. Other examples of such trade-offs are reflected in the following extracts:

Participant I: But the day that his father left like towards the end there. We were were sitting in the one room me and the girls and then my son, we he watched something on tv, and he screamed you know and then the eldest daughter said your son is feeling it most you know. And since that day he's, you know there's such a major change. I mean I went to the school one day and the principal said- he's at Gardens commercial now, your son is really taking his work seriously. He's the class rep for the third year. He's doing well at cricket, his report is, he's doing okay but you know when I, sometimes he gets very cheeky.

Participant M: If he's with you if you have at last got his attention, you'll give him a task to do. You'll tell him maybe take the cup to the kitchen please and he'll stand around with the cup like he wouldn't know, he wouldn't grasp that fact he's got to take it to the kitchen. He couldn't complete a simple task, but he was highly intelligent, he was brilliant in school. He came home with A's every year. And then when he speaks, everybody thinks that he's somebody that's already in high school when he was in primary school. Um, but he had this problem of not being in touch with reality. It was a great, great concern for me.

The aforementioned findings confirm those discussed in the literature relating to resilience in a number of ways (Belsky & Pensky, 1988; Kazdin et al., 1997; Masten et al., 1990). Firstly, the mere fact that mothers can report that some of their children appear to be coping better with the experience of growing up with domestic violence than others suggests that such exposure does not automatically lead to serious behavioural problems in children and the continuation of the cycle of violence into subsequent relationships. Conversely, the mere absence of associations between domestic violence and behavioural difficulties does not mean children are completely unaffected and do not experience difficulties in other areas of their development (Humphreys, 1993; Kolbo, 1996; O'Brien et al., 1991; Rutter, 1987). Consequently, as illustrated above, every display of resilient behaviour has both advantages and disadvantages which represent compromises between complex emotional demands and inconsistent goals in response to internal and external stressors the children experience (Thompson & Calkins, 1996). Other adverse domestic circumstances aside, exposure to domestic violence thus always comes with a cost and difficulties are experienced in some or other form.

5.4. ABUSED WOMEN'S PRIOR EXPERIENCES OF INTERVENTION SERVICES

Another theme which emerged centred around abused women's prior experiences of intervention services either for themselves or for their children. All participants had made use of NWSC intervention services. Many of the women mentioned the stigma attached to being an abused woman which prevented them from making use of such services earlier. Once they had initiated contact with the centre or other similar institutions to help and educate themselves about abuse issues, however, many positive changes were experienced as a result of the intervention received. This concurs with previous research findings that maternal education has an organising influence on the family (Cicchetti & Lynch, 1993). The majority of participants had also made some attempts in the past (or had least considered it) to link up with intervention services for their children who had grown up with domestic violence. Some women were less than thrilled about the assistance they had received and felt they had not been helped enough. They raised several issues which centred around the inadequacy of existing services for their children which included:

- Their perceptions of psychologists in private practice of being inadequately trained to deal with issues of domestic violence and its impact on children and their abused mothers.

- Their complaints around the exorbitant fees charged for psychological services by psychologists, and what they considered the arguable value of such interventions.

- Their frustration with the long waiting lists implemented by other existing intervention services such as the child guidance clinics, William Slater and Red Cross Children's Hospital.

- Their frustrations around the exclusion clauses of existing services which restricts the range of children to be treated. This means that many needy children slip through the gaps and are not treated.

Maternal reports of existing services were also explored. Whereas the majority of women reported positive experiences in their dealings with the NWSC, their experiences of psychologist, other mental health professionals, social health agencies, the police and legal system were viewed in a very negative light. This is reflected in the following quotations:

Participant E: Like I for example only learned at NICRO that you get different kinds of abuse, I thought that there was only physical abuse, that's why I thought I didn't have a case. But I was abused to the extreme emotionally abused as well as economically as well as physiologically, but I never knew that. I mean I was an adult...

Participant J: About his you know I was beaten up many times and this son now beat me up now by Ramadaan so I went to the police and I spoke to the commissioner there but he told me they don't have the power to come there. I said, um I read the book of battered women and in there you can demand the police to come, but they reckon they can't.

Participant F: Ek het by Childline gaan aanklop, ek was beswinder tot by die kantoor in Lavis town was ek gewees. Ek het verduidelik, ek het hulle almal saam geneem. As hul nie voor my wil praat nie, moet hulle privaat praat, wat is hulle problem, is ek die probleem, die pa die probleem is. En so het dit gekom dat die dame gesê, nee sy gaan vir hulle counsel by die werk. Dit is nou al weer amper drie jaar al terug al, want die kind nou word al reeds ses jaar oud al, ek het niks response van hulle gedoen nie...Ek kry nie 'n response van die Childline nie...Nou wil ek weet hier as moeder ek het nou probleme, nou ek is geves in 'n huis op, om onder al uitdruk en omstandighede to wees, en 'n, 'n, 'n, wat gaan ek maak?

Participant A: And also when I was starting to get help, my little boy started stealing, all of a sudden he just felt, I just found that my money went missing... And this went on for some time, tried to get help, tried

the Parent Centre in Claremont, I've tried Red cross and the waiting list is so long, they say they can't help you with certain age groups and I was was very irritated. Eventually when they gave me a date, he was over the problem and he could have been dealt with if we had something for children like at NICRO, we could have dealt with that right there and then.

Although it is important to keep in mind that such perceptions are generalisations, the strong indictment against the reported ineptitude and insensitivity of such professionals in dealing with domestic violence issues highlights the needs for ongoing training and education amongst professionals which will need to be addressed in order to increase their effectiveness in dealing with abused women and their children. Long waiting lists, exclusionary clauses for children of various ages and limited existing services for children exposed to domestic violence were another bone of contention for participants. Abused mothers' disillusionment with the exorbitant fees charged by some psychologists also raises issues of the how accessible psychologists are to individuals with fewer financial resources. The adoption of community psychology principles and implementation of more accessible community interventions focusing on social problems such as domestic violence may be something that urgently needs to be addressed by Psychology as a profession. This is reflected in the following quotations:

Participant B: What I just wanted to add was you know if we follow my own situation for about 20 years in all, I've floated around for help and I don't feel all psychologists are trained to cater with abuse. You know it is totally neglected, I feel sometimes very angry about it, very angry. Um, they touch on areas, but they cannot root the child and it's a total waste of time.

Participant L: Because I erm about 4, 5 years ago I took my son to a therapist and he had 2 sessions, a child psychologist. The bill came to R1200 and the child refused to talk.

Participant M: I've contacted a therapist. I've done this quite a few times already and most of the times it was not very helpful. I can think of an incident where my son went to William Slater and he just went for an assessment and he came back and he refused to ever go their again because apparently a very innocent question to them , but a very upsetting question to the child. They asked him of he dislikes animals and if he hurts animals and then he got so angry and then he refused to go there again because I think he loves animals more than he loves people and he spends more time with animals than with people. So already there that was the wrong question to ask and he refused to go back.

Abused mother's reported experiences of existing services highlight the dire need for the more effective training of professionals across the board about how best to deal sensitively and effectively with issues pertaining to domestic violence. Furthermore, the need to expand existing service facilities and community services for the children of abused women is self-evident.

5.5. PERCEPTIONS OF THE NWSC EXTENDING THEIR SERVICES TO THE CHILDREN OF ABUSED WOMEN

In view of the limited services available for both abused women and their children, there was unanimous support for the NWSC extending its services to include the children of abused women would complete the NWSC's service package. Typical comments included the following:

Participant D: Yes, definitely. I think if they're working with the the mother, they are then able to relate with the children. Whereas if the mother's coming here and the children are going to some other psychologist, there isn't, you pay so much money for a psychologist, there isn't time to explain the whole situation, so it would be an all round.

Participant H: It's not just the mother that's involved, it's the children as well.

Participant M: Most definitely yes because there are hardly any services out there for children. I know I've been trying for the past 2, 3 years so most definitely. And they'll probably understand it much better too because of the situation of the mothers. They have more um patience with the um the mothers instead of telling them, look you haven't been effective enough as a parent and that type of nonsense which would make the mother feel worthless, more, you know.

Participant D:... she needs psychological help, but if she'd had the psychological help right from the start when I was getting the help from NICRO, maybe she wouldn't be in the state she is right now.

The unanimous support for the proposed extension of services to children can be related to the perceived advantages and benefits of the NWSC extending their services far outweighed perceived disadvantages. These **advantages** included:

- The fact that the NWSC has dealt with domestic violence issues facilitates that they know the full story of the impact of domestic violence on mothers and children alike.
- That there is easy access to the NWSC via public transport.
- The belief that the NWSC will have a better understanding of the plight of the children of abused women because they have insight into their mother's situation.
- That mothers and children can be treated under one roof.
- The fact that the NWSC interventions had positive effects on abused mothers may facilitate children's willingness to attend counselling at the centre themselves.
- The limited existing counselling services for children and the huge need in communities for such specialised services.

That participants' perceptions of the NWSC and its role in improving abused women's lives and coping and support systems may have been affected by the desire to say what is socially desirable cannot be ignored. Responses may also have been influenced by women's feelings of indebtedness towards the centre or their knowledge that they might have continued use for the services in future. Nevertheless, their votes of confidence in and willingness to entrust their children to the care of the NWSC supports notions that services for abused women are best positioned to provide sensitive dualistic services for both parties without compromising the needs and rights of abused mothers (Cicchetti & Lynch, 1993).

A number of **perceived obstacles** to women making use of the proposed services for their children were also identified. More than one mother expressed concerns of their children being in denial/being embarrassed or ashamed that they have problems and being resistant to attending counselling sessions at the NWSC because of the possible stigmas attached to the centre as a place for abused women. Transport was another perceived obstacles which would make it difficult for single, working mothers to bring and fetch children for counselling sessions. These sentiments are represented in the following quotations:

Participant D: My daughter knows she has a problem, but she doesn't want to see another psychologist...she says that's stupid...

Participant H: And you know he's not really co-operative, he refuses to go to to, we've been trying to get him to go to a psychologist. He feels there is nothing wrong with me mommy, I'm fine, daar's niks verkeerd met my nie.

Participant H: Like um um because you know because I work, you don't have time type of thing [to bring children in for counselling]...for working moms it would obviously be difficult and lots of mommies can't afford to stay at home they have to go from 9 to 5 work

Participant L: I think that is actually brilliant [to use male counsellors or volunteers here] because here at a centre like this it's a place for abused women so you have in my opinion weak spouses that created that environment, assisted in creating that environment. And yes, the perception the children have of that type of male, their self-worth is sort of in there. And of course, that is why our South African men are the way they are...No, that's not what I'm saying- because our men don't believe that crying is ok, like you say their is a lack of male role models because of what is experienced here or what is social, lots of female emotions although we know that is not true, you know.

Nevertheless, as one woman pointed, such obstacles to utilising the proposed services have to be weighed up against the benefits thereof. Subsequently, mothers have to acknowledge the need to make the necessary sacrifices for the sake of helping their children:

Participant M: There is some sacrifice that you have to make as well as a parent. Because I mean you can't make a whole organization to change their schedule for you, so you've also got to give some input there, lots of input.

5.6. SUGGESTED FOCUS FOR INTERVENTION PROGRAMMES

As discussed in the literature review and reflected in the findings of the current research, the impact of experiences of domestic violence varies according to:

1) the age, developmental phase, gender and role of the child within the family

2) the level of available emotional and social support

3) the intensity and frequency of the exposure to domestic violence

4) observed parental responses to the family dysfunction

5)the level of social and economic disadvantage of the family

6) repeated moves and separations

7)special needs of the child (such as learning disabilities) which are independent to the violence

(Berman, 1993; Carlson, 1984; Humphreys, 1993).

Since there are social, economic and environmental dimensions of health, it is critical to look at ways of promoting health by addressing and expanding on the availability of social support networks, viable neighbourhoods and human environments, sufficient financial resources and the provision of basic needs and amenities within communities (Hancock, 1993). Interventions should ideally focus both on the individual, the family environment as well as larger government, legal and community institutions (Engle et al., 1996; Kazdin et al., 1997). A wide range of suggestions were generated in the focus groups about the possible focus and nature of NWSC intervention programmes with children exposed to domestic violence which confirm the need for such a comprehensive focus.

In keeping with the literature, the suggestions of participants encompassed ideas about fairly comprehensive interventions aimed at children, parents and communities. Suggested **interventions targeting children** included:

- Providing a supportive forum where children can be listened to, the getting together of children to reflect on their experiences can be facilitated and where self-esteem building and emotions can be dealt with and shared with other children from similar backgrounds.

- Teaching children that they are not responsible for the abuse.

- Helping children to express their feelings and deal with depression.

- Educating children about the different forms and effects of abuse as a means of breaking the cycle of violence so that the intergenerational transmission of violence can be prevented.

- Running individual and/or support group sessions for older children focusing on assertiveness, anger management and conflict resolution training.

- Play therapy was recommended for younger children.

- Trauma work for children in crisis.

- The sensitive assessment of children.

- Assisting children with their homework.

Assisting children with their homework was one of the less practical suggestions. However, the setting up of assessment and multidisciplinary collaborative referral networks for children with learning disorders is a possibility which the NWSC could put into practice and which would adhere to community psychology and biopsychosocial principles. Some examples of suggestions by participants include the following regarding education about the different types and dynamics, support and to equip children with coping- and life-skills so that they do not resort to maladaptive behaviours or become embroiled in abusive relationships themselves:

Participant C: And the whole thing ...that the children are made aware that it's not their fault, but it's also not their, the mother's fault or the person's who's being abused. Emotional abuse, the child can't see the parent being abused, but now physically they can see that. But now if you're like emotionally abused and that and then like with my kids their father brings them luxuries and stuff so he's like the good guy. And I discipline and that, I'm the bad one. The children are actually made aware what to look at what, who the good parent is here...Educating them, yes, about the different kinds of abuse and so it will help them in the world out there as well so they get into relationships like that when they are older

Participant L: My main concern with them is um that they are able to recognise abuse. They must, they must you know I I I like them to be able to recognise what abuse is...

Participant M: ...we should have the support groups so that they can feel they are not alone, it doesn't just happen in their family, that it's ok to talk about it. And also to have some sort of workshop or training or whichever way NICRO will be looking at it to teach children this sort of assertiveness training and also, the other thing I was talking about was um their behaviour patterns needs to be addressed. To stop that actual aggression and violence I don't think just assertiveness courses is going to do that. and maybe here therapy will come in. And that we need to show them different patterns. We need to teach them constructive ways of dealing with their anger...Individual therapy, maybe family therapy with the mother being there as well.

Suggested foci for **interventions with parents** included programmes on parenting, discipline and communication skills which also look at rebuilding mother-child attachment relationships and providing support for abused mothers. At a **community level**, most suggestions centred around awareness-raising campaigns about abuse and NWSC services. The importance of targeting schools for such awareness programmes was stressed as being an avenue for strengthening links between schools and referral sources such as the NWSC. Such suggestions are reminiscent of the joint systems approach of Dowling (1985) that acknowledges the dual context and relationships between the two critical societal subsystems of the family and school and believes that changes in one community problem or agency has ramifications (for better or worse) in other community problems and agencies. The option of the NWSC going out into the community to run groups with children was also suggested. However, maternal concerns around the viability and practicality of this in view of limited financial and staff resources were raised.

Several other issues which mothers thought would facilitate implementation of interventions included the NWSC making provisions for :

- Running individual interview sessions where issues around confidentiality and so forth could be explained before allocation to groups.
- Grouping children according to their ages before allocating them to support groups.
- Siblings attending on the same day and participating in parallel, concurrent sessions.
- "Open door" services where children can walk in at any time should they require services.
- Giving feedback to children in counselling about behaviour limits and so forth.

Regarding logistical issues, the participants put forward several perspectives around counsellor attributes and the duration, times and days on which programmes should be run. The participants also generated a number of ideas of how to introduce the idea of counselling services to their children without using force. In view if the limited services for children mothers also identified the need for the NWSC to make organisational decisions to clarify what ages are to be treated and whether or not a reasonable fee would be charged for services. It can therefore be deduced that depending on how the NWSC eventually decides to define a "child" in terms of age parameters will impact on the type of services implemented and the degree of support by abused mothers for the children's services in the future. The participants had the following to say in this regard:

Participant E: And then, I think with the fee, I'm so long with NICRO and they actually gave me the strength and the courage and everything. I think that if a person I know, maybe if I suffer, I'm actually struggling, but I mean things will go better, but I think charge a little fee. You people work so long hours and you really do tremendous, fantastic, good work, excellent work so I think you can really. That is how I feel, I don't know. Even if it's a minimal fee...

Participant F: Want kyk som ouers het meer kinders wat ouer as 16 jaar en 18. En laas kan ek nie die oudste saam met my kan geneem het as ek vesting gekry het by NICRO by die shelter nie want hy is ouer. En dis eintlik deur oor hom waaroor ek die meeste bekommerd gewees het as ek hom by iemand anders gaan los het, en ek gaan die kant toe wie gaan um um um oorgee vir hom?

Notions akin to an **empowerment agenda** were also generated. These are reflected in comments about involving mothers and children to play an active part in programmes first to empower themselves and then to empower others. For example, children who have been exposed to domestic violence and have been through the proposed NWSC programme could be utilised to assist with subsequent programmes. Another suggestion was for the centre to involve mothers in intervention programmes to relieve NWSC staff shortages and staff load. Consideration of how persons, settings and events can become reseources for the positive development of communities is an integral part of the ecosystemic perspective adopted here. Ideally, interventions should facilitate change by activating people's abilities and to empower them to make changes within their own lives and that of the institution of which they are a part (Dowling, 1985; Lazarus, 1995). The NWSC cannot afford to ignore the value of such proposals which could add a whole new dimension to their services where clientele can not only be empowered to help themselves but can also be of help to others. The following extracts reflect a desire for greater community participation in intervention programmes:

Participant B: . So we need people here that are directly going to zone in on the abuse and the effects of the abuse on children. There isn't time. If I see what has happened to myself, my three children, my three grandchildren now going the same way, I can't, I would be sitting myself, I want to do something right, give me something to do, I will do it here if you need it.

Participant L: What about having a group of kids and um assisting them to recognise and deal with their own anger and then say putting them through a say 8 to 10 weeks of a session like that...No, in a group or either way you choose. And then from that group encouraging and motivating that group because of course after about 10 weeks you are going to have some time of success, né most likely, if not with the entire group, but one or two kids in the group. There's going to be something that is going to be positive. Then using those children in the next group session. Because basically you teach that child to be responsible and to welcome maybe the next group for part of the next group or have that kind of thing...So something where those people, you know, those people of that abuse situation are actually helping themselves

Participant M: And the other thing I was thinking also was involving the mothers also at a later stage because if you say to the mother look here NICRO is sort of short-staffed and they can't really put that much work in it because they haven't got the manpower, involve the mothers also. If they also attend sessions, things like that. Give them some training around that and then they can also be fully part of these groups, facilitate the groups and the workshops. so it can really become something big. it doesn't necessarily have to just stay at this level.

Participant E: Can a person say that if you're in the situation that you go to an institution and you must first equip yourself as a parent, I think we were the strongest of the two that is why we could walk out if the situation so that we can become, we can teach ourselves to become assertive. I can see the effect I have on the children now and the effect I had on then then is two different situations.

Counsellor attributes was another issue which came to the fore. The ability to be a good listener and support for children who struggle to express themselves and to undertake sensitive assessments were considered essential counsellor attributes:

Participant M: Um, the assessment I think it is very important when you assess the child to ask the right questions, to be sensitive and also to be for you as a counsellor or whoever will be doing this needs to be very, very sensitive about the questions that will be asked to them. And also needs to to be able to, how can I put it now, to put themselves in the role of the child, to become the child and to know that this child

is maybe going to resent this type of question. You know so it's not just really you the adult asking questions of the child. You have to become a child yourself, but remain an adult...

The literature suggests that programmes should ideally incorporate exposure to both male and female counsellors who represent role models who respect each other (Humphreys, 1993). For some participants, the gender of the counsellor who would deal with their children was unimportant, providing the counsellor was sensitive and knowledgeable about issues pertaining to woman abuse. For other mothers, a counsellor of a specific gender was preferred. The recommendation for the NWSC employing male volunteers or motivational speakers to act as positive role models is one which bears serious consideration by the institution in its planning of intervention services for children. These aspects are reflected in the following extracts:

Participant B: I don't feel gender matters that much, it depends if the person is well-informed about abuse. I don't think gender is important, most children can relate to the mother because and then also, they can also relate to a very kind man.

Participant E: I think for my son I think someone that he can, anyone that he can actually identify with , ...a male, a female. But on the other hand, my daughter...I think she would like to speak to a female.

Participant A: I just think that on the gender issue here, I just think that my daughter would not speak to a man knowing what her father did to me and to us, so I'm sure she would feel much more comfortable with a lady and my son, I suppose the same because I've always like been there for them.

Participant M: I think this one is extremely important, um I know that NICRO don't really have male counsellors, but I was thinking where children's work are concerned, it is important that they have a good role model. Because the girls, the girl children have already developed this thing that men are no good and that type of thing, very seldom do they have anybody to look up to so um yes, in a sense they disrespect each other as well. But if there could also possibly be a male, not necessarily a counsellor, but a good volunteer that can work with children and he can be trained and we can have him there just as a role model. Teaching this boys especially, that look, he doesn't have to be that way. I'm a man and I don't resort to violence when I'm angry.

The ideal **length of sessions** was 60 minutes. Mothers were adamant that the sessions for younger children should be short and playful, lasting approximately 30 minutes depending on the age and attention span of the individual child. Similarly, for older children the length of sessions could be extended and tailored according to the needs of the specific children involved. A number of suggestions were generated about the **nature and times of the week sessions should be run**. Although one mother felt that programmes should be run only during school holidays, the majority of women supported that the ideal time for sessions should either be on weekdays after school or on Saturdays. Whereas some mothers thought that two sessions would suffice for their children, others felt that six, even eight to ten sessions with a follow up every three months was the ideal. This concurs with literature asserting the importance of regular follow-up and evaluations of the effectiveness of programmes to ensure the efficacy of interventions. As one mother pointed out:

Participant M: In a way we also need to be realistic, we don't expect NICRO to have life time session because we have to think of the other needy children as well. So maybe ok if we look at like the normal

contract that you draw up- 8 to 10 weeks but also then to do some follow-up work at least once every three months. Maybe then sort of have a group like the support group, an open group once every three months or you run one and you just keep contact with those families and and also let the family know that if it sort of transgresses against to the extent where they are concerned again to feel free and maybe contact NICRO again. And maybe just rehash on some thoughts you know an just pick up on those lines. Ja, instead of I know it just gets so busy you can't always do follow-up work, but just to let that just be very specific that follow-up needs to be done with the children because they are growing up all the time. And they are learning these behaviours more and more from others as well as the family.

As evident from the data generated in the focus group interviews, mothers provided valuable input on the perceived range of adaptive and maladaptive coping mechanisms of their children in response to domestic violence. A number of useful suggestions were made regarding the practicalities if the implementation of services for children which the NWSC need to bear in mind in their planning stages and when deciding on relevant programmes and counsellors for dealing with children's issues. The analysis of these research findings is not complete however, without an examination of self-reflexivity issues pertaining to the research process.

5.7. THE RESEARCHER: SELF-REFLEXIVE ISSUES

In keeping with a community psychology perspective and qualitative paradigm, a reflexive awareness around the impact of participant-researcher variables (such as race, age, socio-economic status, educational level and experience on the research process) was adopted throughout the research process. This was not an easy process however. For example, with regard to the aforementioned "data driven approach" the researcher had to constantly resist the urge to classify the data using psychological terminology and phenomena learnt in her academic training. In this respect the researcher had to exercise reflexive awareness of her own position and embeddedness in operations of power and knowledge. The implications of my being younger than the majority of participants, some of whom reported having children of my age, of not being a parent myself, of being a previous NWSC counsellor and middle-class Masters Psychology intern could therefore not be ignored. That the researcher was known by some of the participants to be an ex-counsellor at the centre and also had affiliation with a university could also have impacted on the quality of the research. For example, the fact that the researcher had previously worked at NICRO in the past may have detracted from her image as a complete outsider and may have affected the levels of motivation amongst participants to answer questions more seriously and authentically or not.

In view of the apparent resistance from some of the NWSC staff towards assisting with the research it may be useful to reflect on the some of the advantages and disadvantages of doing research at an organisation with which one has previously had liaisons. On the one hand, as an ex- NWSC counsellor in 1995 and 1996, there were definite advantages of being a researcher with inside knowledge of the research context and some of the micropolitics of the institution. Accessing participants was also simplified as a result and the researcher knew who to approach and contact within the institution. On the other hand, as an ex-counsellor who has had little contact with the centre in 1997, the researcher was somewhat out of touch with the changes in staff composition and dynamics which had occurred in the interim period. A further

complication or initial source of discomfort in implementing the research was the unforeseen event of some of my ex-clients being allotted to the focus groups. That this may have elicited a degree of response bias (in that the responses of such participants may have been effected by the need to give what they perceived as being desirable responses to their ex-counsellor, the present researcher), cannot be excluded .

Also, as an ex- NWSC counsellor , the researcher had assumed that since she knew many of the staff at the centre, everyone would be willing to help with the investigation. In retrospect, however, the researcher learned how unwise it is to take such co-operation for granted. Whereas particular staff and counsellors were very co-operative and enthusiastic about the research, others displayed resistance towards it in the manner described earlier (that is, not forwarding nominations of suitable candidates for the focus groups, not filling quotas for needs assessment forms to their clients and submitting them by deadlines and so forth). The reasons for the observed resistance amongst staff members are difficult to ascertain without the researcher having consulted directly from the concerned parties about the reasons for their apparent resistance. The researcher did conjecture about already burdened staff being reluctant and resentful about being asked to engage in time-consuming research-related activities. The possibility of the existence and influences of internal political struggles amongst staff members within the organisation which could manifest as resistance towards the research conducted as well as to the proposed extension of NWSC services to include that of children cannot be dismissed. The latter is perhaps an area which the NWSC needs to explore in order to ascertain the degree of staff support for such a move.

5.8. CONCLUSION

Various themes and subthemes pertaining to mothers' perceptions of their children's responses to and experience of home and family environments were explored in the current chapter and related back to the pertinent literature. In this specific sample, there appeared to be a fairly solid relationship between marital discord and child adjustment problems regardless of whether or not the children had been direct or indirect victims of the influences of domestic violence. However, it is important to note that all children are not automatically condemned to develop adjustment problems. A number of ameliorating factors such as internal coping resources and external support systems were identified which seem to buffer certain children from the more detrimental influences of domestic violence. A number of often overlapping trends emerged for children of different ages, genders and dispositional traits. The reciprocal nature of various intrafamilial and exrafamilial systems dynamics was highlighted. Participants voiced their attitudes towards the NWSC extending its services to the children of abused women and raised several suggestions around logistical and intervention issues. Researcher self-reflexivity issues were also discussed .

CHAPTER 6

CONCLUSIONS

6.1. INTRODUCTION

This chapter summarises the various findings of this research in terms of the most salient themes, issues and suggestions for the implementation of intervention strategies. Some of the limitations of this research and the ecosystemic theoretical framework employed for understanding the impact of domestic violence on children are discussed as well as avenues for future research initiatives.

6.2. REFLECTIONS ON RESULTS AND RECOMMENDATIONS FOR SERVICES

The purpose of this research was to explore the impact of and need for intervention services for children exposed to domestic violence. Unlike the bulk of available literature on the topic of children and domestic violence, it provides South African data. In doing so, these findings add to the child and domestic violence literature by providing specific information on children's exposure to cases of domestic violence within the Western Cape. For reasons of accessibility and convenience, data was obtained from abused mothers who are NWSC clients and therefore also stakeholders in the future of the institution. Overall, there was overwhelming support for the implementation of such services by the NWSC by mothers. The primary reason behind this was that many of the participants had themselves benefited from NWSC services and felt that such benefits by an agency familiar with and sensitive to domestic violence issues should be extended to their children as well.

In response to the major research questions, a number of findings emerged. In accordance with ecosystemic theory there are several levels of interaction which impact on children (Bronfenbrenner, 1986; Donald et al., 1997). These include interactions within and between the child and his/her immediate family environment (microsystemic factors), between the family and school, neighbourhood or community groups (mesosystemic factors), as well as the influences of higher social systems such as government, legal, cultural or institutional systems (macrosystemic factors). It follows that in many instances children are exposed to domestic violence as a function of larger societal and systemic forces which may impair their family's and community's ability to provide supportive care. Not only are there high levels of additional developmental risks for children, such as female-headed households after mothers leave the abusive relationship, but there are also multiple incidents of paternal substance abuse, financial and maternal health problems which impact on family dynamics and functioning which in turn impacts on children in reciprocal ways. Within family microsystems where domestic violence occurs, communication skills amongst family members are often poor, roles often get blurred and boundaries become rigid. In addition, many children are involved in multiple ways in the abuse occurring within families- either by being physically abused themselves, being identified as a precipitant for the abuse, or intervening physically or verbally to stop the abuse of their mothers. Children are therefore not mere witnesses.

Another theme which arose was how the tense climate of the family context where there is domestic violence impacts on family interactions. This supports findings that associate discord in marital relationships with

differences in parenting such as the reduced availability of parents and decreased parenting consistency within and between parents (Holden & Ritchie, 1991). A number of factors which indicated how domestic violence can influence children's behavioural and emotional adjustment have been identified. Looking at this in a holistic manner, issues such as the recognition of children's attempts to intervene in their parents' fights, the withdrawal of unhappily married parents from their children and spouses, angry parents who undermine each other's discipline, and troubled parents who scapegoat a child in a process of triangulation as a way of avoiding their own problems are all highlighted. The findings of this study are supported in (and in turn support) the literature (Ambert, 1992; Cox & Paley, 1997; Cicchetti & Lynch, 1993; Emery et al., 1992).

The manner in which domestic violence impacts on levels of maternal functioning also emerged as a theme. A mother's inconsistency at times was attributed to her desire to avoid inciting the perpetrator's anger or compensating for the abusive family atmosphere. Such practices may represent examples of maternal buffering from the effects of domestic violence which facilitate greater resilience in children. Ultimately, many of the women expressed that it was their concern for their children's safety that eventually precipitated their decision to leave the abusive relationship. Whereas some women remained in the relationship in the hope that the situation would change, others vented their frustrations on their children and became physically and emotionally abusive themselves. This study confirmed the importance of providing abused women with parenting support programmes (focusing on more effective discipline techniques as well as conflict resolution and communication skills) particularly where children are at risk for developing emotional and behavioural problems.

There was marked individual variation in children's response to stress and adversity within their homes- some children reportedly succumbed to and others escaped overt damage. However, there was little evidence to suggest that the outcomes for males and females differ vastly. This concurs with other findings in the literature where resilience and displays of internalising and externalising behaviours are not the province of one sex or age group, but shift in accordance with other developmentally related changes in cognition, emotional and socio-cultural environment (Mathias et al., 1995, for example). In addition, it was found that children do not have to witness domestic violence in order to be privy to and distressed by its existence. Identified mediating variables include those inherent within individuals (such as coping styles and temperament) as well as environmental and parental factors (such as social support and maternal functioning) and hopefully counselling services as the NWSC can provide. This research corroborated findings that children who are exposed to domestic violence are also at great risk to be abused themselves (Fantuzzo et al., 1997; Jouriles et al., 1989). Of great concern from the results of this research, are the high levels of physical abuse of children by both parents in families where there is domestic violence. Understanding of the effects of witnessing violence here is therefore confounded by children's direct experiences of violence. This signals the need for protective services for both women and children exposed to domestic violence. In the light of these research findings the researcher supports that NWSC appears ideally positioned to meet this needs.

These parent-child interactions do not occur in a vacuum, but occur within a socio-cultural-political context which guides the behaviours of parents and children in a reciprocal manner. For example, it has emerged that in accordance with ecosystemic principles, in as much as parental marital relationships affect children, children also affect parental marital relationships. Furthermore, it emerged that the quality of parenting and positive parent-child relationships may help mitigate against negative child outcomes. Parents and other caregivers can function as the first environmental protective agents of children's development. Subsequently, the degree to which society supports or fails to support both parents and children will contribute greatly towards the reactions, interactions and adjustment of parents and children alike. This suggests the importance of particular types of intervention services which promote positive parent-child attachment and interactions and the need to identify what intra- and extra-familial processes alleviate psychological problems amongst children in contexts where there is domestic violence.

Given the results, this research also has important implications for interventions with abused mothers and their children who are exposed to domestic violence. These recommendations include the implementation of multidisciplinary, collaborative intervention services focussed on awareness-raising, information-giving, training in conflict resolution, communication skills and anger management, and the provision of social support for abused mothers and their children. Other suggestions for interventions and improving existing practices and services include the following:

- The sensitive assessment of children.
- Facilitating the getting together of children where they can share their experiences.
- Programmes on parenting, discipline and communication skills.
- Rebuilding mother-child attachment relationships.
- Providing support for mothers.
- Awareness-raising campaigns about abuse and NWSC services.

Furthermore, it is recommended that the running of children's groups should only constitute one part of a larger intervention with children. Other important components are school, legal and community- based prevention programmes which focus on structural and ecological factors that are products of socio-political and psychological variables as well as interventions which emphasise the importance of social support, advocacy, accountability, education, parent-child groups, family and individual therapy. The importance of the appropriate training of service-providers and the need for establishing multidisciplinary networks with other child-care workers, parents, teachers and community leaders is also a vital strategy for raising the awareness and visibility of the problem of domestic violence and its impact on children. Challenging the South African legal and government systems to acknowledge domestic violence as a social problem and institute reforms can further facilitate greater support, funding and assistance for expanding the capacity and resources of community and health systems to deal more effectively with the issue at hand. All such interventions with the children of abused women should take place within the context of comprehensive interventions for victims/ survivors of domestic violence (Peled & Edleson, 1992). This raises and reinforces the need for system changes

(which entails addressing issues of social and legal policies concerning the incidents and impact of domestic violence more holistically) within the legal and health care systems. Organisations such as the NWSC can play a valuable role in this respect. For example, the NWSC currently furnishes abused mothers with the supportive services and resources to promote mental health and bolster women's self-esteem, social support and psychosocial skills. In so doing, abused women's level of maternal functioning may be boosted so that their ability to be more emotionally available to their children is improved and may be a protective buffer for the children against the adverse family circumstances. The extension of NWSC services to focus on the improved functioning and mental health of abused mothers and their children can only serve to mediate the effects of domestic violence and disadvantageous family circumstances upon them.

Findings clearly emphasise the clear and urgent need for intervention services for the children of abused women in the Western Cape. If the NWSC follows through with the implementation of a full range of intervention services for children, the organisation will have to establish a policy of administration regarding the range of ages and problems to be dealt with. For example, for the purpose of the development and implementation of appropriate intervention services there is a need for the NWSC to ascertain whether their client intake will be chosen on the basis of separating children indirectly exposed to domestic violence (or its emotional sequelae) from those who experienced direct physical or sexual abuse. The NWSC will also need to look at the contextual costs and benefits of interventions to the organisational system and to the counsellors working with children in particular. The degree of support within the organisation for such a move also needs to be established in more certain terms. If the proposed intervention services are implemented the importance of follow-ups and evaluation of services together with burnout prevention programmes for counsellors cannot be emphasised enough. It is recommended that counsellors of both sexes be utilised in children's programmes if possible who can serve as positive role models for healthy heterosexual relations.

6.3. EVALUATION OF AN ECOSYSTEMIC FRAMEWORK

Overall, the fit between the ecosystemic theoretical perspective adopted and the topic under investigation was a reasonable one. The ecosystemic model was particularly useful for organising the current research findings so as to inform a more holistic understanding of the complexities and cyclical nature of domestic violence and its impact on child development. It also acknowledged the active role people play in coping with or modifying environmental influences on behaviour, rather than by simply being passive recipients of these influences (Dowling, 1985). By asserting that individuals within systems have the potential to respond differently to situations, an ecosystemic perspective thus takes the possibility of children displaying resilience into account. Furthermore, the theory took cognisance of how the mutual interactions within and between family microsystemic processes (such as roles, communication patterns, boundaries, values and developmental shifts) and other macro-, exo-, and meso-systemic systems and subsystems contribute to the creation and perpetuation of violent practices both within and outside of the family through various reciprocal and dynamic causal flows, feedback systems and system goals (Donald et al., 1997). Despite the utility of the ecosystemic perspective employed, one needs to look at its limitations as well. One of the limitations of such a person-environment

approach is that it has a tendency to serve the interests of regulatory rather than revolutionary change (Lazarus, 1988). One therefore needs to incorporate a critical element to the contextual analysis of behaviours and organisations so that, where necessary, interventions include radical approaches. For this reason it is useful for interventions to not only target the individual but also target other societal structures which, through their silence or lack of support and acknowledgement of domestic violence as a social problem, contribute towards the creation and perpetuation of domestic violence. In order to enhance understanding of the social problem of children's exposure and responses to domestic violence it may therefore be more fruitful to incorporate more developmental, attachment and social learning theory into the ecosystemic framework. In this way, one may be more able to take better cognisance of the influence of multiple interactions, learned behaviours, developmental trajectories and transition points upon families within the various marital or parent-child subsystems which in reorganising the family system may create new vulnerabilities (Cox & Paley, 1997).

6.4. LIMITATIONS OF THIS STUDY

An ecosystemic approach suggests that any understanding of the development of individuals or relationships in families arises from an investigation of the circular, reciprocal processes and influences of the family system as opposed to investigations looking for linear causality. Under perfect circumstances it is the ideal methodological approach to research (Cox & Paley, 1997). Owing to limited resources and less than ideal circumstances, the current research can be viewed as falling short in this regard as data was not collected at multiple levels of the family system. The tentative nature of these findings warrants emphasis.

Owing to the small sample size, the findings may not reflect the universe of children exposed to domestic violence. Despite efforts to elicit data from multiple sources (the focus groups and needs assessment forms), many needs and voices were potentially not heard. Furthermore, the research relied exclusively on reports of mothers to the exclusion of the children and with third observers such as teachers (who could possibly validate family reports as well as extend knowledge about the range of other behavioural problems in other settings besides that of the home). It is also of note that this research relied on maternal reports which were retrospective accounts. Although it must be recognised that these research results may be biased by relying solely on maternal reports, to dismiss all maternal reports as inaccurate or worthless is unwarranted. It has to be acknowledged that such retrospective data may have been biased by the passing of time and associated memory distortions. Also, the high degree of emotionality associated with the topic of domestic violence for participants may further have biased such accounts so that women either over- or under-exaggerated their experiences and the reported impact of domestic violence on their children. All this notwithstanding, the researcher agrees with the viewpoints of Hilton (1991) and Smith et al. (1997) that emphasise the value of mother's perspectives for their own sake.

Notably, the participants in the focus groups are atypical of abused mothers elsewhere in the sense that the researcher and the NWSC created an artificial context inviting abused mothers to share their experiences, perceptions and ideas of the impact of domestic violence on their children. These findings may not be

generalisable to the reports of other abused mothers who may not have had the access or opportunity to utilise resources such as those offered at the NWSC. Nevertheless, the findings provide valuable insight into the experiences of abused women and their children within the NWSC community in the Western Cape.

The researcher is aware that despite attempts to reduce researcher-researched power differentials, the context created at the NWSC still inevitably placed the researcher and co-facilitator in a position of knowledge and power. It is also pertinent that the research results may also have been influenced by the researcher characteristics and interpretations of what data is relevant. The fact that the researcher was an ex-NWSC counsellor as well as an Intern Psychologist may, for example, have influenced the types and range of communications elicited from the focus groups in particular. In addition, despite extensive reading prior to embarking on this research initiative, the researcher's limited experience in facilitating focus groups and designing needs assessment forms may have influenced the scope of the data which eventually emerged. The influence of language, cultural and personality factors on the emergent findings cannot be overlooked. For example, the fact that there was only one Xhosa speaker and many competing, dominant personalities in the focus groups may have silenced certain voices. In addition, despite much consultation and efforts towards simplification of the wording on the needs assessment forms, the content of the forms may still have been too broad and complex in nature for the less literate respondents. This may have also affected the data elicited.

6.5. RECOMMENDATIONS FOR FUTURE RESEARCH

Although this study developed a deeper understanding of abused women's experiences and their perceptions of the impact of domestic violence on their children and contributes to the limited prevalence of local research on the topic, it has notable limitations that should be addressed in future research. The following issues bear serious consideration in prospective research on the subject of domestic violence and children.

For future research efforts of this nature, a more efficient (though time-consuming) means of improving response rates and clarifying comprehension misunderstandings of participants may be for the researcher to run a pilot study and to conduct individual interviews with participants for the completion of needs assessment forms. Ascertaining (as opposed to making assumptions about) the degree of institutional support for proposed intervention services should be a pre-requisite before embarking on research which may be hindered by political struggles within organisational systems in which the research is located. It is also important to be aware of the pitfalls of doing research as someone with some inside knowledge of the institution. For example, it is one thing to get management's approval for the study, but the researcher also needs to get the support of the people who will be asked to help with the research. Bell (1993, p.59) made a valuable insight regarding this:

If at some time in the future, a colleagues or other research workers ask for co-operation with a project, would you be willing to give the same amount of time and effort as you are asking yourself.

Furthermore, in view of the overt omission of children's voices in this research, it is imperative that future research examines and obtains a greater understanding from the children's perspectives and the meanings they

attribute to their experiences of domestic violence. Future research may be enhanced by incorporating input from multiple informants such as teachers and parents to gain a more holistic perspective and stronger assessment of how domestic violence impacts on children's development and adjustment. Within a multi-cultural and diverse South African society more research is needed which focuses on the multiple systemic levels (such as the individual, dyadic and whole family) as well as extrafamilial systems (such as school, community, ethnic, religious and government systems) within which South African children's behaviours are regulated. Further research into the school and social behaviours of children can also add to our understanding of how family relationship issues and behaviours are internalised and then reflected in the social and emotional development of the individual child. The relationship between childhood experiences of abused women and their subsequent parenting abilities also warrants further study. A more in-depth analysis of how the interaction between child, caregiver and environmental characteristics, particularly how environmental and caregiver factors intensify or lessen the ill-effects of exposure to domestic violence, can be valuable.

There is also a need to detect both the short- and long-term impact of domestic violence on the development of children who have been exposed to domestic violence in their early years. The identification of the internal working models of intimate family relationships which parents carry with them from their own childhood is another research avenue which can enhance the understanding of how negative or positive behavioural patterns can persist across the generations. Research into how inherent child factors interact with family factors to promote risk and resistance in children's biopsychosocial adjustment may also be fruitful. More research is required to assess whether children labelled as resilient continue to do well in terms of adaptive behaviours as well as in terms of emotional health. Ways of fostering the development of protective attributes amongst high risk populations (such as children exposed to domestic violence) also need to be investigated and built upon in relation to the existing knowledge and theoretical models (such as the ecosystemic framework) which incorporate the influences of multiple forces. Such research efforts can further inform theory and yield specific directions for future intervention programmes and social policy initiatives. Finally, as pointed out by Fantuzzo et al. (1997) and Campbell & Lewandowski (1997) researchers also need to become more proficient at tracking success and potential rather than just focusing on tracking failure and risk so that service providers realise that in many instances, the responses displayed by children exposed to domestic violence can thus be seen as "normal" reactions to "abnormal" situations.

6.6. SYNOPSIS

The present study explored the need for intervention services for children exposed to domestic violence and investigated several aspects of the family context that may influence the behavioural and emotional outcomes from such children within a South African context. Based on the issues raised in the focus groups and needs assessment forms, the need to formulate ways of reducing the obstacles and problems facing abused women and their children is highlighted. Studies such as this provide valuable clues in this regard. The themes which emerged add to the understanding of children's experiences as perceived by their mothers in a way that can help provide meaningful direction for interventions and future research efforts. It is apparent that there is a

definite need for intervention services for the children of abused women in the Western Cape and that the NWSC is ideally positioned to provide counselling and support services for these children while still being sensitive to domestic violence issues and the needs of their abused mothers.

Whereas some people may consider the concept of an empowerment process to be rather outdated, the researcher found an empowerment agenda embracing collaboration, facilitation and participatory competence to be fundamentally important to the process of improving interpersonal relationships between parents, children and society at large. Furthermore, this study has developed a deeper understanding (as perceived by their mothers) of children's experiences in South African families where there is domestic violence. This research also has important implications for dual interventions with mothers and children exposed to domestic violence within different legal and community systems. Such interventions should ideally incorporate multidisciplinary programmes which empower women and children exposed to domestic violence. Programmes to pre-empt burnout amongst workers involved in the field of domestic violence are also a vital consideration for ensuring more effective provision of services by institutions such as the NWSC.

It cannot be determined from this research to exactly what extent maternal and selection biases effected the reports of child and family functioning. Questions about the accuracy of retrospective maternal reports aside, these findings were valuable in indicating that the children of abused women are impacted upon in a multitude of ways- some more detrimental than others. Whereas some children's adjustment and development is clearly negatively impacted upon, other children are able to rise above the conditions in their adverse home and family environments and appear to come through the experience relatively unscathed. This is not to say these children are totally unaffected, rather that, because of the presence of a number of buffering or protective mechanisms, they can employ more constructive and adaptive ways of coping with their experiences of domestic violence.

There are number of suggestions for avenues of intervention and future research. As pointed out by Kashani et al. (1992) there is a clearly defined need to focus attention on the family as a basic unit of socialisation where the foundations for views of self, others, society and the world in general are laid down. Professionals dealing with domestic violence must therefore be careful to avoid inadvertently stigmatizing the children of abused women to the extent that these children become socially labelled as being a deviant population. Instead, what is needed is a social acknowledgement of both the short- and long- term effects of children's exposure to domestic violence as well as confrontation of the social norms which condone and perpetuate that violence (Peled, 1993). This is especially relevant in the light of the culture of violence which characterises contemporary South African society. It is therefore an important to consider how the social problem of domestic violence and its impact on children is presented. In further support of this the incitation of Jaffe, Hurley & Wolfe (1990, p.469) serves as a serious reminder of the urgency of attempting to break out of societal complacency around domestic violence and so begin to actively intervene in breaking the perpetuation of the cycle of violence and its impact on children, women and families alike:

Children's mental health professionals often have long waiting lists and competing problem areas which need immediate attention. The issues of violence in society, child poverty and children who witness wife abuse need to be at the top of the agenda. We need to respond now if we hope to have an impact on the next generation of families and the climate of violence that is silently condoned. If we do not respond with significant effort in this area, the cycle of violence will continue to wreak havoc on children and families.

The importance of delineating policies and practices to support and protect the family and the children growing up in environments where domestic violence occurs goes without saying. Subsequently, by investing in the mental health and functioning of children in such families who are exposed to domestic violence, inroads can be made so that an investment can be made in the future of the human race as a whole. With the extension of intervention services to the children of abused women, the NWSC with the support of its client stakeholders has the potential to contribute much of value in this regard.

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LIST OF APPENDICES

APPENDIX A: CODING CONVENTIONS

APPENDIX B: ABOUT THE CURRENT RESEARCH: COVERING LETTER

APPENDIX C: NEEDS ASSESSMENT FORM (ENGLISH VERSION)

APPENDIX D: NEEDS ASSESSMENT FORM (AFRIKAANS VERSION)

APPENDIX E: SEMI-STRUCTURED FOCUS GROUP INTERVIEWS

APPENDIX F: LETTER OF CONSENT

APPENDIX A: CODING CONVENTIONS

...	**Omitted speech**
[ ]	**Speech researcher added to clarify context**
(sic)	**Speech documented as said (grammatical mistakes included)**
???	**Inaudible or indistinct speech**

APPENDIX B
ABOUT THE CURRENT RESEARCH

The NICRO Women's Support Centre currently provides counselling and legal assistance to women who are (or have been) in abusive relationships. Of the women who attend the centre, many raised concern about what effect growing up in an home where the mother was being abused was having on their children. This discussion group is part of current research into whether the mothers and women who attend the centre feel that the centre should extend services to include their children.

Research data will be collected by means of tape recordings. The audio recordings from each of the three different discussion groups will be transcribed onto paper before being analysed. Confidentiality of personal identity in the final report will be assured as far as possible (all participants will remain anonymous in the final report).

Should you wish to have additional support, counselling or interventions regarding personal or parental concerns after participation in this study, you could attain this from your NICRO counsellor or can be referred another source.

UNIVERSITY of the
WESTERN CAPE

COVERING LETTER FOR NEEDS ASSESSMENT

The NICRO Women's Support Centre currently provides counselling and legal assistance to women who are (or have been) in abusive relationships.

Of the women who attend the centre, many raised concern about what effect growing up in an home where the mother was being abused was having on their children. This questionnaire is part of current research into whether the mothers and women who attend the centre feel that the NICRO Women's Support centre should extend counselling services to include their children.

KINDLY ANSWER THE FOLLOWING QUESTIONS

NEEDS ASSESSMENT FORM (ENGLISH VERSION)

PLEASE BE ASSURED THAT ANY INFORMATION WHICH YOU PROVIDE IN THIS QUESTIONNAIRE WILL REMAIN **CONFIDENTIAL** AND THAT IT WILL ONLY BE USED FOR RESEARCH PURPOSES

BACKGROUND INFORMATION
(PLEASE TICK THE BLOCK WITH THE CORRECT ANSWER):

Your current age:
a) 19 years and younger ☐
b) 20-29 years old ☐
c) 30-39 years old ☐
d) 40-49 years old ☐
e) 50-59 years old ☐
f) 60 and older ☐

The language you speak at home:
a) English ☐
b) Afrikaans ☐
c) Xhosa ☐
d) Other? ☐
Please specify.

Marital status:
a) Single ☐
b) Divorced ☐
c) Married ☐
d) Living with boyfriend ☐
e) Widowed ☐
f) Remarried ☐

Employment status:
a) Employed ☐
b) Unemployed ☐

(PLEASE TICK THE BLOCK WITH THE CORRECT ANSWER):

1) Are you:

a) Still in the abusive relationship? ☐

                or

b) Have you left the abusive relationship? ☐

2) How long are/were you in the relationship for?

3) What kind of violence did you experience in your relationship with your partner?

a) Verbal and emotional abuse (for example he swore at you, called you names, criticised you) ☐

b) Physical abuse (for example he beat, kicked, punched, bit, stabbed you) ☐

c) Sexual abuse (for example, he forced you to have sex against your will) ☐

d) Financial abuse (for example, he did not give you money for the house or for food or for the children) ☐

e) Other. ☐

Please specify.

4) What are your children's ages? If they are studying, what standard and year of study are they in at school/college/university? If they are working either full- or part-time, what kind of work are they doing?

AGE	SON/DAUGHTER	STANDARD AT SCHOOL/COLLEGE	TYPE OF WORK

5) What personality characteristics do they have? (For example are they talkative, outgoing, quiet, withdrawn, demanding of attention, aggressive, easy to get along with?)

Girls-------------------------------------   Boys---------------------------------

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BEHAVIOUR

6) What do you think are the major problems for children who have seen or heard violence in their homes? Please tick next to the most appropriate response(s):

a) Learning/scholastic problems (eg struggles with schoolwork, failing standard) ☐

b) Emotional problems (eg nervous, anxious, depressed) ☐

c) Behavioural problems (eg aggressive, disobedient, abusive towards others) ☐

d) Being abused themselves (eg a girl by her boyfriend) ☐

e) Social problems(eg difficulty making friends) ☐

f) Other?
Please specify.

☐

7) Do you/did you ever feel angry with your child/children for upsetting your husband or partner and making him angry? Please tick the most correct response.

a) Never ☐

b) Sometimes ☐

c) Often ☐

8) Has **your partner** ever acted towards your child/ children in any of the following ways:

a) Been emotionally and/or verbally abusive (for example, calling the child/children "stupid", a "good for nothing" making the child/children feel unloved and inadequate, swearing at the child). ☐
Please specify.

b) Been physically abusive (for example hitting, kicking, grabbing, pinching or throwing objects at the child). ☐

Please specify.

c) Sexually abusive (for example touching or fondling the child's genitals, raping or molesting the child) ☐
Please specify.

d) Other? ☐
Please specify.

9) Many women experiencing abuse find that they take their anger and frustration out on their child/ children at times. Have **you** ever acted towards your child/ children in any of the following ways:

a) Been emotionally and/or verbally abusive (for example, calling the child/children "stupid", a "good for nothing" making the child/children feel unloved and inadequate, swearing at the child) ☐
Please specify.

b) Been physically abusive (for example hitting, kicking, grabbing, pinching or throwing objects at the child). ☐

Please specify.

c) Sexually abusive (for example touching or fondling the child's genitals, raping or molesting the child) ☐
Please specify.

d) Other? ☐
Please specify.

10) Do you think your child/ children know that you are/were being abused?

a) Yes ☐

b) No ☐

c) I'm not sure ☐

11) Have any of the children **ever directly seen/witnessed/heard** you being abused by your partner?

a) Yes ☐

b) No ☐

 c) I'm not sure ☐

Please specify how the children were exposed to your being abused by your partner.

12) In your opinion, how are your children coping with their experiences of the abuse at home?

13) Have you and your children ever discussed the abuse? If so, what have you discussed?

14) Have you ever sought counselling for your children? Where, when and how helpful was this?

15) If your children ever display(ed) any of the following, please tick the box next to the most relevant behaviours you have observed:

	Never	Has happened	Sometimes	Often	Very often
a) Nail-biting, bedwetting, hiding self away, stutttering or shaking					
b) Frequent headaches, stomach aches or poor health					
c) Insomnia or poor sleeping habits, or nightmares					
d) Rebelliousness against adult authority and instruction					
e) Bullying, assaultive and agressive behaviour, fighting with peers/siblings/friends/adults					
f) Poor peer relations (struggles to make and keep friends)					
g) Truancy ("bunking" school)					
h) School adjustment problems, poor academic performance or learning difficulties					
i) Temper tantrums, angry/hostile behaviour					
j) Drinking alcohol or using drugs					
k) Breaking things or destructive behaviour					
l) Manipulative, blaming behaviour, excessive screaming/shouting					
m) Concentration difficulties					
n) Withdrawn, passive, clingy or dependent behaviour					
o) Irritable behaviour, tearfulness, changed weight or eating patterns					
p) Secretiveness about the family situation and the abuse at home					

16) Why do you think your children behave in this way?

17) Do you have any worries and problems concerning your children other than those mentioned before? What are they?

PARENT-CHILD RELATIONSHIPS

18) What is your relationship with your children like? (For example is it close/ do you fight a lot/ is it tense/ is it supportive).

19) What is/was the relationship between the abuser and the children like in the past? What is the relationship like now?

20) Do/did your child/children ever try to protect you (for example by attacking the abuser) or did they run away/cry? Please explain.

21) Do/did your children behave differently after the man abuses/ abused you? If so, please specify how?

22) Does the fact that you have experienced abuse changed the way you have tried to discipline your children when they do not listen to you, are cheeky or do something wrong?

23) Name something you like about yourself as a parent/mother.

24) Name something you do not like about yourself as a parent/mother.

25) What, if any, help do you think should be provided for children exposed to violence within their homes?

26) In your opinion, should the NICRO Women's Support Centre also offer help to children as well as their mothers? Make a tick next to the most appropriate response:

a) Definitely yes ☐

b) Not sure ☐

c) Definitely no ☐

d) Other? (Please specify). ☐

27) How do you think NICRO Women's Support Centre can be of help to your children? Please elaborate.

28) If the following services were available, what would you use/think are most needed by your child/children? Make a tick next to the most appropriate responses:

a) Individual counselling ☐

b) Support groups for children from abusive homes where children can be educated about violence/ about how to behave and can get support from other children from similar situations ☐

c) Group counselling ☐

d) Training for parents on dealing with children (eg effective ways of discipline) ☐

e) Other? (Please specify). ☐

29) If for example, the NICRO Women's Support Centre ran a support group for children once a week for six weeks, would you be able to bring your child/children to the centre? If not what would stop you.

30) If the NICRO Women's Support Centre were to provide help for you and your children, would you support/make use of the services for your children? Make a tick next to the most appropriate response:

a) Not sure ☐

b) Definitely yes ☐

c) Definitely no ☐

31) What would stop you from using NICRO's counselling services for your children?

a) You cannot afford it ☐

b) Your children would not co-operate ☐

c) You have no time to bring the child/children for counselling ☐

d) Your children have no time after school ☐

e) Financial reasons ☐

f) No transport ☐

g) Only if your child/ children have sessions on same day as you do ☐

h) Other reasons. ☐
Please specify.

32) If NICRO were to provide counselling for your child/children, how long do you think each session should be?

33) How many sessions do you think your child/children will need?

34) If you were to make use of NICRO for helping your children and bring them in for counselling, what times and days of the week would suit you the best to bring them in?

Thank you for sharing your time, experiences and ideas.

VERDUIDELIKING VAN HIERDIE VRAELYS

Die NICRO Women's Support Centre (NWSC)
bied hulp aan vrouens wat mishandeling in hulle
verhoudings ervaar het. Baie van die vrouens
wat NICRO toe kom, het hulle belangstelling
getoon in die moontlike effekte van die
mishandeling op hulle kinders. Hierdie vraelys
is deel van 'n studie wat wil vasstel of
die moeders en vrouens wat NICRO besoek,
voel dat die NWSC dienste moet uitbrei om hulle
sowel as hulle kinders te probeer help om die
mishandeling beter te kan hanteer.

BEANTWOORD ASSEBLIEF DIE VOLGENDE
VRAE

VRAELYS(AFRIKAANS)

ONTHOU DAT ALLE INLIGTING WAT U IN DIE VRAELYS GEE, AS **VERTROULIK** BESKOU SAL WORD EN DAT DIT NET VIR DIE DOEL VAN NAVORSING GEBRUIK SAL WORD.

AGTERGROND INLIGTING
(MERK ASSEBLIEF DIE TOEPASLIKE BLOKKIE MET 'N KRUISIE):

Jou huidige ouderdom:
a) 19 of jonger ☐
b) 20-29 ☐
c) 30-39 ☐
d) 40 -49 ☐
e) 50-59 ☐
f) 60 of ouer ☐

Huistaal:
a) Engels ☐
b) Afrikaans ☐
c) Xhosa ☐
d) Ander taal?
Spesifiseer asseblief. ☐

Huwelikstaat:
a) ongetroud ☐
b) geskei ☐
c) getroud ☐
d) woon met kêrel ☐
e) weduwee ☐
f) hergetroud ☐

Werkstaat:
a) werk ☐
b) werkloos ☐

(MERK ASSEBLIEF DIE TOEPASLIKE BLOKKIE MET 'N KRUISIE):

1)

a) Is u nog in 'n verhouding waar u mishandel word? ☐

of

b) Het u so 'n verhouding beëindig? ☐

2) Vir hoe lank is/was u in hierdie verhouding betrokke?

3) Watter soort mishandeling het u in u verhouding ervaar ?

a) mondelingse en emosionele mishandeling (byvoorbeeld, hy het u uitgevloek, u slegte name genoem, u beledig) ☐

b) fisiese mishandeling (byvoorbeeld, hy het u geslaan, geskop, gebyt of gesteek) ☐

c) seksuele mishandeling (byvoorbeeld, hy het u gedwing om hom seks te gee teen u sin) ☐

d) finansiële mishandeling (byvoorbeeld, hy het geld vir die huis/kos/die kinders weerhou) ☐

e) Ander. ☐

Spesifiseer asseblief.

4) Hoe oud is u kinders? Indien hulle studeer, in watter graad of jaar van studie is hulle tans by die skool/kollege/universiteit? Indien hulle deeltyds of voltyds werk, watter soort werk doen hulle?

OUDERDOM	SEUN/MEISIE	GRAAD OP SKOOL/KOLLEGE	BEROEP

5) Watter karakter eienskappe toon u kinders? (Byvoorbeeld, is hulle spraaksaam, uitgaande, stil, teruggetrokke, soek hulle aandag, is hulle aggressief, maklik om mee oor die weg te kom?)

Meisies------------------------------ Seuns---------------------------------

GEDRAG

6) Volgens u, wat is die grootste probleme vir kinders wat geweld teen hulle ma gesien of gehoor het? Merk asseblief die mees toepaslike blokkie(s):

a) probleme met hulle skoolwerk (bv, druip baie, sukkel om te leer) ☐

b) emosionele probleme (bv, senuweeagtig, angstig, teneergedruk) ☐

c) gedragsprobleme (bv, aggressief, ongehoorsaam, mishandel anders) ☐

d) word self mishandel (bv, 'n meisie deur haar kêrel) ☐

e) sosiale probleme (bv, sukkel om vriende te maak) ☐

f) Ander? ☐
Spesifiseer asseblief.

7) Voel u ooit kwaad teenoor u kind/kinders omdat hulle u man kwaad gemaak het? Merk asseblief die toepaslike blokkie.

a) nooit ☐

b) van tyd tot tyd ☐

c) gereeld ☐

8) Het u man ooit u kinders:

a) mondeling en/of emosioneel mishandel (byvoorbeeld, beledig die kinders, die kind uitgevloek). ☐
Spesifiseer asseblief.

b) fisies mishandel (byvoorbeeld, geslaan, geskop, gegryp, geknyp of iets in die kind se rigting gegooi). ☐
Spesifiseer asseblief.

c) seksueel mishandel (byvoorbeeld, aan u kind se geslagsorgane geraak, of die kind verkrag of gemolesteer) ☐

Spesifiseer asseblief.

d) Ander? ☐
Spesifiseer asseblief.

9) Baie vrouens wat mishandeling ervaar het, vind dat hulle hulle woede en frustrasie soms op hulle kinders uithaal. Het **u** al ooit u kind/kinders:

a) mondelings en/of emosioneel mishandel (byvoorbeeld, beledig die kinders, die kind uitgevloek). ☐
Spesifiseer asseblief.

b) fisies mishandel (byvoorbeeld, geslaan, geskop, gegryp, geknyp of iets in die kind se rigting gegooi). ☐
Spesifiseer asseblief.

c) seksueel mishandel (byvoorbeeld, aan u kind se geslagsorgane geraak, of die kind verkrag of gemolesteer) ☐

Spesifiseer asseblief.

d) Ander? ☐
Spesifiseer asseblief.

10) Na u mening weet u kind/kinders dat u mishandel is? ☐
a) ja ☐
b) nee ☐
c) nie seker nie ☐

11) Het enige van u kinders ooit persoonlik gesien of gehoor hoe u deur u man mishandel word? ☐
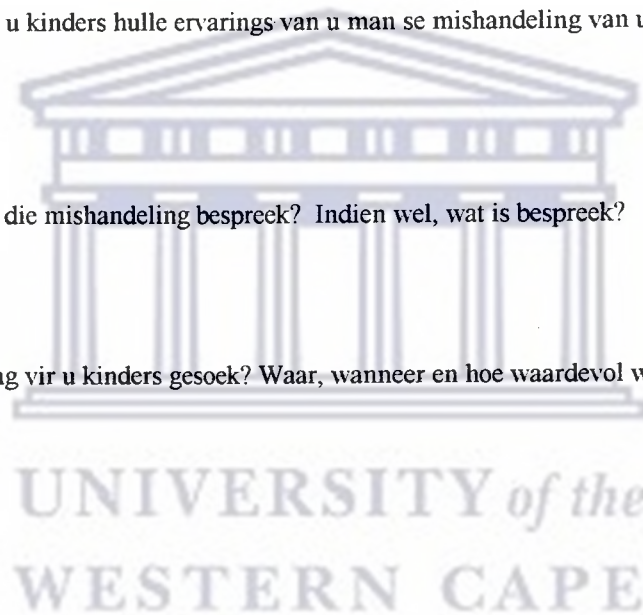**a)** ja ☐
b) nee ☐
c) nie seker nie
Spesifiseer asseblief hoe hulle aan die mishandeling blootgestel is.

12) Volgens u, hoe hanteer u kinders hulle ervarings van u man se mishandeling van u?

13) Het u en u kinders ooit die mishandeling bespreek? Indien wel, wat is bespreek?

14) Het u al ooit raadgewing vir u kinders gesoek? Waar, wanneer en hoe waardevol was die raadgewing?

15) Indien u kinders enige van die volgende vertoon het, merk asseblief die toepaslike blokkie(s).

	Glad nie	Het al gebeur	Soms	Dikwels	Baie dikwels
a) Byt hulle naels/ maak die bed nat/kruip baie weg/hakkel/bewe					
b) Kry gereeld hoofpyn, maagpyn of ander siekte soos verkoue					
c) Sukkel om te slaap of kry gereeld nagmerries					
d) Is aggressief teenoor vriende/volwassenes					
e) Baklei baie met broers en susters of ander kinders					
f) Sukkel om maats te maak en te behou					
g) Ongehoorsaamheid teenoor volwassenes					
h) Bly gereeld uit die skool/wil nie skool bywoon nie					
i) Probleme met skoolwerk en leerwerk					
j) Woedebuie/vyandige of woedende gedrag					
k) Gebruik dwelms/drank					
l) Breek gereeld dinge					
m) Manipuleer en blameer baie vir ander/skreeu baie/gebruik geweld					
n) Probleme met konsentrasie					
o) Terruggetrokke, passiewe, kleefagtige of afhanklike gedrag					
p) Knorrig en prikkelbaar/huil baie/veranderde gewig of eetlus patrone					

16) Waarom dink u gedra u kinders hulself so ?

17) Het u enige ander bekommernisse oor u kinders wat u nie voorheen genoem het nie? Noem hulle asseblief.

Ouer-kind verhoudings

18) Watter soort verhouding het u met u kinders? (byvoorbeeld, is julle na aan mekaar/ baklei julle baie/ ontvang en gee julle mekaar baie ondersteuning/ is daar spanning).

19) In die verlede, watter soort verhouding het u man met u kinders gehad? Hoe is hulle verhouding nou?

20) Het u kinders ooit probeer om u teenoor u man se mishandeling te beskerm (byvoorbeeld, die kinders het u man aangerand) of het hulle weggehardloop en begin huil? Verduidelik asseblief.

21) Het u kinders ooit hulself anders gedra nadat u man u mishandel het? Verduidelik asseblief hoe.

22) Het die mishandeling u manier van dissipline teenoor die kinders verander. Verduidelik indien wel.

23) Wat dink u is u sterkpunte as 'n ouer/moeder?

24) Wat dink u is u swakpunte as 'n ouer/moeder?

25) Watter hulp, indien enige, dink u moet beskikbaar wees vir kinders wat aan geweld tuis blootgestel is?

26) Na u mening, behoort die NICRO Women's Support Centre hulp vir uself sowel as u kinders aan te bied?
a) ja ☐
b) nee ☐
c) nie seker nie ☐
d) Ander ☐
Spesifiseer asseblief.

27) Op watter manier dink u kan die NICRO Women's Support Centre u kinders help? Gee asseblief voorbeelde.

28) As die volgende by NICRO beskikbaar was, watter beskou u as die waardevolste en noodsaaklikste vir u kinders. Merk die toepaslike blokkie(s).

a) beradingsdienste ☐

b) ondersteuningsgroepe vir kinders uit huise waar hulle ma's mishandel is waar hulle ingelig kan word oor geweld, oor hoe om die geweld beter te hanteer an ondersteuning te verleen aan ander kinders in soortgelyke omstandighede ☐

c) groepsvoorligting ☐

d) opleiding aan ouers ten opsigte van effektiewe maniere van dissipline ☐

e) Ander? (Spesifeer) ☐

29) As die NICRO Women's Support Centre byvoorbeeld 'n ondersteuningsgroep vir kinders sal hou, sal u u kinders inbring sodat hulle die groep kan bywoon, een keer per week vir ses weke? Indien nie, wat sal u verhinder.

30) Indien die NICRO Women's Support Centre hulp aan u en u kinders moes bied, sal u van die beradingsdienste gebruik maak?

a) Nie seker nie ☐

b) Ja ☐

c) Nee ☐

31) Wat sal u verhinder om van die NICRO beradingsdienste vir kinders gebruil te maak?

a) u kan dit nie bekostig nie ☐

b) u kinders sal nie saamwerk nie ☐

c) u het nie die tyd om u kinders NICRO toe te bring nie ☐

d) u kinders het nie tyd om NICRO na skool by te woon nie ☐

e) geen vervoer nie ☐

f) slegs as u kinders hulle sessies op dieselfde dag as u sessie kan bywoon ☐

g) Ander rede. ☐
Spesifeer asseblief.

32) Indien NICRO raaddienste vir u kinders aanbied, hoe lank dink u moet elke sessie wees?

33) Hoeveel sessies dink u sal u kinders benodig?

34) As u van NICRO se dienste vir kinders gebruik sou maak, watter tye en dae van die week sal u die beste pas om hulle in te bring?

Dankie dat u u tyd, ervaringe en idees gedeel het.

APPENDIX E
SEMI-STRUCTURED FOCUS GROUP INTERVIEWS

Introductions:
*handouts- consent form and brief explanation of study
*emphasise confidentiality and protection of personal identity in research report
*emphasise group rules- need to listen to each other and try to give everyone a chance to have their say and also to try to speak up as far as possible.
*emphasise common threads drawing you together- all a group of mothers who have been abused in intimate relationships and have expressed concern about the effect that growing up with abuse has had on your children.
*brief introductory go-around telling a little about our own backgrounds and telling a little about the contexts in which our children grew up:

Please answer the following questions:
In go-around first name only + answers to the following:

SETTING A CONTEXT:
1) Are you still in the abusive relationship or have you left the abusive relationship?

2) How long are/were you in the relationship for?

3) What is/was your relationship with the abuser like in the past? What is the relationship like now?

4) How many children do you have and what are their ages? Girls? Boys?

5) What personality characteristics do they have? (For example are they talkative, outgoing, quiet, withdrawn, demanding of attention, aggressive, easy to get along with, other examples?)

6) What is your relationship with your children like? (For example is it close/ do you fight a lot/ is it tense/ supportive).

7) What is/was the relationship between the abuser and the children like in the past? What is their relationship like now?

THE CHILDREN'S EXPOSURE AND RESPONSE TO THE DOMESTIC VIOLENCE
*8) Think back now to your children and home situation. In what ways have your children been exposed to domestic violence and how do you think it has effected them?

*9) Do you think your child/ children know that you are/were being abused? Have any of the children **ever heard or directly seen** you being abused by your partner? If they have, how do you feel about your children knowing you were/are being abused?

10) Have the children ever told you what they feel/think about the abuse? What have the children told you? Please specify.

11) Do/did your child/children ever try to protect you (for example by attacking the abuser) or did they run away/cry? Please explain

12) What do you think your children find upsetting at home/in the family?

13) What do you think your children find good about the home/family?.

BEHAVIOUR
*14) What do you think are the biggest problems for children who have grown up in families where domestic violence occurs?

(IF PARTICIPANTS STRUGGLE TO COME UP WITH IDEAS CAN GIVE THE FOLLOWING EXAMPLES):
* *learning/scholastic problems (eg struggles with schoolwork, failing standard)*
* *emotional problems (eg nervous,anxious, depressed)*
* *behavioural problems (eg aggressive, disobedient, abusive towards others)*
* *being abused themselves (eg a girl by her boyfriend)*
* *social problems(eg difficulty making friends)*
* *Other behaviours?*

*15)What are your main concerns and worries about your own children?

*16) A number of concerns have been mentioned (SUMMARY: "Is this an adequate summary?). Supposed you each had one minute to identify the most pressing, most important of these concerns about your children from what you have all discussed, what would you say? **GO-Around**

*17) Now I'm going to read a list out to you. As I read the following out, think about whether your children have ever displayed any of the following behaviours. Collect your thoughts and jot down your ideas for a minute or two and then feed back into the group.
a) Nail-biting
b) Temper-tantrums
c) Frequent headaches, stomach aches
d) Poor health
e) Bedwetting
f) Insomnia / poor sleeping habits
g) Drug and/or alcohol abuse
h) Hiding, shaking, stuttering
i) Assaultive and aggressive behaviour towards friends/adults (please specify with whom)
j) Truancy (bunking school)
k) School adjustment problems /poor academic performance
l) Bullying behaviour, fighting with peers/siblings
m) Poor peer relations (struggles to make or keep friends)
n) Secretiveness about the family situation
o) Rebelliousness against adult authority and instruction
p) Breaking things/destructive behaviour
q) Drinking alcohol or using drugs
r) Anxiety
s) Excessive screaming/ shouting
t) Signs of terror, for example nightmares
u) Irritable behaviour
v) Angry, hostile behaviour
w) Withdrawn, passive, clingy, dependent behaviour
x) Nervous, restless behaviour
y) Concentration difficulties
z) Manipulative, blaming behaviour
Other behaviours?

18) How bad are the problems you have identified ? Are the behaviours of your daughters the same/different to those of your sons? In what ways?

Parenting and disciplineCoping with the children
19) Do you ever find it difficult to cope with your children as well as with everything else? Why do you think the children behave this way? Please elaborate.
20) How have you dealt with your children's difficulties?
21) What do you do when your children do not listen to you, are cheeky or do something wrong?
22) What can push you to the limit with your children?
23) Does the fact that you are/have experienced abuse change the way you have tried to discipline your children?
24) Name something you like about yourself as a parent/mother.

25) Name something you do not like about yourself as a parent/mother.

26) In your opinion, are the children coping with their experiences of the abuse at home? How?

27) As a mother, what do you think women can do towards helping and improving their relationships with their children?

28) What, if any kind of help do you think should be provided for children exposed to violence within the home?

29) Have you ever sought counselling for your children? Where, when and how helpful was this?

SHOULD THERE BE INTERVENTION SERVICES FOR YOUR CHILDREN?
Now that we have focussed for a while on the past, I'd like us to shift to the present and talk about how best to help our children. One way of doing this would be to look at whether there is a specific need for services for your children.

30) In your opinion, should the NICRO Women's Support Centre also offer help to children as well as their mothers? Why?

31) Here is a list of different interventions. As I read through this list feel free to comment on what you think of any of these options? Which do you think will benefit your children the most and which would benefit them the least?

a) individual counselling

b) support groups for children from abusive homes where children can be educated about violence/ about how to behave and can get support from other children from similar situations

c) group counselling

d) training for parents on dealing with children (eg effective ways of discipline)

e) Other suggestions? (Please specify).

32) If NWSC were to offer help (for example, counselling) for you and your children, what kind/(s) of services do you think will be the most important? Would you support/make use of the services for your children?

33) If for example, the centre ran a support group for children once a week for six weeks, would you be able to bring your child/children to the centre? If not what would stop you. Please explain (for example, your child/children would not cooperate/no time after school/ you have not got the time/you cannot afford it/only if you have financial help).

34) What would stop you from using NICRO's services for your children?
(EXAMPLES IF PARTICIPANTS CANNOT COME UP WITH IDEAS):
*cannot afford it
*the children would not cooperate
*no time to bring the child/children for counselling
*children have no time after school
*only if I have financial help
*no transport
*only if child/ children have session on same day as I do
*Other reasons?

35) What kind of counselling do you think will most benefit your child/children?

36) What type of person (counsellor) do you think your child would respond to?

37) If NICRO were to provide counselling for your child/children, how long do you think each session should be and how many sessions do you think your child/children will need??

38) If you were to make use of NICRO for helping your children and bring them in for counselling, what times and days of the week would suit you the best to bring them in?

OVERVIEW OF PURPPOSE OF STUDY- "Have we missed anything you think we ought to have looked at?)
(10 minutes)

Thank you for sharing your time, experiences and ideas.

CONSENT FORM

I,..........................(first name only), hereby agree to participate in this research and acknowledge that I have been informed that the research discussion groups will be recorded for the purpose of this study.

Signature.....................................
Date:...